

YEDITEPE UNIVERSITY
GRADUATE SCHOOL OF EDUCATIONAL SCIENCES

**PREDICTION OF PSYCHOLOGICAL WELL-BEING IN
MARRIED WOMEN IN TERMS OF PERCEIVED SPOUSE
SUPPORT, LONELINESS AND PERFECTIONISM LEVELS**

Pelin Özdemir

Istanbul-2025



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Pelin Özdemir

ABSTRACT

PREDICTION OF PSYCHOLOGICAL WELL-BEING IN MARRIED WOMEN IN TERMS OF PERCEIVED SPOUSE SUPPORT, LONELINESS AND PERFECTIONISM LEVELS

This study aims to examine psychosocial variables such as loneliness, spousal support and perfectionism that affect psychological well-being levels of married women. The main objective of the study is to determine the effects of these variables on psychological well-being and to develop strategies to increase individuals' well-being. The sample of the study consists of 316 married women living in Turkey. Data were collected using the Demographic Information Form, “Psychological Well-being Scale”, “Loneliness Scale”, “Perception of Spousal Support Scale” and “Perfectionism Scale”. The quantitative research method was used in the study and the data were analyzed using SPSS software. In the analysis of the data, multiple regression analysis, one-way analysis of variance (ANOVA) applied.

The research findings indicate that emotional support has a strong and positive impact on psychological well-being; however, financial, appreciation, and social interest support types have negative effects. Loneliness had a negative effect on psychological well-being, while unhealthy perfectionism had a similarly negative effect. Healthy perfectionism, on the other hand, showed a positive relationship with psychological well-being. ANOVA results revealed that psychological well-being levels differed according to demographic variables such as age, education level and income.

These findings emphasize the importance of interventions that strengthen the perception of partner support, reduce feelings of loneliness, and promote healthy perfectionism attitudes to enhance psychological well-being. The study provides valuable information both academically and practically to support individuals' psychological well-being.

Keywords: psychological well-being, loneliness, spouse support, perfectionism, married women, regression analysis

ÖZET

EVLİ KADINLARDA PSİKOLOJİK İYİ OLUŞUN ALGILANAN EŞ DESTEĞİ, YALNIZLIK VE MÜKEMMELİYETÇİLİK DÜZEYLERİ AÇISINDAN YORDANMASI

Bu çalışma, evli kadınların psikolojik iyi oluş düzeylerini etkileyen yalnızlık, eş desteği ve mükemmeliyetçilik gibi psikososyal değişkenleri incelemeyi amaçlamaktadır. Araştırmanın temel hedefi, bu değişkenlerin psikolojik iyi oluş üzerindeki etkilerini belirlemek ve bireylerin iyilik hallerini artırmaya yönelik stratejiler geliştirmektir.

Araştırmanın örneklemini, Türkiye'de yaşayan 316 evli kadın oluşturmaktadır. Veriler, Demografik Bilgi Formu, “Psikolojik İyi Oluş Ölçeği”, “Yalnızlık Ölçeği”, “Eş Desteği Algısı Ölçeği” ve “Mükemmeliyetçilik Ölçeği” aracılığıyla toplanmıştır. Çalışmada nicel araştırma yöntemi kullanılmış ve verilerin analizi SPSS yazılımı ile gerçekleştirilmiştir. Verilerin analizinde, çoklu regresyon analizi, tek yönlü varyans analizi (ANOVA) uygulanmıştır.

Sonuçlar, duygusal destek türünün psikolojik iyi oluş üzerinde güçlü ve pozitif bir etkisi olduğunu; ancak finansal, takdir ve sosyal ilgi destek türlerinin negatif etkiler yarattığını göstermiştir. Yalnızlık, psikolojik iyi oluş üzerinde negatif bir etkiye sahipken, sağlıklı mükemmeliyetçilik de benzer şekilde olumsuz bir etki yaratmıştır. Sağlıklı mükemmeliyetçilik ise psikolojik iyi oluş ile pozitif bir ilişki göstermiştir. ANOVA sonuçları, psikolojik iyi oluş düzeylerinin yaş, eğitim düzeyi ve gelir gibi demografik değişkenlere göre farklılık gösterdiğini ortaya koymuştur.

Bu bulgular, psikolojik iyi oluşu artırmak için eş desteği algısını güçlendiren, yalnızlık hissini azaltan ve sağlıklı mükemmeliyetçilik tutumlarını teşvik eden müdahalelerin önemini vurgulamaktadır. Çalışma, bireylerin psikolojik iyilik hallerini desteklemek amacıyla hem akademik hem de uygulamalı anlamda değerli bilgiler sunmaktadır.

Anahtar Kelimeler: psikolojik iyi oluş, yalnızlık, eş desteği, mükemmeliyetçilik, evli kadınlar, regresyon analizi

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1. INTRODUCTION

1.1. Definition of the Problem

The concept of well-being is explained by the concepts of hedonism and eudemonism. In this context, while hedonism is subjective well-being in which there are always positive emotions and the perceived pleasure from life is explained by subjective judgments, eudemonism is the functional perfection that provides the perception of deep satisfaction from life and the psychological well-being that is explained by the individual's optimum self-realization rather than a temporary pleasure and happiness, in which behaviors and emotions are consistent and reflect reality (Jeweler, 2012; Nagel, 1972; Ryff, 1989, 2014).

Diener et al. (2009) defined the concept of psychological well-being as self-esteem, self-acceptance, effective relationships with others, contributing to the well-being of other people, presence of love, interest and commitment, competence, optimism, effectively determining the purpose and meaning of life. While developing the psychological well-being scale, the concepts of positive-negative experiences and balancing, positive thinking, positive-negative emotions and balancing, perceived satisfaction from life and self-realization were also explained. It has also been stated that these concepts explained are important and can be evaluated separately (Diener et al., 2009; Telef, 2013).

Ryff (1989) explained the concept of psychological well-being by dividing it into 6 sub-dimensions: positive relationships with others, autonomy, environmental dominance, personal development, life purpose and self-acceptance. In this context, psychological well-being does not mean a life without pathology, but is defined as keeping psychological well-being levels high in the long term, evaluating the meaning and purpose of life with objective evaluations, gaining autonomy, establishing functional interpersonal relationships, developing talents and creativity, and perceiving deep satisfaction from life by realizing oneself at an optimum level upon discovering potential (Kuyumcu, 2012; Ryff, 2014).

The concept of psychological well-being consists of developmental theories, clinical studies and positive criteria of mental health, explaining that there are some responsibilities and difficulties that people need to complete during their developmental stages. The theoretical foundation of psychological well-being, as discussed in the positive psychology literature, is

rooted in several key concepts: self-actualization (Maslow), spiritual maturity (Allport), full functionality (Rogers), individuation and integration (Jung), psychosocial development stages (Erikson), the management processes of the personality system (Neugarten), the basic tendencies of human life during adulthood and old age (Bühler), and the positive mental health criterion (Jahoda) (Atıcı, Bilgin and İnanç, 2015, Ryff, 1989). The concepts explained in the light of the theoretical background of psychological well-being are self-acceptance, discovery of unique life goals on gained autonomy, being strong with cognitive and emotional aspects, generally having positive affect, effective problem-solving skills, having an optimistic attitude towards the environment, functional communication patterns used in social relations, intense perceived life satisfaction, mature personality and self-realization. In a different field of theory, psychological well-being is defined as being cognitively and emotionally strong when a person takes a supportive attitude towards himself and his environment by looking at the difficulties encountered in the field of life not as problems that cannot be overcome, but as developmental tasks that need to be overcome. Psychological well-being includes emotional and cognitive aspects as well as physical, spiritual, individual, social and environmental components (Basset, Boughton, Hernandez, Moskowitz and Schuette, 2018; Çelik and Yeşiltepe, 2014; Glading, 2015; Göcen, 2013; Kuyumcu, 2012; Ryff, 1989; Seligman and Csikszentmihalyi, 2000).

While the individual processes of self-confidence, self-worth, approving the essence, self-esteem and well-being are explained by the processes that affect the components of psychological well-being, social processes are explained by the presence of satisfactory functional relationships. While cognitive processes are explained by life satisfaction, the relationship between psychological well-being and physical health is analyzed and the physical processes of well-being are explained. It was determined that there was a positive relationship between psychological well-being and physical health, as well as a decrease in psychological well-being levels in cases where physical health deteriorated (Ryff & Singer, 1998; Diener et al., 2018). Chen (2001) observed a positive relationship between physical well-being and life satisfaction of elderly individuals. In particular, it has been determined that impaired physical well-being negatively affects personal development and the ability to establish positive relationships. Therefore, it is emphasized that psychological well-being is a prerequisite for being healthy due to diseases that increase towards the end of life. Ryff and Singer (2008) state that the neuroendocrine system (the system associated with the nervous system and internal glands), the cardiovascular system (the system associated with the heart and blood vessels) and the immune system have significant effects on individuals' quality of life and high

psychological well-being. A positive relationship was observed between the well-being levels and high-density lipoprotein (HDL) levels, or good cholesterol, in individuals who had reached maturity and demonstrated a strong sense of life purpose. In contrast, it was found that individuals with elevated low-density lipoprotein (LDL) levels, commonly referred to as bad cholesterol, and cholesterol-related health issues experienced blocked pathways to happiness, attributed to a lack of life purpose. During REM (Rapid Eye Movement) sleep, individuals go into deep sleep with their mentally relaxed, physically rested and relaxed muscles. It was observed that people whose environmental dominance levels gave positive results switched to rem mode in a short time, stayed in the long term and gave the best efficiency from sleep, while staying in rem mode for a long time positively affected establishing positive relationships with others. For the realization of psychological health, environmental dominance needs to be strengthened with the continuation of self-acceptance and personal growth. Therefore, there is a concurrent relationship between psychological well-being and physical well-being (Akin, 2013; Basset, Boughton, Hernandez, Moskowitz, and Schuette, 2018; Hamurcu, 2011; Kirsten, Roothman, and Wissing, 2003; Ryff, 1998; Ryff and Singer, 2008).

Mental health is defined as the individual feeling good psychologically and emotionally in harmony with himself and his environment and making sufficient efforts to lead a homeostatic life. In a study examining the relationship between mental health and psychological well-being, a negative relationship was observed between chronic psychological problems and psychological well-being, while it was stated that individuals with constant psychological problems had low life satisfaction. It has been observed that individuals with high psychological well-being have high levels of perceived satisfaction with life, as well as low levels of depression and anxiety (Kirsten, Roothman and Wissing, 2003; Kuyumcu, 2012; Ryff and Singer, 1996).

Spousal support, which is perceived and seen in accordance with the need in the marriage relationship, allows the feelings of respect, love and trust to be felt at high levels (Cutrona, 1996; Julien & Markman, 1991). Hence, spousal support not only protects the ground of the marriage relationship, but also increases the perceived satisfaction level from the relationship. Perceived-spoken spousal support (social support, economic support, emotional support, etc.) in the marriage relationship is higher than single individuals, and the rates of illness, death, and depression are lower than single individuals. Therefore, spousal support also positively affects physical health and mental health. In studies, it has been observed that couples who perceive spousal support at a high level have high marital adjustment and psychological well-being

scores, but couples who do not perceive spousal support at a low level have low marital adjustment and psychological well-being scores (Akin, 2013; Günsel, 2013; Kışlak, 1999; Kim and Mckenry, 2002; Spanier, 1976; Yıldırım, 2004). In line with the findings of the above-mentioned research, this study aims to examine the possible relationship between marital adjustment levels, spousal support levels, and psychological well-being levels of married individuals. However, previous studies have often been limited in several ways, including a lack of focus on specific cultural contexts that influence the perception of marital adjustment and spousal support. Additionally, many studies have relied on self-reported measures of psychological well-being, which may introduce response bias. The majority of existing research also fails to account for the longitudinal effects of marital dynamics, such as how changes in spousal support over time might impact long-term psychological well-being. Furthermore, there is limited exploration of how gender, socio-economic status, and life cycle stages (e.g., early vs. later stages of marriage) may moderate these relationships, creating an academic gap in understanding the nuanced dynamics of marital relationships and psychological well-being."

Purpose and Importance of the Research

In this study, it was aimed to determine whether psychological well-being in married women was predicted only in terms of perceived spousal support, loneliness and perfectionism levels. As a result of the literature review conducted in this context, it has been determined that there is no academic study covering all variables of the research. For this reason, it is important for the study to fill this gap in the literature and to be a resource for future studies, and to offer suggestions to psychologists, family counsellors and married couples in line with the findings obtained as a result of the research.

1.2. Research Question

Marriage is an important life event that affects the psychological well-being of individuals. Factors such as spousal support in marriage, individual's feelings of loneliness and levels of perfectionism can determine the psychological well-being of individuals. From this point of view, the problematic situation of the study is to determine how the psychological well-being levels of married women are affected by perceived spousal support, loneliness and perfectionism levels. Within the scope of the research, spouse support scale, loneliness scale, multidimensional perfectionism scale will be applied to married women through a questionnaire

form. The data obtained from the participants will be analyzed in the SPSS 22.0 program. The dependent variable of the study is psychological well-being; the independent variables are perceived spousal support, perceived loneliness, and perceived perfectionism. It is thought that the findings of the study may help to better understand the psychological well-being of married women by testing the following hypotheses and to guide the studies, developments and psychological interventions to be carried out on this subject.

RQ1: To what extent do perceived spousal support, loneliness, and perfectionism contribute to explaining psychological well-being among married women?

RQ2: In married women, do psychological well-being, perceived partner support, and perfectionism vary based on age, individual education level, partner's education level, how they met, number of children, and average monthly income?

2. LITERATURE REVIEW

2.1. PSYCHOLOGICAL WELL-BEING

2.1.1. Positive Psychology

The concept of psychological well-being was influenced by the positive psychology movement at the point of conceptualization. In this section, the positive psychology movement will be briefly mentioned.

Especially in the years following the Second World War, it was thought that the main task of the field of psychology was to treat psychological disorders. Therefore, studies in the field of psychology mostly focused on the negative effects of pathological phenomena such as depression, anxiety, substance use and schizophrenia on human functionality. In this way, progress has been made in the etiology, prevalence, measurement and diagnosis of these disorders. This information about psychological diseases, together with studies in the fields of pharmacology and psychotherapy, has played an active role in the treatment of these disorders (Seligman, 2002). However, it has been argued that this approach, which focuses mostly on negative characteristics, maladaptive behaviors, psychopathological symptoms, and impairments in emotions, thoughts, and behaviors, is insufficient to explain psychological health status. The humanistic psychology movement, which was fueled by this view, developed under the leadership of Abraham Maslow in the 1960s and aimed to examine psychological health within the framework of positive individual characteristics. However, it could not become one of the mainstream schools due to the fact that the discourses were not theorized on a scientific basis and sufficient research was not conducted. Despite this, humanistic psychology guided the studies conducted in the following years (Schultz and Schultz, 2015).

According to a study examining psychology research conducted from the 1960s to the 1990s, it is noteworthy that studies on positive emotions and positive characteristics such as joy, happiness or life satisfaction are fewer than studies on negative emotions and negative characteristics such as anger, anxiety and depression (Gillham and Seligman, 1999). According to Seligman, there are several historical and evolutionary reasons for this situation.

The first reason is that negative emotions and negative characteristics have a maladaptive and disruptive effect on the functioning of the person, and therefore it is more urgent to make the

person functional. Therefore, the characteristics of disorders such as anxiety, stress, and depression are more remarkable and more destructive. These negative traits and negative affects require more immediate intervention. For this reason, it has been deemed more necessary to focus on these issues in order to restore the functionality of individuals (Gillham and Seligman, 1999).

The second reason examined in the historical context is that human communities can only focus on creativity, virtue, hope and other positive qualities when they are stable and prosperous. For example, Athens in the 300s BC was a place where people lived in prosperity. Aristotle, who lived in Athens during this time, wrote extensively on various subjects, including human happiness, ethics, and aesthetics. In the Victorian period, when the level of welfare was high, and in the 15th century, In Florence, the focus was on human well-being and positive qualities (Gillham and Seligman, 1999).

In societies under the influence of famine, war or epidemics, these issues could not be focused on. By the end of the 20th century, the welfare level increased in most countries in the west, order and stability were established, and favorable conditions were created for positive psychology issues to come to the fore. However, since it could not be systematically researched as previously stated, the Humanist psychology movement could not be sufficiently grounded scientifically although it had similar issues with the positive psychology movement (Gillham and Seligman, 1999).

In the 1990s, Seligman emphasized that the remaining part of psychological health research would be completed by investigating the protective factors and positive characteristics related to psychological disorders in individuals. In addition, he stated that psychology has another duty to help people live better quality lives in addition to treating mental disorders (Seligman, 2000). Seligman and Csikszentmihalyi argued that positive psychology has a significant effect on improving the quality of life of individuals with study topics clustered under three main headings: subjectivity of experience, individuality and sociability. The study subjects emphasizing the subjectivity of experience can be listed as subjective well-being, life satisfaction, hope, optimism, flow and happiness. Positive personality traits such as courage, psychological resilience, perseverance, and forgiveness can be grouped under the heading of individuality. It is argued that characteristics such as responsibility, altruism, tolerance, and business ethics gathered under the title of sociability benefit the society and thus increase the quality of life (Seligman and Csikszentmihalyi, 2000).

In summary, the positive psychology movement emphasizes positive and strong individual characteristics, classifies these characteristics and systematically examines them. It suggests that psychological health will be fully understood if it is examined by focusing on positive characteristics as well as symptoms and negative characteristics. In addition, this movement argues that one of the important tasks of psychology is to increase the quality of life of individuals and thus to ensure the happiness and development of human well-being (Seligman and Csikszentmihalyi, 2000).

The positive psychology movement shaped within the framework of these ideas and the subjects examined by the movement have been supported, made measurable and theorized by scientific research. Although studies on the strengths and positive emotions of individuals and the effects of these phenomena on psychological health and human development have gained momentum especially in recent years, they are much less than mainstream psychology researches (Seligman and Csikszentmihalyi, 2000).

2.1.2. History of the Concept of Psychological Well-Being

This concept, referred to as "well-being" in English, has been used interchangeably with various terms over time. In this section, the origins of the concept of psychological well-being, the terms previously used to describe it, and its current characteristics will be discussed.

One of the key concepts emphasized by the positive psychology movement is happiness. This concept, which has been a topic of discussion since ancient times, was defined by Aristotle as "eudaimonia." According to Aristotle, eudaimonia encompasses aspects of human well-being, such as personal development and growth, rather than being limited to pleasurable emotions (Huta & Waterman, 2014). Therefore, Bradburn (1969) argued that it is not enough to translate the concept as happiness. Instead, he thought that a more neutral and inclusive translation such as well-being would be more useful. Bradburn stated that happiness has been defined separately in many disciplines, especially ethics, theology, politics and economics, and argued that the concept is now accepted as a psychological phenomenon and that scientific studies should be carried out on it (Bradburn, 1969). Therefore, he used the concept of "psychological well-being", which he associated with happiness, for the first time in a pilot study conducted with the aim of developing tools to measure mental health (Bradburn 1969). Based on the research in question, he modelled the concept of "psychological well-being". Thus, the concept of

psychological well-being, which is associated with the balance between positive and negative affect, was tried to be defined operationally for the first time with this pilot study (Ryff, 1989). Within the framework of this model, psychological well-being, that is, happiness from Bradburn's point of view, increases and decreases according to the individual's position in two independent dimensions, positive and negative affect (Bradburn, 1969).

Bradburn's definition of the concept of psychological well-being is more in line with the concept of subjective well-being. The concept of subjective well-being includes the individual's evaluations about his/her own life. If the way the person evaluates the social, economic and physical conditions in his/her life is positive, in other words, if the person is in positive emotions about these conditions, the subjective well-being level increases. From this point of view, it can be said that subjective well-being consists of two dimensions, cognitive and emotional. While the emotional dimension includes the positive and negative emotions felt, the cognitive dimension is defined as the way a person evaluates his/her life and his/her judgments about his/her life. These judgments are also closely related to life satisfaction (Diener, 2000).

Subjective well-being is not affected by any variable other than the person's thought system and emotions due to the fact that each individual's life, the way he/she evaluates life and his/her feelings about life are different. Simply, subjective well-being consists of the individual's perception of his/her own life and the emotions he/she feels about his/her life. Therefore, subjective well-being is affected by various cultural norms, including religion (Diener et al., 2010). However, this individual assessment may not fully explain psychological health. Some studies have found moderate positive relationships between subjective well-being and neuroticism. Even if the individual has problems that he/she is not aware of, the level of subjective well-being will not be affected by this situation. For example, a person with delusions may have a positive attitude about his/her life. From this point of view, it is concluded that it is possible for individuals to show various psychological symptoms while having positive attitudes and emotions about their lives. Therefore, although this concept, which is based on subjective experiences and evaluations, affects psychological health, it is not sufficient to explain it alone (Diener et al., 1997). At this point, more objective concepts were needed in addition to subjective evaluations in explaining psychological health and well-being.

2.1.3. Theoretical Explanations Regarding Psychological Health

In 1948, the World Health Organization defined health not only as the absence of disease or disability, but also as a state of complete physical, social and mental well-being. Similarly, it was thought that reducing psychological health to the absence of psychological symptoms would be an incomplete explanation, and therefore various approaches that could redefine psychological health were created. Many scientists have introduced various theories to this field in order to define and determine the criteria of positive psychological health with the effect of humanistic psychology and then positive psychology movements. However, since most of these theories do not consist of empirical studies and each theorist establishes his/her criteria based on his/her own experiences, it is seen that the criteria tested with the scientific method that can actually define positive psychological health are few in number. Nevertheless, it is thought that it is useful to mention theories that try to define positive psychological health criteria that guide scientific studies in the following years.

In the psychoanalytic approach, which basically argues that pathology arises from early childhood experiences, the main purpose is to make the person aware of his/her unconscious impulses and conflicts. It is assumed that the individual can control the behaviors caused by these impulses by recognizing the source and nature of his impulses and being aware of the intensity and object of these impulses. Therefore, the healthy person is also the person who has reached the awareness in question and thus has been able to control his/her impulses. However, although the individual has this awareness and is psychologically healthy, he/she may show pathological symptoms from time to time. However, according to the theory, the characteristic that distinguishes healthy individuals from others is the frequency of these symptoms (Sommers-Flanagan, 2004)

Freud, one of the first scientists to emphasize the effect of early childhood experiences in adulthood, states that in psychosexual development theory, the individual passes through 5 psychosexual development stages during the transition to adulthood. In order to be psychologically healthy, the individual needs to solve the conflict at the end of each psychosexual development stage in a healthy way. It is assumed that this will contribute greatly to the ego development of the individual and help the ego to maintain the balance between the superego and the id in a more functional way. Any conflict that cannot be resolved in a healthy way refers to the psychological problems that the individual will face in adulthood. It is assumed that the person will reach psychological health by bringing these unconscious conflicts and

fixations to the level of consciousness and raising awareness in the person. In addition, Freud made explanations that emphasized the importance of loving and working (Elms, 2001)

Like Freud, Jung believed that the key to psychological healing and growth was to raise awareness in the individual by bringing unconscious elements to the level of consciousness. Jung's point of departure from Freud was that he argued that the elements in the unconscious are not entirely harmful, but are the source of wisdom and development. He believed that dreams and other symbols related to the unconscious are the signals that need to be revealed in order to contribute to the development of the individual and that these unconscious materials should be approached with wisdom, respect and hope and should contribute to personal development (Sommers-Flanagan and Sommers-Flanagan, 2004). Therefore, he argues that as the unconscious powers come to the level of consciousness, they contribute to the personal integration process by guiding the person and thus the person has stepped into the process of individuation and self-realization (Sommers-Flanagan and Sommers-Flanagan, 2004). Psychologically healthy individuals, on the other hand, are people who recognize the unconscious, can adapt to social demands and integrate all parts of their personality and have reached awareness about themselves (Ryff, 2014). The individual is in a process of development and self-actualization that continues throughout his/her life.

Although the individual psychology movement pioneered by Adler acknowledges the importance of early childhood experiences for psychological health, he argues that social and cultural factors affect human development, unlike the biological and deterministic perspective of psychoanalytic theory (Sommers-Flanagan, 2004). According to the approach that addresses the importance of establishing healthy social relationships, another feature of psychologically healthy individuals is to benefit society by trying to take action to help other people by feeling connected and responsible to society. This concept, which is defined as social interest, contributes to psychological health by developing skills such as empathy and awareness in the individual (Burger, 2014). The individual psychology movement, which argues that human behavior is purposeful, stated that each individual is unique by emphasizing the importance of personal experiences (İnanç and Yerlikaya, 2012). In summary, the individual psychology movement suggests that healthy individuals lead a purposeful and meaningful life in cooperation with each other.

The existentialist approach was influenced by the individual approach and the psychoanalytic approach with its emphasis on awareness, as it emphasized that all people have free will and suggested that individuals need to add meaning to their lives. The point where it differs from these approaches is that it rejects determinism and aims to expand awareness of basic concerns rather than awareness of unconscious processes in the individual (Sommers Flanagan, 2004). This approach, which has a more philosophical perspective, basically suggests that people have four main concerns: death, freedom, isolation and meaninglessness (Burger, 2014). He argues that these four ultimate anxieties, which derive from human existence, are present in all people, and suggests that individuals are free to choose their responses to these anxieties. Instead of eliminating anxiety, the main purpose of therapy is to embrace these concerns, confront them and gain the ability to cope effectively. According to the existentialist approach, healthy individuals are those who can deal with and face the four ultimate concerns in a healthy way (İnanç and Yerlikaya, 2012; Sommers-Flanagan, 2004).

Jahoda has made descriptions that largely reflect the positive psychology perspective on what psychological health and the criteria covering it are. According to Jahoda, psychological disorders are difficult to identify both physiologically and culturally. In addition to the difficulty of finding physiological causes for most disorders, it is not possible to establish universal and identical disease criteria for each culture (Tengland, 2001). As in psychoanalytic theory, Jahoda argued that it is not objective and functional to establish criteria that apply to each individual regardless of culture. In addition, in previous studies on psychological health, being healthy and being sick were defined as two opposite situations.

Jahoda criticized this view and stated that these two concepts can exist simultaneously within the body of individuals, and an individual cannot be completely healthy or completely sick. The criteria it creates about psychological health are attitude towards oneself, growth, development and self-actualization, integration, autonomy, perception of reality (Tengland, 2001).

2.1.4. Theoretical Approaches to Psychological Well-Being

2.1.4.1. Hierarchy of Requirements Theory: Self-Realization

The concepts of human nature, deficiencies and development motives, the hierarchy of needs and self-actualization on the holistic integration of the organism constitute the theoretical basis of the hierarchy of needs. There are tendencies in human nature towards kindness, generosity,

love and constructive development in a constructive or neutral way. However, when constructive developmental aspects are prevented in human nature, destructive tendencies such as hatred and sadism emerge as a reaction. Therefore, since man has a high potential to discover and reveal from the moment of his first birth, he becomes a functional, productive and self-actualized individual at the level where he realizes his own nature and develops his abilities. But because people tend to exhibit submissive behavior in the face of impulses, cultural pressures, and negative attitudes, their inner nature is fragile and sensitive. Therefore, the negative effects of the environment prevent people from revealing their existing potential positively and cause the emergence of destructive tendencies such as aggression. Maslow was interested in the conscious layer of personality by accepting the pathological aspect and unconscious impulses of the human being discussed in psychoanalysis on this subject and arguing that the functional aspect of the human being should be discovered and revealed (İnanç and Yerlikaya, 2012).

Although people have security motives for eating when they are hungry, drinking when they are thirsty, being loved by another, being respected and protecting themselves, feeling the lack of these motives when they are needed is defined as deficiency motives. While the deficiency motives are met by another person or object, it is aimed to restructure homeostasis upon the diseases that occur during the periods when they are not met, the increasing tension and the lack motives felt to be insufficient to reach satisfaction, to reduce the tension and to prevent the disease. Development motives, on the other hand, aim to keep the tension dynamic in order for people to achieve their ideals and goals. According to Maslow, this is a feature that distinguishes humans from animals and adults from babies. Although developmental motives are relatively independent of the effects of the environment, they are unique to the person. These motives include the development of the individual's existing potential and abilities, and the proliferation of pleasurable impulses such as egotism and curiosity that allow love transfer and discovery without adopting an attitude towards other people. High levels of perceived satisfaction in developmental motives are felt not when the needed object is obtained, but when the expression of creativity takes place.

The desire for development is strengthened and nourished in healthy functionality upon the fulfilment of the needs that ensure the continuity of development by increasing the tension that ensures the realization of the individual's desires and the increase of his/her excitement (İnanç and Yerlikaya, 2012).

In the first part, where the needs of the organism are explained in a hierarchical structure, there are physiological needs such as nutrition, sexuality, oxygen needs, defecation and sleep. Since physiological needs are the basic needs to be met, they prevent the need for creativity and respect. Therefore, it is important for the organism to meet its physiological needs in order to realize itself. When the physiological needs are relatively met, the safety and security requirements in the second part, which include feeling safe, determination, protecting oneself, being in a certain order, and not being in environments where anxiety and fearful situations occur, are activated. Although the activity of security requirements becomes stronger in the face of uncertainty and signals that threaten security, taking measures that will prevent change and development (not leaving the safe area, developing addiction to habits, not taking risks, developing resistance to change) to protect security is an obstacle to the personality structure that the organism will develop to realize itself, even if it provides security to the organism. Because change is necessary for development to take place. Therefore, proceeding with safe steps that will not hinder the development of the individual during the change process and being aware of the possibility of uncertain situations, knowing that it is possible to return at any time also meets the security requirement relatively. When the security requirements are met at a level that will open the door to development, the need for love and belonging in the third part becomes evident. As the need for love and belonging becomes evident, the organism needs the presence of another with whom it can establish intimacy, such as friends, lovers and spouses. The mutual value given in the relationship established with one another ensures that the need for love and belonging is satisfied. Although it is not possible for the love of being to reach full satisfaction, this need gives pleasure to the individual by preserving its existence and develops upon satisfying the need for love and belonging at an adequate level. Because meeting the need for love and belonging positively affects mental health, while not meeting it negatively affects mental health and causes pathogenic diseases (Janetius, 2019; İnanç and Yerlikaya, 2012; Maslow, 1943).

The requirement of self-esteem is found in the fourth part. The individual needs to be sufficient, successful and original, as well as to be liked, approved, recognized as a reliable person and respected by others. However, it is a basic condition that the respect and success gained are the result of real labor. Because reaching a respectable position with ethical behaviors by being sensitive to the ideas and rights of the people around will enable the individual to get real satisfaction from life because he/she has his/her own success. Because the status gained by false words and false behaviors is not the real success of the individual, the need to be respected by

others is not met, and it will be inevitable to create an inferiority complex. The need for self-actualization in the fifth part is described as the highest-level need in the hierarchy of requirements theory. Therefore, when other requirements are adequately met, the organism needs a higher source of satisfaction because it is not fully satisfied. In this context, it is stated that when the organism realizes itself by capturing integration with all aspects of the potential, it will reach the source of satisfaction it needs. Self-actualized individuals are far from optimism and pessimism without a strong foundation, as well as from irrational defenses. They evaluate future events with an objective and clear perception of reality, as well as their feelings and thoughts about themselves. When they make a mistake because they really know themselves, they fixate on guilt and focus on solving the problem instead of wasting time. Therefore, being aware that they are not perfect, they tend to accept other people with their strengths and weaknesses as well as accepting themselves as they are (İnanç and Yerlikaya, 2012; Maslow, 1943).

Self-actualized individuals do not like hypocrisy, labelling words and attitudes, and sincerity and naturalness are observed in their own behaviors. It has been observed that they are sensitive to other people's problems because they have developed empathic aspects as well as successfully solving their own problems. Although these people need to stay in their own areas more, they are motivated by intrinsic motivation instead of extrinsic motivation and become a relatively independent individual according to the environment. Most people tend to lose their value on the first day after a certain period of time has passed since the successes they have achieved, the innovations that have entered their lives and their marital lives. However, self-actualized individuals wake up positively every new day, it is observed that they experience intensity in their emotions and freshness in their experiences by expressing that every flower is of unique beauty and that every baby born is a miracle (İnanç and Yerlikaya, 2012; Maslow, 1943).

2.1.4.2. Distinctive Feature Theory

According to Allport, personality is a system that is determined by the potential and unique emotions, thoughts and behaviors at the core of the organism and develops and changes with the behaviors, affecting the psychological structure of the person as well as the physical structure. The personality system does not consist of the defenses and actions of the organism, but also includes the implicit part outside the visible. In other words, personality is integrated with the motivations, behaviors, thoughts, values and tendencies that enable the organism to

take action, and personality traits vary from person to person. In this context, personality consists of aspects that are unique to the person and components that are important to him/her. Self, on the other hand, is the characteristics that are at the center of the personality and that the person perceives as unique. Although the positive actions and characteristics that the organism attaches importance to in its own life are explained with the concept of "proprium", it does not explain the aspects of personality that contain integrity. Because personality forms a whole with positive and negative aspects. However, since the "proprium" covers only the positive characteristics of the personality, it explains the self-part with the characteristics that affect the development of the internal integration process, in which the organism is essentially positive, creative, and prone to development. It consists of 7 periods ranging from childhood to adulthood with "Proprium, bodily sense of self, sense of self-identity, sense of self-esteem, sense of self-extension, self-image, rational coping sense of self, search for self" (Ewen, 1940; İnanç and Yerlikaya, 2012).

While babies cannot distinguish between themselves and the outside world in the early stages of life, they learn to make this distinction by noticing their senses arising from the tendon and internal organs that enable them to move their muscles in the future. Thanks to the repetitive sensations, a sense of bodily self is formed. Allport states that it is a safe source for adults to reach awareness about themselves through their bodily self-sensations. The sense of identity strengthens with the clothes and toys that the child has in their childhood years as they learn their name, realize that their name has not changed, and become aware of the continuity of their self. While the aging organism remembers some of its past thoughts, it will be aware that every experience and thought it has had as a result of the increase in the level of experience with age is now its own as it was in the past. Although the sense of self of the individual changes in childhood years, it becomes rooted in adulthood years. The development of the sense of self-esteem is possible by nurturing the desire of the 3-year-old child to make attempts on his/her own as an autonomous individual and to be successful instead of the wishes of his/her parents. Although the level of self-esteem increases when he/she is successful, feelings of anger and shame occur when his/her attempts fail. The desire for competition arises on the development of the child's sense of self-esteem as he/she gets older. When he/she is successful against his/her opponent, if he/she gains the approval of his/her peers, his/her self-esteem level becomes stronger. The sense of self-extension develops at the age of 4-6, and during this period, children become protective of what they have by noticing their own belongings, their own parent, their

own house, their own animal, and forming integrative parts of the self by understanding the meaning of the word "mine" (İnanç and Yerlikaya, 2012).

The child, whose self-image develops at the age of 5-6, learns what his/her parents, teachers, peers and other people expect from him/her. In this period, although the steps of healthy self-development are taken by providing healthy guidance for the child to realize and accept the positive and negative aspects of the child, unrealistic exaggerated attitudes cause the child's unhealthy self-development. Since the child's conscience mechanism is not fully developed in this period, he/she does not have a clear perception of what kind of person he/she wants to be in his/her adult years. The rational coping sense of self, on the other hand, with its development in the 6-12 age period, the child becomes aware that he/she can make realistic evaluations with the judgment of his/her conscience and produce solutions to problems. However, due to his/her lack of confidence in his/her own decisions on moral issues, he/she relies on the correctness of the decisions of the parent, religion or peer group. The search for self, on the other hand, begins with the adolescent period and is a period in which there are no long-term attachments, various role experiments are made, conscious plans for the future are considered, and the search for identity, which includes pursuing a goal in life along with career choice, is at the forefront. However, it is stated that the search for identity does not end with the adolescent period, it continues in young adulthood, and even until the individual reaches an integrated self, the trials will continue and will only be completed with the repetition of the elements that contribute to the integration of the self (İnanç and Yerlikaya, 2012).

Allport defined the integrated self as a mature personality and stated that these people also differ from neurotic people with distinctive characteristics. In this context, individuals with mature personalities are defined as individuals who are independent, have a high level of conscious awareness, assume their responsibilities, have a high level of self-esteem, are functional and effective in their social relations, strongly manage their negative emotions with developed empathy, have realistic thoughts and goals, are stable in their emotions, thoughts and behaviors, and accept themselves with positive and negative aspects. Immature-neurotic individuals, on the other hand, are defined as people who despise themselves, have unrealistic feelings and thoughts, do not take responsibility for an action, believe that they should have special rights, and establish dependent or disconnected relationships because they cannot complete the independence process (Egloff, Schmukle and Specht, 2012; Horney, 2017; İnanç and Yerlikaya, 2012).

2.1.4.3. *Individual Development Theory*

Rogers (1963) emphasized the necessity of unconditional positive respect from childhood in order for people to use their inherent potential with all their functions in their personality development processes, as well as the necessity of deciding in accordance with the "organic valorization" process in people's development processes. While the "organic valuation process" is defined as making decisions that the individual finds prone to his/her own tendencies towards self-realization, it is defined as eliminating the values that he/she does not find prone to his/her tendencies. The fact that a child prefers positive values such as curiosity, discovery, play, security, and love to negative values such as hunger, thirst, and pain is an example of the organic valuation process. In other words, it is the preference of experiences that contribute to the satisfaction of the tendency to self-realization. Since these experiences consist of decisions made by the individuals according to their own sensory and internal processes rather than a conscious plane, the unconscious parts have a great impact on the conscious ideas, goals and decisions of the person. In short, as the individuals distinguish between good and bad with their sensory and internal stimuli, since they will know these stimuli best themselves, their tendency to realize themselves will increase as their awareness of themselves increases (İnanç and Yerlikaya, 2012; Rogers, 1963).

Another concept that is necessary for the functional completion of personality development is the sufficient amount of free space, emotional support and unconditional positive respect that must be provided in childhood. Although the balance established between the ideal self and the real self also has an effect on personality development, when sufficient free space is given to the individual, it allows both the balance between the ideal self and the real self to be established and to use the potential of the person in all aspects. Unconditional acceptance and love of the child from his/her relatives or parents are defined as positive respect. It has been stated that the child who is raised with love and unconditional acceptance will also attach importance to these values throughout his/her life, as if he/she has a high level of positive respect. Because the person whose need for positive respect is satisfied develops positive self-esteem.

Upon the satisfaction of positive self-esteem development, the person begins the process of self-esteem by being independent of the need to be loved, accepted and respected by the other. However, the concept that positively affects the personality development process is not conditional love-esteem, but unconditional love-esteem. Because the child, who is raised with conditional love and respect, acts as accepted, not as it is, he/she develops certain conditional

values in order to feel valuable and be accepted. Therefore, the condition of considering the asset as valuable impedes self-development and prevents it from using its potential in all aspects. In this theory, the self-realizing individual is defined as the person who develops functionally in all aspects of self-development and uses his/her existing potential with all its functions (Hansen, 2000; İnanç and Yerlikaya, 2012).

In this theory, "the person who uses his/her potential fully" is defined as the person who does not depend on value conditions, makes his/her own decisions with the process of giving organismic value in accordance with his/her internal process, accepts himself/herself unconditionally with his/her positive-negative aspects, does not resort to defense because he/she is not inconsistent, is spontaneous, clearly realizes his/her mistakes and is motivated to change the solution attempts that do not work, acts as he/she feels, establishes effective relationships with people, and communicates with others with unconditional positive respect as well as a high level of self-esteem. Rogers emphasizes that development is a dynamic structure by defining the person who uses his/her potential in all aspects as the one who is realizing himself/herself, not as the one who has realized himself/herself (Rogers, 1965; Rogers, 1963).

2.1.4.4. Psychosocial Development Theory

Although the innate potential of the organism has an effect on personality development, social and historical factors also have many effects on the formation of personality. Therefore, the society, cultural values and needs, and parental attitudes of the individual are also effective on personality development. Although Freud stated that personality development is completed in the early years of childhood, Ericson (1950) stated that personality development is a dynamic process that continues throughout life and that ego capacity develops with certain stages according to the epigenetic principle. According to the epigenetic principle, the organism establishes social relations at these stages, notices the changes and environment around it, and reveals its apparent abilities to turn to the environment. In the epigenetic development principle, the development of the embryo takes place at a certain biological rate and sequence, forming the human organism. Stating that personality development in Ericson is compatible with the epigenetic development principle, he mentioned psychosocial development periods. Since there are adaptive and maladaptive cycles with the relationship of opposite concepts in psychosocial development periods, the organism encounters some confusion in every period. Therefore, there are developmental crises that the organism needs to solve in each developmental period. With the successful solution of developmental crises, the organism functionally passes to the next

developmental period, and in cases where developmental crises cannot be solved, the organism cannot adapt to the developmental period to which it belongs, and also experiences adaptation problems in the next developmental period (Brook, Cohen, Crawford, Jeffry, Johnson and Sneed, 2004; İnanç and Yerlikaya, 2012).

The psychosocial development stages in which the organism is in the development process are divided into 8 stages. In the period of distrust against the basic trust in the first period, while the basic sense of trust is formed when the needs of the baby are met at a sufficient level and on time, the sense of distrust develops with the unmet needs. However, Ericson stated that it is inconvenient to experience only the feeling of trust or insecurity, and that babies will reach the sense of hope gained in this period as a result of solving the crisis between the two by experiencing the feeling of insecurity as well as experiencing the feeling of trust. Otherwise, since the sense of hope does not develop, the pathology of the infancy period of moving away from the outside world begins to retreat. The second period of suspicion and shame against autonomy becomes evident at the age of 2. In this period, children want to dominate their bodies and the objects around them, and a stubborn attitude is observed with a strong desire to do their own work. While the development of willpower is gained upon the approval of children's autonomy initiatives, compulsions are observed in the basic pathology of childhood because the child whose autonomy development is prevented cannot complete the development of willpower. Guilt towards third period entrepreneurship is observed in the 3-5 age period. In this period, children need to identify with their same-sex parents as well as to do physical activities (running, jumping, and others) easily. The development of language skills, curiosity about sexual issues, and the emergence of talents by making targeted plans are among the developmental characteristics of this period. In this period when the entrepreneurial desire is strengthened, the child's curiosity about sexual issues, the desire of the parent to replace him/her, the desire to do bodily movements freely, his/her dreams of being a strong animal and entrepreneurial efforts gain a goal, as well as his/her actions within the framework of a certain purpose. However, when the child's entrepreneurial efforts are harshly punished, the pathology of the period with guilt and timidity is observed (İnanç and Yerlikaya, 2012).

The feeling of inferiority towards the fourth period of diligence is observed in the 6-12 age period. In this period, children's sexual feelings are not at the forefront. Along with the increasing interest in academic achievements and social activities, the desire to start and finish a job, to be hardworking, and to learn consensus with peers are observed. However, when the child's attempts fail, there is a sense of inadequacy. In this case, in order to prevent the child

from perceiving failure as his/her own inadequacy and experiencing a sense of inferiority, it is important for parents to give appropriate responsibilities for the child's age, to encourage successful aspects by approving them, and to avoid comparison. In this way, the crisis in the relationship between success and inadequacy is resolved and the sense of competence is gained. Otherwise, as laziness is observed in children, it is also observed that it regresses by having games and dreams that are not suitable for the developmental age. Identity confusion against identity in the fifth period is revealed by the need to develop an identity in the period when childhood ends and adolescence begins. With the rapid changes in the body and genital area of the individual during the adolescent period, the person wants to learn "who he is and who he is not". The individual is in search of a role that he/she can identify with in order to discover his/her gender role, professional choice and social identity. Since the discovery of identity is based on two basic sources, the first source is obtained by approving or rejecting the relationships established in infancy, as well as the second source is obtained by the periodic, historical and social phenomena experienced. Therefore, when the individual puts real ideas about the adequacy of his/her sexual structure into his/her mind by reasoning with other people to discover his/her sexual identity, it is observed that his/her doubts about his/her sexual structure are calmed down.

Since it takes a long time for the individual to clearly determine his/her professional decisions during the adolescent period, it has been observed that there are various problems in choosing professional identity over the existence of undeveloped opportunities, although it is observed that the individual prefers a profession that he/she finds suitable without difficulty due to the existence of advanced opportunities that enable him/her to obtain and experience information in areas related to his/her choice of profession and the clear determination of professional roles. Therefore, it has been observed that the person who determines his/her professional identity proceeds with confident steps, and the person who cannot determine his/her professional identity fluctuates more and experiences stress. It has been observed that individuals determine their preferences for social roles by accepting the ideas of their peers rather than their parents and identifying with the people they like from their friend groups. Ericson also stated that the search for identity is a developmental process as well as an identity crisis. In order for the identity search process to become clear, identity confusion must be experienced at a certain level. Upon the resolution of identity confusion, the individual gains a sense of commitment and proceeds with stable decisions on identity development. However, long-term and unresolved identity confusion leads to the aggravation of the identity crisis and a high level of

deterioration of the integration level of the individual. On top of this, since the individual cannot develop a sense of commitment, frequent professional change, frequent sexual partner change, frequent social group change and frequent exchange of ideas are observed. In addition, when the development of sexual identity, professional identity and social identity cannot be completed, the pathology of the period "role denial" is observed (Brook, Cohen, Crawford, Jeffry, Johson and Sneed, 2004; İnanç and Yerlikaya, 2012; Munley, 1975).

Although the isolation against intimacy in young adulthood in the sixth period is revealed in the 20-25 period, it has also been observed that the age ranges change since the age ranges vary according to the maturation processes of the individuals. In this period, the maturity level of the individual includes the ability to initiate and maintain close relationships with other people and the ability to create a product. One of the developmental characteristics of this period is that the individual performs concrete unions in interpersonal relations, establishes friendships that contain sincerity, cooperation, empathy and reconciliation, reaches a mature sexuality, develops intimacy and develops a sense of love (commitment, sexual willingness, competition, consensus, common sharing, and others.). While the sense of closeness and love develops when the crisis between closeness and isolation is resolved, the pathology of isolation and exclusion develops when the crisis cannot be resolved. The seventh period is the period of stagnation against productivity that starts in adulthood and continues until the 60s. In this period, the main goal of the individual is to have children through reproduction, to take the necessary responsibilities by raising their children, to raise an individual who is functional for future generations, and to produce creative products through scientific and artistic activities with productivity. While productivity is gained when the stagnation confusion against productivity is resolved, problems such as stagnation, inability to create products and not taking responsibility in group work are observed when the confusion cannot be resolved. The confusion of despair against the eighth period self-integrity emerges in old age. In this period, the individual is expected to reach self-acceptance, to find his/her life meaningful and to reach self-integrity when he/she accepts death without panicking. It is stated that the elderly individuals who solve the confusion of the period are a mature person who has knowledge about life with their experiences, maintains their composure in the face of events and reaches an active wisdom. However, it is stated that individuals who cannot solve the confusion are people who regret their past lives, have a desire for a new life as a result of hopelessness, experience a high level of fear and anxiety against death and despise many things (Brook, Cohen, Crawford, Jeffry, Johson and Sneed, 2004; İnanç and Yerlikaya, 2012).

2.1.4.5. *Psychoanalytic Theory*

In psychoanalytic theory, Jung defines the concepts of individuation and integration. In this context, although "individuation and integration are different from each other" meanings, Jung states that the most important goal of personality is integration, although there are concepts that occur at the same time and concern each other. According to Jung, the organism begins life as an undifferentiated individual and over time, "man turns into a fully decomposed, balanced and undifferentiated personality, just as a seed turns into a plant." In other words, as a person develops the level of individuation, his conscious actions increase as he approaches integration. Therefore, "the ability to distinguish subtly between what he perceives in the world develops". Jung states that individuation occurs when the systems that affect the development of personality such as "ego, persona, shadow, anima and animus" rise to the surface of consciousness. Although a healthy personality development occurs when equal opportunity is given for the development of all aspects of the personality, if equal opportunity is not given for personality development, one aspect of the personality develops while the other aspect remains infertile. Therefore, the development of a single aspect of the personality causes the personality to "swell", lose its naturalness and unhealthy development. However, healthy personality is formed by the decomposition, development and integration of personality systems (Jung, 1939; İnanç and Yerlikaya, 2012).

In this theory, the basic condition of healthy integration is that "consciousness and unconscious" do not suppress each other, and a lenient relationship-exclusive effort is required between the two. Since integration is a journey of self-discovery, which is a difficult and complex process, one wants to deny the unconscious at the initial stage. However, over time, the aspects that are the reflection of his personality pass into the acceptance process instead of reflecting them on others. In the first stage, when the person realizes that his/her social goals contain falsehood, the persona dissolves, in the second stage, the person becomes aware of his/her destructive tendencies and "the shadow integrates with other spiritual units". In the third stage, "anima and animus" are approved by recognizing the "components of personality belonging to the opposite sex". Finally, when the "I archetype" comes to the center of the personality, the integration process is completed (Hunt, 2012; İnanç and Yerlikaya, 2012).

2.1.4.6. Positive Mental Health Metrics

Explaining the Criteria of Positive Mental Health, Marie Johada explained positive mental health under six headings with the concepts of self-directed attitudes, maturation and self-actualization, integration, autonomy, perception of reality and environmental impact. Attitudes towards oneself and the high level of self-esteem are referred to, the necessity of a balance between the true self and the ideal self, the development of a sense of true identity, and the necessity of living with self-acceptance. It has been mentioned that the process of maturation and self-actualization is necessary because it enables the individual to get satisfaction from life, to participate effectively in life and to continue his/her life with high motivation. With integration, it was mentioned that the organism should live in balance and harmony with biological, physiological, psychological and environmental processes. With autonomy, it is mentioned that the organism is not dependent on someone else, but the existence of a person who is free and mature in making his own decisions by maintaining his independence. It has been stated that the perception of reality and the ability of the individual to perceive reality make life meaningful and give satisfaction at the level where the ability to perceive reality is functional. With the concept of environmental impact, the existence of love, job and leisure competence, the ability to establish relationships with other people, the ability to meet the demands of the environment, to adapt to the environment and to cope with reality by effectively solving problems is mentioned.

Therefore, it has been stated that people with the characteristics described in six headings will be healthy in the cognitive and physical fields as well as in the spiritual field (Barrades Alarcon, Barrades Sanchez, Ibanez Guzman and Trapaga Balderrama, 2007).

2.1.4.7. Developmental Period Theory

Buhler states that people's main goal is their desire to perceive satisfaction from their achievements in individual and social life. In this context, he also stated that the basic condition for achieving the goal is the most basic tendency of individuals to realize themselves by evaluating their own decisions and responsibilities, discovering their spontaneous and creative aspects, and revealing their potential. In addition, Buhler examined the life histories of 400 people and determined five periods such as "progressive growth (0-15 years), continued growth with sexual production ability (15-25 years), decisive period in growth (25-45 years), loss of sexual production ability (45-65 years)", regression of growth and biological slowdown (65

years and later), and stated that "biological and psychological development are parallel to each other" in all of these periods (Atıcı, Bilgin and İnanç, 2015; DeRobertis, 2006).

2.1.4.8. Personality Management Processes

Neugarten, who explains personality management processes in adulthood and old age, explains how individuals manage their personalities in adulthood and old age, as well as explaining the differences of situations within the changing system, cultural norms and different behavior patterns that are appropriate for the age of people in different age groups. Since each generation has different emotional, thought and behavioral patterns compared to the previous generation, personality traits are affected by the changing historical period and cultural climate and differ from the previous generation (Diener and Ryff, 1996; Kraines, Neugarten and Troll, 1969).

2.2. LIFE SATISFACTION

Life satisfaction is a result of the balance between the elements that the individual has in his/her life and the elements that he/she desires or expects (Özer and Karabulut, 2003). According to Çivitçi (2009), life satisfaction refers to the state of satisfaction that occurs in a certain area or overall, of a person's life on the basis of their cognitive judgments. As stated by Myers and Diener (1995), life satisfaction is generally affected by personal and psychological factors rather than external factors such as gender and income level.

Khakoo (2004) life satisfaction is the emotional reaction of the individual to the whole of life as leisure time and remaining time other than work (Özdevecioğlu and Aktaş, 2007). Life satisfaction is both a subjective and an explicit assessment. Since people can be asked whether they are satisfied with their lives through questionnaires, the concept of life satisfaction is a subjective concept. The concept of life satisfaction is clear because the elements of the concepts of social happiness and peace were not explained to the participants before the research and were left to their own decisions during the response phase (Donovan and Helpem, 2002).

Life satisfaction is one of the elements of subjective well-being in which the individual evaluates his/her life in general in terms of cognition (Diener, 1984; Myers and Diener, 1995). In other words, evaluating whether the person is happy with his/her life corresponds to life satisfaction. (Heller et al., 2006). The concept of life satisfaction, which is one of the factors of the concept of subjective well-being in the literature, may differ according to the areas of life

such as working life, friendship relations, and marriage relationship (Orphan, 2001). If the individual has an idea about different areas of his/her life such as family, work, friendship, he/she can have the ability to evaluate the whole of life. It is predicted that satisfaction from different areas of life may affect overall satisfaction, but there are no definitive results explaining this situation. The concept of life satisfaction, regarded as a mental evaluation of one's entire life, is composed of three components.

The first component involves the individual comparing their life with external factors, which, in turn, influences their psychological well-being.

The second component pertains to the emotional, internal, and intellectual state of the individual, shaped by their evaluation of their own life.

The third component reflects the level of satisfaction the individual experiences as a result of interactions with their social environment (Yılmaz & Aslan, 2013).

Many factors can affect life satisfaction and level. Some of these factors are financial status, whether the person is married or single, whether he/she works in a job or not, and age (Özer and Karabulut, 2003). Cummins (1996) mentioned seven dimensions of life satisfaction. These dimensions are material power, being productive, being healthy, security, social well-being, psychological well-being. Argyle (2001) mentioned the dimensions of life satisfaction such as health, work and employment, sociality, leisure time, educational life, housing and money (Rojas, 2007).

In Day (1987), the dimensions of life satisfaction include areas such as family life, working life, social life, health, consumption, economic welfare, the state of the country of residence, self, and spiritual life. In Flanagan (1987), the dimensions of life satisfaction are high economic level, physical health, emotional well-being, being a mother or father and raising a child, social activity, political activity, pleasurable activities to get away from stress in one's free time and activities for personal development (Rojas, 2007).

Appleton and Song (2008) suggested that six factors may affect life satisfaction. These elements are socioeconomic level, position of the person in the profession and society, resources and social dynamism, quality of life, current management of the state and social relations (Dağlı and Baysal, 2016).

Satisfaction is provided separately from many areas in life. For example, satisfaction in areas such as marriage, work, finances, education, and social life affects overall life satisfaction. In

studies conducted to determine the factors affecting life satisfaction, it is seen that factors such as self-knowledge, self-confidence, liking to learn, wanting to be a useful individual, ability to establish social relationships, having a profession, raising children, sincerity in communication between spouses, being present in activities and engaging in enjoyable activities play an important role (Yıldırım and Belen, 2018).

Many variables can affect life satisfaction. It is known that the effect of well-being on the marital relationship has been examined by researchers for years (Bélanger et al., 2014). Although being married makes individuals happier than being single, it is seen that the quality of marriage plays an important role in being happy (Seligman, 2007). On the other hand, couples whose marital relationships continue negatively may feel unhappy. Accordingly, the quality of the marital relationship and the satisfaction and harmony of the spouse from the marriage determine the state of happiness in the marital relationship (Yıldız and Baytemir, 2016).

It is also possible for a person to adapt to different conditions in different areas of life in order to satisfy the feeling of achievement. Therefore, it is more important for a person to evaluate the satisfaction he/she obtains from the whole of life rather than providing satisfaction in a few areas in his/her life (Çivitçi, 2012).

As a result of a study, it was determined that the effect of the satisfaction of the individual from work on the satisfaction with life was higher than the effect of the satisfaction of the individual from marriage on the satisfaction with life (Polatcı, 2015).

Yıldız and Büyüksahin (2016) found that individuals who graduated from primary and secondary schools had lower life satisfaction than individuals who graduated from universities and doctorates. In the same study, it was found that the life satisfaction of individuals who got married by flirting was higher than the life satisfaction of individuals who got married by consanguineous marriage and arranged marriage. Another result of the study is that the marital satisfaction and life satisfaction of individuals who make love marriages are higher than those who make logic marriages. In a study, it was determined that as self-esteem increases, life satisfaction level will also increase (Yıldız and Baytemir, 2016). As a result of the study examining the effect of sense of individual integrity, sense of family integrity and self-esteem on predicting life satisfaction, the existence of a significant relationship between life satisfaction and self-esteem was determined (Çeçen, 2008).

In order to determine the variables affecting the life satisfaction of university students, the factors of being a woman or a man, the impression of the person on his/her educational success, socioeconomic level, hope for the future, belief system and being alone were investigated. According to the results, women's life satisfaction levels were found to be higher than men's life satisfaction levels. Another finding found in the study is that as people's socio-economic levels increase, their life satisfaction levels also increase.

According to the results, it is seen that life satisfaction increases as the academic achievement level of the person increases. These two variables are related to each other. Future expectation, which is another variable, is related to the concept of life satisfaction. Life satisfaction of people who have expectations about the future was found to be higher than those who did not have expectations about the future. Life satisfaction of individuals with intense and strong religious beliefs was found to be higher than other groups. When the loneliness variable is examined, there is an inverse relationship between one's loneliness and life satisfaction. As the level of loneliness increases, life satisfaction decreases (Dost, 2007). In a study by Yılmaz and Aslan (2013) investigating the relationship between teachers' feeling lonely at work and their life satisfaction, the results show that female teachers' life satisfaction is higher than male teachers. The results showed that teachers' life satisfaction can be affected when they perceive themselves alone at work.

2.3. SPOUSE SUPPORT

In recent years, researchers' interest in the concept of social support has increased. There are many studies on the effect of social support on the relationship of the person with physical and mental health and positive and negative life events such as success and stress (Yıldırım, 2004). Social support has been evaluated as a very important protective factor, especially for mothers of young children (Manuel et al., 2012). A study among couples with cancer found a positive relationship between social support and the immune system (Baron et al., 1990)

Social support types are very diverse; emotional support can arise in the form of giving advice and information to the individual, financial assistance, appreciation and being a model (Yıldırım, 2004). Social support sources appear in research as mother, father, family, spouse, partner, friend, colleague, teacher, experts, so on. In a study examining the support from friends, family, partners and institutions among female and male employees, it was determined that the

most utilized support was partner support and the least received support was family support (Schwarzer and Gutiérrez-Dona, 2005). In another study, it was revealed that social support sources, that is, who the support comes from, are more important than the types of support, that is, how the support is transmitted (Schwarzer et al., 1994).

Social support research shows that some sources of support may yield different results than others. In other words, who the support came from affected the level of protection. The fact that the person from whom the support comes has empathy skills, has experienced similar problems or has been able to cope with similar problems can increase the effectiveness of the support and reduce the person's distress (Thoits, 1986). According to Thoits (1986), the support of someone who cannot listen with empathy or has not encountered similar distress can increase the distress of the person. It is argued that support from the spouse may take precedence over other sources of support, as spouses are likely to experience most of the same or similar stressors (Dehle et al., 2001). In addition to being qualitatively different and superior, spousal support is distinguished from other sources of support by being the first source of support sought in stressful events between spouses (Burke and Weir, 1977).

2.3.1. Types of Spousal Support

Yıldırım (2004), who developed the Spousal Support Scale used in the current research, identified the sub-dimensions of spousal support as emotional support, financial assistance, informational support, appreciation support, and social interest support.

Emotional support is defined as showing interest in, worrying about, and expressing love for a person during times of stress or sadness, but it also includes helping people by listening to their emotions, empathizing, and discovering and accepting their emotions (Burleson, 2003). Emotional support studies have drawn attention to gender differences. Women provide more emotional support to both men and women and receive more help in return (Schwarzer and Gutiérrez-Dona, 2005). Explanations for such differences focus on women's superiority in emotionality and emotional expression. It has been stated that women are more empathetic and more willing to express their feelings in their relationships than men (Schwarzer and Gutiérrez-Dona, 2005). Therefore, the fact that women receive more emotional support than men may be related to this.

Financial assistance and information support. While financial assistance is to support the person in meeting his/her financial needs, information support is to support the person by providing the information and advice that the person needs. Mothers, especially young mothers with children under the age of five, are considered economically disadvantaged because they do not work or can work part-time and receive low wages, and they need economic resources and financial support more (Manuel et al., 2012). Financial support has also been used as instrumental support in some sources; it has been defined as helping to reduce the daily life burden of the person (Çağ, 2011). In other words, financial support includes providing concrete assistance and services such as helping with housework and providing transportation (Pukay-Martin, 2007). It is known that instrumental support between spouses is very important for working married individuals, and sharing a work role by the spouse reduces the emotional exhaustion of the person (Halbesleben et al., 2010; 2012). Information support, on the other hand, can increase the person's sense of control by teaching the person how to cope with and manage stressful events (Pukay-Martin, 2007). Individuals who received information support from their spouses had higher job, life and marriage satisfaction; psychosomatic complaints were found to be less (Burke and Weir, 1977).

Appreciation support includes the behaviors of saying positive words about the person, giving positive feedback about the good things he/she has done, approving and confirming his/her opinions (Katz et al., 1996). According to Katz and colleagues (1996), being praised and appreciated by one's spouse contributes to both personal development and the marital relationship. In their research, the marriage quality of individuals who were approved and valued by their spouses was found to be higher. Finally, social interest support has been diversified as meeting the socialization needs of the individual, spending time with the spouse and having fun, and paving the way for other sources of social support (Yıldırım, 2004).

In addition to the types, resources and dimensions of spousal support, it is also the subject of research as spousal support provided and perceived spousal support (Ulusoy, 2021). While the spousal support provided is related to the frequency and amount of support given by the individual to his/her spouse, the perceived spousal support is related to how the person evaluates the support he/she receives from his/her spouse (Çağ, 2011). Perceived support is also defined as a person's belief that they will receive appropriate and effective support when they need it (Day and Livingstone, 2003). The belief that the person will receive support was found to be more important than the effectiveness of the support actually provided the studies were

based on the perceived support (Barrera, 1986). Measuring spousal support tools used in quantitative research aim to measure perceived support (Dehle et al., 2001).

2.3.2. Factors Associated with Spousal Support

Social support from people who are important to the person, such as the spouse/partner, has served as an emotional buffer against the negative consequences of stress and depression (Manuel et al., 2012). Brown and Harris' research emphasized that supportive relationships with close family members (e.g., mother) do not compensate for the lack of spousal support in terms of susceptibility to depression (Dehle et al., 2001). A study examining the effect of stress and social support on depressive symptoms in women with young children reported that emotional support from a spouse or partner was more protective against depression than instrumental support from other relatives such as friends, relatives or neighbors (Manuel et al., 2012).

The relationship between spousal support and marital quality and its effect on marital satisfaction have been the subject of research. Rini et al. (2006), in their study examining the antecedents and consequences of spousal support received by pregnant women during their pregnancy, mentioned that the antecedents of effective spousal support are the social skill level of the person, attachment styles, quality of the relationship with the spouse, emotional closeness and intimacy. In the same study, it was observed that the anxiety level of pregnant women who received qualified spousal support decreased towards the end of pregnancy (Rini et al., 2006). It is predicted that married couples with less supportive skills are less happy and are more likely to divorce with the increase in negative behaviors during conflicts over time in the first 10 years of marriage (Sullivan et al., 2010). According to Sullivan and colleagues (2010), spouses are the most important source of support for many people, and people who establish a supportive relationship with their spouse may accept relationship problems more; therefore, they may experience higher satisfaction and more lasting relationships.

Burke and Weir (1977) revealed in their research that marital cooperation has a regulatory role in the relationship between stress and well-being and indirectly reduces psychosomatic symptoms caused by stress. In addition, in a longitudinal study conducted with 2806 patients treated in two hospitals in New Haven, it was stated that emotional support from close relationships played a role in the recovery of diseases, especially cardiovascular diseases (Berkman, 2000).

There are some changes in the lives of married couples after they become parents. Spousal support becomes more important when dealing with stressful situations such as increased financial expenses, lack of time and insomnia (Bulut Ateş, 2018). According to Belsky (1984), the couple relationship in parenting serves as the basic support system for parents. In particular, there is a relationship for both spouses between sharing parenting responsibilities and social support. As the rate of sharing domestic responsibilities among spouses increases, their perceived level of spousal support also increases (Çağ, 2011). Differences between men and women have emerged in this regard. After having children, women feel more responsible for housework than men (Krieg, 2007).

While depression levels decreased for women as the domestic role-sharing behaviors of their husbands increased, the same relationship could not be found for men (Çağ, 2011).

In societies where the burden of housework and childcare is mostly on women, it is thought that the most important source of support for women is spousal support (Ayca and Eskin, 2005). According to a study examining the parenting stress of mothers with autism spectrum disorder in their children, mothers expect more childcare and participation in housework from fathers (Johnson and Simpson, 2013). Ateş (2018), in his study examining the relationship between spousal support and maternal perception and parenting stress among mothers with healthy children, reveals that spousal support predicts parenting stress.

It has been emphasized that peer-to-peer cooperation is an important factor in coping with parenting stress (Abidin, 1992). In relationships where spousal support is active, the negative effect of parental stress on the couple relationship can be tolerated more from year to year (Durtschi et al., 2017). In studies examining the effect of spousal support in fathers, it has been noted that it is important to receive support from the spouse; it increases parental competence (Belsky, 1984) and increases general well-being (Ayca and Eskin, 2005).

It is also possible to find studies in the literature examining the relationship between spousal support and work-related factors. Spousal support was evaluated as a protective factor against work-related tensions and played a regulatory role in the relationship between work pressure and mental health (Syrotuik and D'arcy, 1984). A study examining the relationship between work-family conflict and social support resources in female teachers in Bangladesh found that spousal support and family support had a negative relationship with family-work conflict, while there was no significant relationship with colleague support and supervisor support (Tabassum, 2012). In a study examining the stress experienced by farmer women between work and family

roles, it was found that while the difficulty of farm tasks was not associated with stress, spousal support significantly predicted the stress created by the effort to balance home and work life (Berkowitz and Perkins, 1984). The same researchers said that the content of home and work roles may not be as important as interpersonal relationships.

2.4. LONELINESS

2.4.1. The Concept of Loneliness

Loneliness that may occur in every period of human life may vary depending on various reasons and factors. Loneliness is defined as the unpleasant experience of an individual with a significant lack of quantity and quality in his/her social relations (Perlman & Peplau, 1998: 571). In other words, it can appear as a painful, unwanted unpleasant feeling. When we look at loneliness, it can be explained as a separation experience that has emerged in childhood in relation to an emotional distress and will provide continuity throughout life (Rosedale, 2007). In another definition, loneliness does not go beyond the area created by the individual who cuts off his/her connection with the outside world by closing his/her emotions and consciousness and disconnecting his/her connection and belonging to the outside world (Armağan, 2014). However, since different situations that develop for each person can be named with loneliness, different interpretations and definitions may emerge. According to Şeremet (2019), while a very significant part of these people express loneliness in the physical sense as the state of being alone in their mind, in some segments, loneliness can also be expressed as the individual feeling and perceiving himself/herself as alone despite being in a physically crowded environment.

Although loneliness is perceived as a negative and difficult experience for some people, it can be considered as a quality time when they can stay on their own and direct their lives and pave the way for creative thoughts (Rokach, 2004). Both people who have put forward important works in the past and a large number of scientists or artists have been able to produce works with the emergence of their creativity thanks to this state of being alone (Blind, 2012). Such people do not have a sense of loneliness in themselves because they know that the works they produce will reach the society (Geçtan, 1994).

Loneliness can be seen as too difficult to overcome and too fearful and painful to do the best they can (Geçtan, 1994). This can be encountered as a situation that needs to be overcome in

order to avoid feelings such as inadequacy, anger, exclusion, abandonment, insecurity and worthlessness that loneliness may bring with it. In this case, individuals try to get away from these feelings by establishing friendships under normal conditions in order to get away from loneliness and establishing relationships with people they do not want to spend their time with (Kılıç, 2015).

It is thought that when loneliness starts to become permanent, it may have negative effects on health. Loneliness, which begins to increase the risk of depression and suicide, also negatively affects psychological well-being at this point (Perlman and Peplau, 1982). However, loneliness, which is observed to be associated with depressive symptoms, also threatens mental and psychological health by negatively affecting cognitive functions (Hawkley and Cacioppo, 2010). Loneliness also negatively affects life satisfaction in individuals. It is seen that in countries developing and transforming with industry, one-third of people have a feeling of loneliness and the risks of premature death may arise with their inability to regulate their emotions due to loneliness (Cacioppo, 2008).

Computers and the internet may appear as one of the other factors that lead to the emergence of loneliness. The increasing use of computers and the internet, which are indispensable in our lives with the changing world, causes an increase in loneliness in both qualitative and quantitative terms (Koçak, 2003). Although the spread of the internet has paved the way for millions of people from all over the world to come together, it may be seen as a different situation that leads to loneliness in real life. However, the question arises to what extent internet addicts affect loneliness compared to other people. At this point, it is seen that people who spend most of their time online have more adaptation difficulties in social life and are insufficient in their social relations (Yazıcı, 2021). When the emotional, social and family loneliness levels of people who are addicted to the internet are examined, it has been revealed that there is a positive relationship (Anlı, 2018).

It was concluded that individuals in young adulthood and adolescence experience more loneliness than individuals in other developmental periods (Peplau and Perlman, 1984). It is thought that the feeling of loneliness may slow down the development of healthy development with the emergence of perspectives on love, work and the world, especially in these emotionally more active periods of life (Arnett, 2000). However, such changes that may occur in other periods may have a critical role in terms of loneliness.

2.4.2. Types of Loneliness

Although loneliness seems to be a concept that a person is alone, it can be mentioned that even when he/she is in someone else's life, he/she cannot get satisfaction from the relationships he/she has established and communication is not inclusive enough. At this point, the view emerges that loneliness can cover different situations rather than a single dimension (İmamoğlu, 2003). Many types of loneliness have been revealed by researchers. Weiss (1973) has revealed two types of loneliness about the concept of loneliness and these appear as emotional and social loneliness.

Emotional loneliness appears as the absence or absence of another person around whom an individual can establish a sincere attachment and trust (Dykstra, 2009). In other words, emotional loneliness emerges as a type of loneliness that the individual can experience in an environment that can be considered normal for the individual, as a result of the lack of relationships that do not correspond to the expectations of the individual spiritually and that he/she can consider as a close relationship (Yaşar, 2007: 238). It is revealed that this is due to the lack of intimacy and intimacy between people emotionally (Yakut, 2019). Emotional loneliness can also be explained by the lack of a confidant who can easily share what belongs to him/her with another in human relations (Çapan and Sarıçalı, 2016). In addition, while it can be defined as remembering the fear of abandonment that occurs in early childhood, this loneliness is still seen as an uncomfortable situation that can still be tolerated and adapted (Weis, 1973).

Social loneliness is seen in the absence of the friendship environment that the individual desires to be in (Kirel et al., 2004). When we look at the concept of loneliness, it can be said that this situation, which we encounter as a sub-concept, is related to the rupture of social relations that support and complement the individual.

Although it is possible to talk about the lack of spending time with a group of friends, being among them and maintaining relationships in harmony with them, when the reasons are examined, there may be things such as frequent relocation of the individual, inadequate contact with other people, not participating in other social groups other than the group he/she is in, and health factors (Dugan and Kivett, 1994). Especially in elderly individuals, when the social environment that supports them no longer exists, tension, restlessness, marginality and sensitivity may emerge compared to the past (Weiss, 1989). In later studies, it is seen that these

symptoms of social loneliness led to boredom, marginality and restlessness not only in elderly individuals but also in individuals in general (De Jong Gierveld et al., 2006). What will eliminate the problem can be said to be included in new social environments in general and to develop social relations again. However, sometimes this solution may not be sufficient because people can be alone with the feeling of loneliness even if they have not lost their social environment (Drennan et al., 2008).

In another study, Moustakas (1961) divided loneliness into two as positive and negative. Positive loneliness is about withdrawing from social relationships as a result of one's own wishes and desires, and these are aimed at writing, meditation, painting, or higher existential goals. In positive loneliness, the individual confronts himself/herself and advances self-development, while in negative loneliness, he/she acts as a result of loneliness anxiety and alienation from his/her own self (Yılmaz, 2018).

2.4.3. Causes of Loneliness

Since the concept of loneliness is a very personal and subjective concept, it is very difficult to talk about a situation in which clear decisions are made jointly when defining it or determining its causes. Although some interpret the process of birth and death as a lonely process, most researchers have concluded that loneliness is a social and emotional process and may vary throughout life (Karakoç and Taydaş, 2013). When the reasons are examined, loneliness can be explained for different reasons in an issue where the differences are so strong.

According to Weiss (1973), the concept of loneliness can be explained by a state of anxiety that occurs as a result of the separation of the individual from the people to whom he/she is affiliated. From this point of view, the feeling of loneliness when the individual's sense of trust developed with the caregiver in early childhood is not sufficient will cause the individual to feel loneliness again when a person, he values or loves leaves him in the future (Kısa, 2018).

Stating that with the increase in the place and importance of technology in our lives, individuals' sense of loneliness may increase and they may live more intensely, Türkel (2018) argues that with the change in living conditions, it is easy for some people to adapt to innovations, while people in the other part could not adapt and caused their spiritual decline. Arguing that the feeling of loneliness emerged at this point, Koçak (2003) argued that short-

term human relations, people's moving away from traditional ties, and people's becoming more individualized can cause the feeling of loneliness to emerge.

In a sense, even if the rapid population growth seems to increase the possibility of expressing emotions more and involving others in life, negative experiences such as unemployment, divorce, old age, separation, as well as reasons such as inadequacies, competition, insufficient sincerity in relationships, lack of friends and inability to maintain healthy relationships, can also lead the individual to loneliness (Öksüz, 2005). Inadequate transportation caused by this rapid increase can be added to these reasons such as poverty and lower income (Killen, 1998).

2.4.4. Theoretical approaches

In 1982, the theories written by Letitia A. Peplau and Daniel Perlman on loneliness from the early 1940s to that day were collected in eight different categories and published as "Loneliness: A Sourcebook Of Current Theory, Research and Therapy".

2.4.4.1. Cognitive approach

Peplau et al. have developed many studies in the field of social psychology, especially the most comprehensive research on loneliness. In its shortest definition, loneliness is an “unpleasant experience” (Perlman and Peplau, 1981). Social isolation measures, such as the frequency of daily social interactions, evaluate only the social relationships that the individual achieves; they do not take into account the individual's desired level of social contact. Accordingly, loneliness is a response to the discrepancy between desired and achieved levels of social contact (Peplau and Perlman, 1982),

Such a situation can be defined as a negative state arising from the individual's perception of the gap between their current social relationships and the ones they desire. That is, the loneliness felt is not how alone the person is in the concrete reality, but how emotionally satisfied he is. (Turan, 2021) Our focus is on cognitive processes; it acts as a mediating factor between perceived loneliness (social deficiencies) and the intensity of the experience (Tzouvara et al. 2015). While the person tries to reach as many people as he can with his unsatisfied social need and is not satisfied, he may feel more peaceful and satisfied by being alone. In loneliness, loneliness is not a choice here (Ümmet and Ekşi, 2016).

Another point to underline is the sense of control; Altman defines privacy as an interpersonal border control process designed to accelerate and regulate interaction with others. Loneliness is one of the types of control that fails. The sense of personal control reduces stress; this sense of control will become a lifelong positive tool, the illusion that one can manage one's life entirely according to one's own preferences.

According to Young, loneliness is the state of not reaching full satisfaction in terms of needs in the relationships established by the person. It also divides these groups of loneliness into two; Transient, Situational, and Chronic. The first group is the type that does not create a long-term and deep wound that the person feels in one form or another throughout his or her life. Situational Loneliness group is the emotion that affects new relationships and creates dissatisfaction as a result of the pattern of relationship types experienced by the individual before.

2.4.4.2. Interactionist approach

It was put forward by Weiss. Loneliness is not caused by being alone, but by always lacking a certain needed relationship or set of relationships, lacking the necessary social support (Weiss, 1973). In most cases, this is a reaction to the lack of a close bond. This view argues that loneliness is multidimensional; it divides this lack into social and emotional loneliness, social loneliness is shaped between the individual and society, while individual loneliness is the loss and longing of one's relatives (Özdemir et al., 2017).

"If you are going to forget me one day, if you are going to leave me one day, he would say do not tire me in vain, do not let me out of my cave in vain, it is useless to make me lose my habits, especially loneliness" (Oğuz Atay, 1972).

2.4.4.3. Psychodynamic approach

The understanding of loneliness is based on the attachment of the baby to the mother. Through this attachment, the child experiences emotional bonds and how to connect with others. This approach was first proposed by Sullivan in 1953 and then by Fromm-Reichmann in 1959. According to Sullivan, loneliness is learned in the cradle; it begins in infancy with an integrative tendency that we know only later by inferring from pathology material. The baby experiences the joy of being loved, but also the shock of being weak. It can be called the core of a kind of hostility, hatred and violent aggression (Sullivan, 1953).

Frieda Fromm-Reichmann, on the other hand, was one of the first psychiatrists to raise loneliness as a serious pathological phenomenon (Lasgaard, 2010, Perlman and Peplau, 1982). Loneliness is based on early childhood experience, such as separation from parents or lack of satisfying physical contact and loving intimacy. This sense of isolation follows him into adulthood, creating a fear of love and intimacy. That is, people who do not have the social skills to develop close relationships with their parents in early childhood are more likely to experience loneliness later in life (Singh and Kiran, 2013).

Another important author focusing on early attachment and adult loneliness is John Bowlby. In attachment theory, he says, loneliness is a model of response that contributes to the survival of the species. As a fundamentally similar explanation, loneliness is the failure to meet social needs in the developmental process. (Paula et al., 2011) Bowlby says that a child who has established a secure bond with his parents as a baby continues to have secure relationships in adult life and does not experience separation anxiety. Secure attachment is the companion that assures the baby even if the mother leaves him, it removes anxiety. The baby knows that his mother will come soon and take care of him. The baby is also open to new relationships, the presence of a stranger does not make him uneasy. Because the fear of the stranger in the absence of the mother is actually caused by the orphanage in himself; this child has not been able to discover his inner world.

Based on all these writings, Freud mentioned loneliness for the first time in his article titled *Yabanı*. It is difficult to give a complete explanation of the darkness and silence that exists in all of us, that we cannot get rid of, perhaps we do not need to get rid of. This strange feeling begins with childhood anxiety and manifests itself again in places throughout life. In three essay texts on Sexuality Theory, childhood anxiety is tried to be explained in more detail; we can say the absence and absence of the loved one. Levent Kayaalp adds; "Children are afraid of the dark because this means that the loved one cannot be seen, so it is necessary to hold their hand. Then it would not be wrong to associate the concepts of loneliness and darkness."

He changed his thesis throughout the process on the point at which childhood anxiety started; in the text "Inhibition, Symptom and Loneliness", although he says that it is born from libido, he says that it is the fear of castration and then birth trauma. According to Otto Rank, birth trauma forms the basis of all anxiety, on the other hand, loneliness is quite similar to intrauterine pre-archaic dreaming, so the feeling of loneliness should have relieved us. With the development of object relations, childhood anxiety can now be considered as a loss of object.

The loneliness felt in our adult lives depends on everyone's personal childhood anxiety and how they experience it. It can be explained as follows; The child who cannot satisfy his/her own needs at the beginning will be subjected to the outside, so the concern will be the loss of this external object, that is, the caregiver.

"Loneliness is like a soldier hiding on an island waiting for the war to end." (Kayaalp, 2001)

Anzieu defines loneliness as a situation created by the lack of the other, "the situation where no one is present against the hope of meeting someone" (Anzieu, 1987) To explain this, Winnicott's Capacity to Be Alone should be considered. We can explain this as the capacity to feel alone next to the other rather than the capacity to be alone next to the one. In order for the child to distinguish himself/herself from the other, he/she must feel alone even if the other is with him/her. Therefore, the child must first accept the existence of the mother in the name of individualization, and there must always be another at the beginning, but this presence also makes the child's loneliness a necessary condition. That is, loneliness is a paradoxical situation; it does not merely take on the existence or absence of the other; it also depends on one's spirituality. The individualization desired to be explained here is not in the sense of remaining alone, but compulsory orphanage within itself.

Melanie Klein, one of the founders of object relations, briefly defines the capacity to be on its own as having and maintaining a good internal object. (Klein, 1987) Going back to Bowlby's attachment styles, the object internalized in insecure attachment is virtually non-existent; it is a hollow object (Bowlby, 1986). The child, whose secure attachment needs are not satisfied, is a timid and detached stranger in the world, lost in the black hole that swallows everything in itself. The dependencies that may come as a continuation of this try to fill the void of the inner world with external materials. Object gluttony is the effort to fill the non-existent object in them and to establish a relationship with it and integrate.

2.4.4.4. Existentialist approach

Finally, the existentialist approach focuses more on the subjective emotions felt by loneliness. The starting point is loneliness itself. Since the first creation, a person is unique, no matter how close someone else is, he cannot see the world exactly like him. Two leading proponents of this approach are Tillich (1963) and Moustakas (1972), who argue that all humans are 'ultimately alone' and that loneliness arises 'from separation, which is an existential condition of human existence'.

Existentialists divide loneliness into 'real loneliness' and 'anxiety loneliness'. True loneliness is about realizing that people are alone in life from birth to death. This is an inner and organic reality of human life, where there is both pain and the creation that emerges from long periods of loneliness. The individual in existential loneliness is isolated and alone, fully aware of himself (Moustakas, 1961). Anxious loneliness is described as a reaction mechanism that people develop to avoid facing the realization of their lonely existence (Perlman and Peplau, 1982). Man is separate from himself as a feeling and knowing person. This anxiety works as a defense mechanism for loneliness, pushing people to constantly look for social relationships rather than making decisions in serious conversations about their lives.

The existence of eight different approaches mentioned by Peplau and Perlman in 1982 has not ended, and different understandings continue to exist within these approaches.

The “cognitive part” that encompasses the inconsistency between the achieved and desired social relationships of loneliness, which is directly related to its conceptual definition, and the “social needs approach” that encompasses the negative emotional experience of loneliness. By doing so, the concept understood as loneliness was narrowed down and put into the research framework.

The cognitive approach approaches loneliness as a contradiction, the focus when looking at the desired and obtained relationship of social ties is not how or what kind of loneliness it is, but how this loneliness is perceived by the person. (Larose, Guay and Boivin, 2002) The social needs approach is a synthesis of attachment theory and psychodynamic approach that focuses on the emotional component of loneliness. (Marangoni and Ickes, 1989). The phenomenon investigated is how loneliness works, but also what kind of loneliness it involves.

2.4.4.5. Evolutionary approach

Among the recent researches, the most important is the new theoretical approach put forward by Cacioppo et al. in evolutionary theory, loneliness is considered as a biological structure. According to Darwin, who developed the theory of evolution, organisms are in competition for resources, and those who are more advantageous according to the conditions they live in are more likely to pass these characteristics on to future generations. (Cacioppo et al., 2006). For a species to survive, not only must a generation reproduce, but also the offspring of that generation must reproduce.

According to the evolutionary theory of loneliness (Cacioppo et al., 2006; Cacioppo and Cacioppo, 2018), since being socially connected has an evolutionary advantage, loneliness has begun to serve as a function that motivates individuals to seek social connections. We can also think of it as a signal to change behaviors, like hunger, thirst, or physical pain. Loneliness, like any other, is a temporary and mild emotion if satisfied, with the goal of encouraging the person to participate in social stimuli to repair/change meaningful social relationships. (Masi et al., 2011).

We can explain this advantage through hunter-gatherer societies. Like many living things, humans are prone to living together. One reason is that human offspring have the longest developmental period of all species, meaning that they depend on their parents for many years to feed and protect them. Children's survival into reproductive age depended on parents sharing food and resources with them, even to their own detriment.

For Cacioppo, loneliness is social pain after a person leaves their child or community, that is, after social separation. Those with a genetic predisposition to experience this pain are more likely to share their food, shelter, or defense with their families and allies to reduce the pain. Individuals who do not experience this kind of loneliness when separated from others could have lived an isolated life and walked the world better fed, but abandoned offspring and parents are less likely to survive. (Cacioppo et al., 2006). Therefore, although they are more likely to survive in the short term, they are less likely to transmit genetics to future generations. (Masi et al., 2011).

The social pain of loneliness and the social reward of connecting with others motivate them to share or defend resources and repair and maintain their social connections, even if it does not directly serve their personal interests. The evolutionary model (Cacioppo and Hawkley, 2003) suggests that this mechanism of social pain and social reward works together with the system of physical pain and reward, sharing a common neuroanatomical basis. For example, in a 2003 study by Eisenberger et al., participants were either excluded from or included in a social situation (e.g., a ball throwing game). According to the fMRI results, neural activation was observed in the dorsal part of the anterior cingulate cortex (ACC), which also plays a role in the sensory component of the pain response. (Cacioppo et al., 2006).

Even if this painful experience has a function that encourages survival in the short term, it can lead to harmful consequences in the long term. Living with one's own kind requires survival against intraspecies aggression, and the group member may be in social isolation for one reason

or another. This social isolation indicates that the likelihood of mutual aid or sacrifice is low, and the likelihood and cost of betrayal are high. As a result, loneliness also evokes a contradictory motivation to avoid others and increases the individual's tendency to take care of himself, that is, to protect himself, and to be alert to social threats. (Meng et al., 2020)

With industrialization, the growth of communities and the individualization of individuals, loneliness has become a very important problem of the modern world. Cacioppo (2006) states that social isolation is a risk factor for disease and death throughout adult life. The relationship of loneliness to physical and mental health shows us that it affects almost every aspect of daily life. Loneliness, for example, not only involves painful feelings of disconnection and lack of belonging from others but is also a risk factor for numerous health conditions, including increased vascular resistance in young adults. (Masi et al., 2011). These biological risk factors can be compared to smoking, high blood pressure, obesity and low physical activity even after socioeconomic factors are statistically controlled. (Cacioppo et al., 2006).

2.4.5. Loneliness and well-being

The person who was forced to feel lonely stated that he/she was not only physically but also detrimental to his/her emotional and spiritual well-being (McWhirter; as cited in Chechen and Cenkseven, 2007). The lonely person does not feel safe and an anachronistic survival mechanism is activated, which increases sensitivity to threats from all directions. Compared to individuals who are not alone, lonely individuals perceive social activities as more threatening, have more negative expectations about social interactions, and remember negative social events more. (Ng and Lee, 2020) As a result, they are cynical about social encounters and adopt behaviors that may actually lead to social rejection, thus strengthening their own maladaptive biases towards the social world (Cappuccio et al., 2006).

Chiao et al. (2019) measured the loneliness levels of young adults in their study in Taiwan. There was a decrease in the psychological well-being of the groups experiencing very serious emotional loneliness and experiencing serious emotional loneliness, even if individual demographic differences were equalized. Cacioppo added that loneliness and depressive affect are related but distinguishable constructs. (Cacioppo etc., 2006). Lonely individuals experience higher levels of stress in their daily lives and have weaker control over their attention spans (Cacioppo et al., 2006).

Research has shown higher levels of perceived social isolation (i.e., loneliness), negativity and depressive emotions (e.g., anger, anxiety), lower levels of psychological well-being (e.g., less optimism, lower self-esteem), and cognitive performance, as well as lower levels of social well-being. (Jones, 1981; Cacioppo et al., 2006). Lonely people have a lower sense of self-worth and (Peplau, Miceli, and Morasch, 1982) tend to blame themselves for social failures (Masi et al., 2011). Loneliness has a strong autoregressive effect and is positively associated with sadness, fear, alertness, and hostility, creating mutually reinforced feedback loops with feelings of alertness and hostility (Meng et al., 2020)

These notifications especially negatively affect the person's past memories and predictions about the future. The individual's current loneliness will make his predictions about future exclusions more biased and pessimistic. Moreover, these hypothetical negative predictions that this interaction is not one-sided but will be excluded in the future further damage his daily self-esteem and positive affect. As a result, one of the factors that most affect well-being is the tendency to reflect on this future (Teneva and Lemay, 2020).

When loneliness is not overcome and becomes long-term, it can cause negative consequences. People whose loneliness continues for a long time may cause low self-esteem as a result of the weakness of the relationships they develop with others, and it may also lead to depression, various diseases, rejection, exclusion, worthlessness and even suicide in some cases (Erözkan, 2009).

Basically, the concept of coping can be defined as cognitive, behavioral, and emotional effort with specific demands where resources are strained and occasionally exceeded (Folkman and Lazarus, 1980). Two different dimensions of coping can be mentioned and these are called active coping and regulatory coping (Carver et al., 1989). Active coping is to fight against all people or situations that are at the source of stress in order to change the sources of stress that occur in the individual's individual behavior or to eliminate them.

Regulatory coping is about reducing or overcoming the emotional consequences of stress. What should be considered here is that the struggle is perceived not only as successful or beneficial to the person, but also as a whole effort (Folkman and Lazarus, 1980).

Coping with loneliness begins with coping with difficulties and being able to withstand them. While overcoming this process, while trying to control negative and stressful emotions, the individual should be able to provide repair by reconstructing his/her lost, damaged, and even

lost wishes and expectations (Folkman and Moskowitz, 2004). In addition to the fact that the feeling of loneliness is a feeling that varies from person to person and can be experienced in a more relative way, the individual can cope with this feeling by entering into less expectation towards his/her social environment, ceasing to see himself/herself as a different person at the point where he/she can adapt to his/her social environment internally, getting to know new people and trying to be a more social person by changing his/her efforts if necessary (Erözkan, 2009).

2.5. PERFECTIONISM

In this section, definitions of the concept of perfectionism and theoretical approaches to the concept of perfectionism are included. In addition, perfectionist personality traits are defined in the section and information is given about research on perfectionism.

2.5.1. The Concept and Definition of Perfectionism

In Turkish, the word "perfectionist" is defined as "someone who acts excessively meticulously", "someone who aims to reach moral maturity" in philosophy, and "someone who makes an excessive effort to be perfect" in psychology (<https://sozluk.gov.tr/>). In Macmillan Dictionary (<https://www.macmillandictionary.com/>), the word "perfectionist" is defined as "the desire to do what one has always wanted to do flawlessly".

According to Webster's II New College Dictionary (1995), "the tendency to set extremely high standards for oneself or to dislike deficiencies and mistakes", in other words, according to Merriam Webster's Collegiate Dictionary (1993), "the tendency to reject or see anything that is not perfect as unacceptable". According to the American Psychiatric Association (1994), perfectionist behavior is the setting of extremely strict standards for oneself. Reaching these standards is difficult and problematic, so it results in the incompleteness or postponement of the task in people who set extremely strict standards for themselves (Slaney, Rice, Mobley, Trippi and Ashby 2001: 131).

There are many definitions in the literature on the concept of perfectionism; according to Hollander (1978, quoted by Slade and Owens 1998: 373), perfectionism is the act of demanding

a higher quality of performance than the person should be from himself or others, that is, than the situation requires.

Burns (1980) defines perfectionism as individuals whose standards are too high to reach, who set impossible goals and who persistently run towards these impossible goals and measure their own values in terms of productivity and harmony.

Perfectionism is often seen as a complex and multifaceted concept regarding the individual's setting excessively high standards for himself/herself in daily life and being excessively worried about mistakes or mistakes (JanssonFröjmark and Linton 2007).

According to Köse-Karaca and Gürsoy (2019), perfectionism is defined as the tendency to have extremely high standards that clinically cause significant distress and deterioration in the daily work of the individual.

According to Brown et al., perfectionism is defined as the tendency to set excessively high-performance standards for oneself and then to evaluate one's performance excessively critically (Brown, Heimberg, Frost, Makris, Juster, and Leung 1999).

Similarly, according to Stoeber (2018), perfectionism is a multidimensional personality tendency characterized by striving to be flawless and setting extremely high-performance standards and evaluating the behavior of the person who comes along with it extremely critically.

Perfectionism either involves a tendency to set high standards that cannot be met, or it is only met with great difficulty. Perfectionists tend to believe that anything that is not perfect is scary and that even the smallest flaws or mistakes will cause disaster (Anxiety Canada).

Perfectionism refers to setting high expectations from oneself that are not logical, including intolerance of mistakes in general (Adelson, Wilson 2021).

According to Antony and Swinson (2000), perfectionism can be defined as excessive attention to the physical appearance, cleaning behaviors, spatial order, performance and organization of the individual.

While Fersot defines perfectionism as establishing strict personal criteria for performance and being highly critical in evaluating one's own performance at the same time, Albert Alic sees perfectionism as one of the gates of beliefs that do not make sense when criticizing one's own

performance (cited by Nazarzadeh, Fazeli, Aval and Shourche 2015). For this reason, perfectionist individuals are likely to be dissatisfied with their performance because they consistently set goals that they cannot achieve (Antony, Purdon, Huta, and Swinson 1998).

Many researchers have come up with strong research that perfectionism can be positive, healthy, or functional. The research literature on perfectionism is complex and confusing. There are three main reasons for this. First, in addition to using different identities, researchers have used different directions and different combinations of directions to arrive at their own specific conceptualizations tied to the two forms of perfectionism. Second, researchers first followed two fundamentally different approaches: either the dimensional approach or the group-based approach. In the dimensional approach, aspects of perfectionism are combined to form two independent dimensions of perfectionism, called perfectionist efforts and perfectionist concerns. It is accepted that the first is related to positive characteristics and the second is related to negative characteristics.

In the group-based approach, aspects of perfectionism are combined under the umbrella of the two groups. These are expressed as healthy perfectionists and unhealthy perfectionists. It is assumed that the first is related to positive characteristics and the second is related to negative characteristics. Third, not all research has found that healthy perfectionists are only about positive traits. While many studies have concluded that perfectionist efforts are associated with higher levels of positive traits and that healthy perfectionists exhibit higher levels of positive traits than unhealthy perfectionists and non-perfectionists, some have not. Some studies have found that perfectionist efforts and healthy perfectionists are associated with both positive traits and negative traits, and a few studies have found that they are only associated with negative traits (Stoeber, Otto 2006).

Each of the dimensions of perfectionism has been associated with various types of pathology, within the framework of the assumption that perfectionism is only a negative quality. However, other research shows that perfectionism can be positive or negative, depending on how perfectionists perceive their work (Fedewa, Burns, and Gomez 2005). A positive perfectionist is driven by positive reinforcements such as increased self-esteem and self-satisfaction; such people set goals that are actually possible. From a behaviorist perspective, their perfectionist behavior is positively reinforced through a sense of praise, recognition, or accomplishment. An intense effort is made for success, but failure results in adaptive behaviors such as changing set standards or working harder. In contrast, a negative perfectionist acts out of fear of failure.

From a behaviorist perspective, the negative perfectionist is negatively reinforced through the elimination of repulsive stimuli such as behaviors, criticism, mockery, self-disparagement, or shame.

Negative perfectionists strive for high goals that are not actually possible and set unrealistic high standards for themselves (Hamachek 1978 cited by Fedewa, Burns and Gomez 2005).

Recent research has reinforced the distinction between positive and negative perfectionism. Because positive perfectionists are more likely to actively deal with their problems and take steps to distract them, they find solutions in emotionally healthy ways rather than thinking long and hard about the problems or misfortunes they are experiencing. Negative perfectionists react to stress in neurotic ways, and because they feel that their failures are reflected, they tend to avoid these problems rather than actively engage in them. The main way negative perfectionists deal with depression is rumination, and they are more likely to engage in dangerous practices. Negative perfectionism is significantly associated with categorical thinking, the tendency to see the world in black or white terms. It is also associated with distrust and intolerance of others. Positive perfectionists do not act out of fear of negative evaluation or failure, but rather are motivated to set high standards with the benefits derived from it. If positive perfectionists do not perform at a certain level, they may feel guilty for thinking that their effort is insufficient, but this thinking does not reflect their assessment of their own being. Instead of focusing on perceived shortcomings as a negative perfectionist would do, the positive perfectionist may take action to prepare for the initiative for another goal or reorganize the set standards. For this reason, positive perfectionists are more flexible than negative perfectionists. However, perfectionism was traditionally seen as incompatible. In this sense, depressive symptoms, interpersonal problems, problems characterized by inability to cope well with stress, anxious and anxious behaviors, and tendency to worry, especially problems expressing emotions such as anger and neuroticism, have been associated with many psychopathologies, including anxiety (Burns, Fedewa 2005).

Perfectionism is a multidimensional concept that has both harmonious and incompatible aspects according to Flett and Hewitt (Wei, Mallinckrodt, Russell and Abraham 2004). Harmonious perfectionism includes setting high (but achievable) personal standards, preference for order and organization, a sense of self-satisfaction, a desire to excel, and a motivation to earn positive rewards. Mismatched perfectionism includes high goals that are not actually possible, intense ruminative anxiety about making mistakes, perceived pressure or a perceived courage to be

perfect by others, a compulsive suspicion of one's actions and a motivation to avoid negative consequences (cited in Enns and Cox 2002 by Wei, Mallinckrodt, Russell, and Abraham 2004).

Hamachek is one of the names that define perfectionism under another classification. Hamachek divided the concept of perfectionism into normal perfectionism and neurotic perfectionism. In normal perfectionism, individuals set high standards for themselves, but they feel more accurate and comfortable about these standards. Neurotic perfectionists, on the other hand, set goals that are unrealistic or very difficult to achieve. They never feel sufficient in terms of performances and are not satisfied with their performances (Hamachek 1978 Cited in Say 2020). Normal perfectionists take specific steps in this direction and work regularly to achieve their goals. When they fail, they act with thought and can be tolerant. Neurotic perfectionists, on the other hand, do not like to make mistakes because of the high goals they set and cannot tolerate even the slightest mistake. They do not consider anything they do sufficient for the high standards they set (Schuler 2000).

Although there are many definitions of the concept of perfectionism, the common point of all definitions is that perfectionists set themselves extremely high goals. Perfectionists always tend to be flawless and not make mistakes. When mistakes or mistakes are made, people tend to criticize and punish themselves.

2.5.2. Perfectionism from a Theoretical Perspective

When the literature is reviewed, it is seen that researchers working on perfectionism basically address perfectionism within the framework of four approaches. These four approaches (Psychoanalytic Theory, Perfectionism According to Holistic Psychology Approach, Perfectionism According to Individual Psychology Approach, Perfectionism According to Rational Emotional Approach) are discussed and explained under this heading.

2.5.2.1. Psychoanalytic Theory

The psychoanalytic approach is one of the major theories underpinning the work of perfectionism. When we examine how personality theories explain perfectionism; Freud's

Psychoanalytic Theory explained perfectionist effort as a manifestation of neurosis, which is the result of inappropriate progress, especially at the anal stage of psychosexual personality development (Lasota 2005). Perfectionism has often been thought of as a common form of neuroticism; the starting point of this neurotic form is Freud's view of perfectionism as a symptom of obsessive neuroses, the result of the dictates of the extravagant superego that perpetuates the will to excel. According to Freud, perfectionism is the result of the superego striving for a high level of success. Freud also considered this as a manifestation of narcissistic behavior, which is common in neurotic disorders (Kutlesa 2002). In addition, according to Freud in theory, the tendency to perfectionism begins at a young age and continues with the internalization of parents' prohibitions or rules. It has been stated that the superego, which emerged with the effect of these internalizations, strives to create, design and maintain a perfect image (Geçtan 2020; Horney 2017).

2.5.2.2. Perfectionism According to Holistic Psychology Approach

Horney's views on perfectionism differ from Freud's. Horney (2017) evaluated perfectionism as a neurotic tendency. The neurotic individual seeks to reach the ideal self through a complex system of internal commands and rules of his own creation. He seeks dignity, power, ownership, and is neurotically ambitious in order to realize his ideal self. These commands cover all the taboos about what the neurotic person should do, know, feel, be, and not be, and aim for absolute perfection (Horney 2021). In his later work, Horney explained perfectionism as the individual's adaptation to the phase of self-alienation with pathological characteristics (Satılmış 2010).

Horney argues that child-environment interaction is important in the formation of the child's personality. When social and environmental factors produce anxiety, feelings of insecurity develop in the child. The child develops various patterns of behavior to combat these feelings of insecurity. As their behavioral patterns generalize, they will begin to become part of the personality. According to Horney, who draws attention to this point, such a situation should be called a neurotic need. Three personality types emerge as a result of neurotic needs. One of these personality types is "the personality that isolates the person himself/herself, is in independence and perfection, and tries to meet this by isolating him/herself from people" (Schultz and Schultz 2007, Bayram 2016).

2.5.2.3. Perfectionism According to Individual Psychology Approach

Adler's theory, which he called Individual Psychology, is hidden at the core of life. It emphasizes the desire to grasp the mystical creative power manifested by the tendency to develop, strive, and work, as well as the desire to balance defeat in one area with success in another. The creative power in question is purposeful and this feature manifests itself in the pursuit of a certain goal, and the thoughts and behaviors of individuals are in the service of such an effort. All people have a certain purpose and ideal idea since childhood, and with their help, they try to overcome the situations they are in, to overcome the current deficiencies by setting a concrete goal, and to overcome the difficulties they face. Perfectionism is highly correlated with perfectionism, as it is associated with striving for goals and having high standards of performance. It is considered necessary and normal for the individual to overcome the difficulties he/she is in both emotionally and intellectually with the goals he/she has set, to gain superiority for himself/herself, to realize himself/herself and to provide him/herself with an advantage in this direction, taking into account the successes that await him/her for the future. However, neurosis occurs only if there is an effort beyond the reasonable reasons arising from the anxiety of superiority. In this context, it is seen that the Adler approach sees perfectionism as a positive personality trait, but also emphasizes when and under what conditions it can gain a negative dimension (Sapmaz 2006).

According to Adler (2011), there is an effort for perfection in every individual and this effort is an innate phenomenon. Striving for perfection is an inherent drive and improvement in life. It is impossible to imagine a life without him. According to him, when a baby is born, he is a weak being and needs care. The individual starts his/her life in despair due to his/her childhood inadequacy and dependence on his/her environment. This despair feeds the feeling of inferiority. If these feelings of inferiority develop in the direction of providing personal advantage over other people, this leads to social negativity in the individual. The inferiority feelings of such individuals cause perfectionist feelings rather than trying to overcome this situation (Lasota 2015).

2.5.2.4. Perfectionism According to its Rational Emotional Approach

According to Ellis' Rational Emotional Behavior Approach, people's mindsets are very effective in problems experienced. This makes them uneasy when they evaluate themselves, their environment and the events they experience in an unreasonable and negative framework. Ellis (1977) addresses perfectionism with the approach of irrational beliefs. According to these

beliefs, in order for an individual to be valuable, he/she must be talented, competent in every way, never make mistakes and overcome every situation (Satılmış 2010).

2.5.3. Dimensions of Perfectionism

When the literature was reviewed, as a result of the studies and research on perfectionism, perfectionism was basically seen in two different dimensions. These two dimensions: One-Dimensional Perfectionism is defined as Multidimensional Perfectionism and these dimensions are discussed and explained within the framework of this research.

2.5.3.1. One-Dimensional Perfectionism

Perfectionism has traditionally been seen as a one-dimensional personality construct that has an equally detrimental effect on mental health and adjustment (Rice, Lapsley 2001; Sherry, Hewitt, Flett, and Harvey 2003; Burns 1980).

Historically, perfectionism has been studied primarily from a pathological perspective. The logical perspective based on clinical observations and research has seen perfectionism as psycho-logical disorders and psychiatric conditions that associate it with some physical problems and examined it in one dimension in this respect (Chan 2010).

In studies addressing perfectionism from a one-dimensional perspective, it has been stated that individuals with perfectionist personality traits set extremely high standards for themselves and behave excessively critically when they cannot reach these high standards or achieve their goals, and as a result, they experience negative emotions (Demirci, Çepikkurt, Kızıldağ-Kale and Güler 2018).

The structure and definition of perfectionism has been researched and discussed by researchers for many years, but there has not yet been a consensus on this issue. According to some researchers who deal with perfectionism in one dimension, perfectionism has a destructive effect by its nature. Researchers have noted that perfectionism is linked to a number of negative outcomes, such as anxiety, low self-esteem, eating disorders, depression, and personality disorders. On the contrary, some researchers adopt a multidimensional definition of perfectionism and claim that perfectionism has positive aspects that need to be developed and supported (Mofield, Parker-Peters 2015).

2.5.3.2. *Multidimensional Perfectionism*

The structure of perfectionism has long been conceptualized as a pathological personality trait (Burns 1980; Andrews, Burns, and Duijng 2014). As a result of the researches, it has been shown that not only individual differences in perfectionism can be evaluated reliably and validly, but also that the structure of perfectionism consists of various dimensions reflecting personal and interpersonal concerns. For example, Frost et al. developed a measure called the "Multidimensional Perfectionism Scale" (Flett, Hewitt, Blankstein, Solnik, and Brunschot 1996). As another example, Hewitt and Flett defined factor analyses of Multidimensional Perfectionism as three basic dimensions (Hewitt, Flett 1991).

The components of perfectionism, which Hewitt and Flett define as three:

Self-Oriented Perfectionism is Perfectionism Toward Others and Socially Envisaged Perfectionism (Hewitt, Flett 1991a: 98). According to Hewitt and Flett, self-oriented Perfectionism is a dimension characterized by a strong motivation. Accordingly, it is the determination of perfect, unreal standards and striving for them, the intense focus on making no mistakes and the generalization of self-standards. People with this dimension do not accept this situation when they cannot achieve the standards they have set or when they cannot achieve their goals, and by holding themselves responsible for this result, they experience guilt and criticize themselves excessively.

Self-directed perfectionism includes a well-articulated ideal. Perfectionism Towards Others involves similar behaviors, but these behaviors are directed at others, not at oneself. People with this dimension expect goals and performance from other individuals that are not actually possible. When these people fail to achieve their goals or make mistakes, they do not accept this situation and hate them by blaming them for this failure. The last one, Socially Determined Perfectionism is the belief that other people enter into perfectionist expectations for them and expect goals that are impossible to achieve and achieve. They are afraid of being criticized negatively by other people. When they cannot perform what they think is expected of them, they feel criticized by other people. Therefore, they feel negative emotions (Hewitt, Flett 1991b: 457-458).

Another, the "Frost Multidimensional Perfectionism Scale" (FFPMS), was developed by Frost et al. in order to make a multidimensional assessment of perfectionism. The scale, which is a

35-item measurement tool, consists of six subheadings and gives a Likert-type measurement between 1 (strongly agree) and 5 (strongly disagree) (Kağan 2011: 194).

2.5.4. Perfectionism Personality Traits

Perfectionism personality traits largely start with the need for love, acceptance, rejection, and approval. It is their low self-esteem that drives perfectionists. Perfectionists are not sensitive to other people's perspectives, wants and needs in the context of love and approval needs. Rather than an overly egocentric way of thinking, they expect change to be made by other people. These tendencies of perfectionists lead to a deadlock in their interpersonal relationships and communication (Flett et al. Transferred from 1995 by Tuncer, Voltan-Acar 2006).

Canadian psychologist Gordon Flett says that perfectionists reveal themselves in three different ways: first, the “style of self-promotion” involves an attempt to influence others by praising or displaying one's excellence (this type is easy to spot because they offend other people); second, by “avoiding situations in which they can show their flaws” (which often exists even in young children); and third, the “tendency to keep problems to themselves” (including the inability to accept failure in others) (Gould 2012).

Perfectionist people have certain thought patterns that preserve an “all or nothing” mentality that reflects their philosophy of life. In this way of thinking one tends to see things only as “right” and “wrong”, without thinking that there can be many degrees between “right” and “wrong”. This way of thinking also means having high standards. Depending on the focus of these thoughts, anxiety, depression and anger can often be seen. While thoughts about the behavior of others are generally accompanied by anger, such thoughts about oneself are accompanied by feelings of depression, anxiety and inadequacy (Antony, Swinson 2000).

According to Antony and Swinson (2000), individuals with perfectionist personalities; filtering (the tendency to exaggerate negative details by acting selectively), reading minds (the tendency to think that people know what they think and people think negatively about themselves), the possibility of unnecessary prediction (the tendency to feel that negative events are more present than they really are), tunnelling (the tendency to pay too much attention to details and therefore not see the whole picture), personal sensitivity (the tendency to overemphasize the opinions of others, to be liked by others and to be approved by others), thinking that it will be disastrous (tendency to have false beliefs that one cannot cope with negative events), excessively strict

standards and inability to be flexible (tendency to see the decision to lower excessively strict standards as giving up), excessive responsibility and need for control (tendency to believe that they have too much control over events, excessive responsibility and need control over their duties), stipulative clauses (arbitrary rules of how things should be and a tendency to often feel guilt, sadness, inadequacy or anxiety if one breaks one's own rules), inappropriate social benchmarking (with people at their level to improve their performance and understand how they compare to others tendency to compare socially).

Generally speaking, people with perfectionist personalities are overly controlling in order not to make mistakes or mistakes even on the smallest work they do. They attach great importance to order, plan and organization. In this context, even if they waste time to achieve their goals and be perfect, it is more important than anything that the job is perfect for them.

2.6. Implications for Theory and Practice

The findings contribute to the broader literature by underscoring the complexity of social support and its interaction with individual perceptions and cultural norms. They suggest that while emotional and motivational support generally enhance psychological well-being, other forms of support may have unintended negative effects depending on contextual and individual factors. These results highlight the need for interventions tailored to individual preferences and circumstances, emphasizing the alignment between support type and recipient needs.

From a theoretical perspective, the results underscore the importance of integrating models of perceived support (Cutrona & Russell, 1990) with self-determination theory (Deci & Ryan, 2000) to better understand how different forms of support influence well-being. Future research should explore these dynamics further, particularly in cross-cultural contexts where norms around support provision and receipt may differ.

2.7. Limitations and Future Directions

Several limitations should be acknowledged. First, the cross-sectional design limits causal inferences. Longitudinal studies are needed to explore how the observed relationships evolve over time.

Finally, the unexpected negative effects of certain support subdimensions highlight the need for qualitative investigations to better understand the subjective experiences underlying these associations. Incorporating mixed-method approaches could provide richer insights into the mechanisms linking support, perfectionism, and well-being.

This study reaffirms the centrality of emotional support and adaptive personal standards in fostering psychological well-being while highlighting the detrimental effects of loneliness and maladaptive perfectionism. It also uncovers the nuanced and sometimes paradoxical impacts of social support, suggesting that not all forms of support uniformly benefit well-being. These findings emphasize the need for a more nuanced understanding of social and psychological factors influencing mental health, with implications for both theory and practice.

3. METHOD

In this part of the study, general information about the model, population and sample of the research, data collection tools and data analysis are included.

The relational screening model, which is one of the general screening models among the quantitative research approaches, was used in the study. The general screening model relates to the methodologies used to evaluate the entire universe or a representative sample thereof, with a view to making a comprehensive assessment of the population in a universe consisting of a significant number of elements. In the relational screening model, the connections between at least two variables are examined. Quantitative data are obtained through the application of questionnaires. Inferences are tried to be made through statistical analysis of the quantitative data obtained. Then, after creating a comprehensive framework for the scenario or topic examined, a separate section is selected from this framework and original case studies are started. This particular form of research attempts to explain the nature and characteristics of events, objects, entities, institutions, and various disciplines (Büyüköztürk et al., 2013). In addition, within the scope of the screening research, the demographic characteristics of the sample taken from the study population, their perspectives on predetermined issues and their preferences on the subject are tried to be determined (Bahtiyar and Can, 2016). The study

analysed the inequality between the overall score and the variables determined in relation to the subject.

3.1. Participants

The population of the study consists of married individuals living in X province. The sample of the study consists of 316 married individuals. The sample of the study was selected by criterion sampling, which is one of the purposive sampling methods. In a study, observation units can be formed from persons, events, objects or situations with certain qualifications. In this case, units (objects, events, and so on) that meet the criteria determined for the sample are sampled (Büyüköztürk et al., 2020). Accordingly, 316 married individuals were included in the study and being married was considered as the main criterion in determining the participants. In this way, it was aimed to reflect the experiences of the people who experienced the phenomenon subject to the research. The summary of the descriptive characteristics of the sample was presented in Table 1.

Table 1

Descriptive Characteristics of the Sample

		n	%
Gender	Female	316	100.0
	Between 25-35	127	40.2
Age	36 to 45 year	122	38.6
	46 to 55 year	44	13.9
	56 years and older	23	7.3
Duration of Marriage (Years)		12.3244±9.91849	
Education Level of Participants	Primary School	2	.6
	Secondary School	1	.3
	High School	22	7.0
	Associate degree	22	7.0
	Bachelor's degree	182	57.6
	Postgraduate Degree	87	27.5
Education Level of Spouses	Secondary School	5	1.6
	High School	28	8.9
	Associate degree	27	8.5
	Bachelor's degree	174	55.1
	Postgraduate Degree	82	25.9
	Secondary School	5	1.6
How Participants Met Their Spouse	Met Independently	154	48.7
	Introduced by Friends	99	31.3
	Introduced by Relatives	36	11.5
	Met via Internet or social media	27	8.5

Participants' Number of Children	.00	29	9.2
	1.00	168	53.2
	2.00	102	32.3
	3.00	15	4.7
	9.00	2	.6
Participant's Monthly Income	.00	54	17.1
	10.000 TL less than	13	4.1
	10.000-17.002 TL	16	5.1
	17.003-25.000 TL	27	8.5
	25.001- 50.000 TL	109	34.5
	50.001- 100.000 TL	72	22.8
	Over 100.000 TL	25	7.9
Spouse's Monthly Income	.00	6	1.9
	10.000 TL less than	13	4.1
	10.000-17.002 TL	4	1.3
	17.003-25.000 TL	20	6.3
	25.001- 50.000 TL	90	28.5
	50.001- 100.000 TL	114	36.1
	Over 100.000 TL	69	21.8
TOTAL		316	100.0

3.2. Instruments

The data collection tool used in the research consists of three distinct parts, each designed to gather specific information relevant to the study objectives.

3.2.1. Demographic Information Form

In this section, there are a total of 9 questions (gender, age, duration of marriage, education level, spouse education level, how to meet the spouse, number of children, monthly income of yourself, monthly income of the spouse) regarding the personal information of the participants.

3.2.2. Psychological Well-Being Scale

In order to determine the psychological well-being levels of individuals, the Psychological Well-Being Scale developed by Diener et al. (2010) was used in this study. The scale, adapted to Turkish by Telef (2013), consists of 8 items. The scale items were scored as "Strongly disagree=1, Disagree = 2, Slightly disagree = 3, Neutral = 4, Slightly agree = 5, Agree=6, Strongly agree=7". All items are stated positively, with a minimum score of 8 and a maximum

score of 56. As the score obtained from the scale increases, the level of psychological well-being of the person increases. The Cronbach Alpha internal consistency coefficient of the scale was calculated as 0.80 by Telef (2013).

3.2.3. Spouse Support Scale

In order to determine the perceived spousal support levels of the participants, the Spousal Support Scale developed by Yıldırım (2004) was used in the study. The scale consists of ten components and four dimensions. The sub-dimensions of the scale are as follows: emotional support (items 6, 16, 12, 21, 4, 1, 3, 9, and 2), financial aid and information support (items 24, 17, 27, 25, 13, 7, and 15), appreciation support (items 18, 10, 5, 26, 14, 22, 23, and 20), and social interest support (items 19, 11, and 8). Items 10, 20 and 24 in the scale were reverse coded. The scale has a 3-point Likert structure and is scored as "Suitable for me", "Partially" and "Not suitable for me". The increase in the score obtained from the scale means that the person receives less support from his/her spouse. The total internal consistency coefficient of the scale was found to be 0.84.

3.2.4. Loneliness Scale

The Loneliness Scale consisting of 14 items was used to determine the loneliness levels of the participants. The scale was developed by Russell et al (1980). As a result of the reliability and validity study conducted by Demir (1989) for the Turkish form of the scale, the Cronbach alpha score for the total of the scale was found to be .96. The increase in the scores obtained from the scale indicates an increase in the feeling of loneliness.

3.2.5. Frost Multidimensional Perfectionism Scale

The Frost Multidimensional Perfectionism Scale was developed by Frost et al. (1990). The scale is 5-point Likert-type and consists of 35 items. There are 6 sub-dimensions: worry about making mistakes, personal standards, family expectations, criticism from the family, not being sure of what you are doing, and organization. The Turkish adaptation of the scale was made by Kağan (2011), and as a result of the reliability and validity study, the Cronbach alpha score for the total of the scale was found to be .91, and it was understood that the internal consistency

coefficient for the subscales varied between .64-.94 (Kağan, 2011). In this study, the internal consistency coefficient of the scale was found to be .91, and the total score of the scale, whose total score could be used, was used.

3.3. Data Collection Process

The data collection process was carried out by sending online surveys to the participants. The participants answered the surveys voluntarily and their anonymity was protected. The surveys were presented on a platform that the participants could easily access via internet connection. After completing the survey, the participants sent the data through the system. This method allowed the participants to fill out the survey regardless of time and place and increased the efficiency of the data collection process.

3.4. Data Analysis

The data obtained in the research were analyzed using the SPSS 22.0 software. Descriptive statistical methods were employed to summarize the data, alongside reliability analysis to assess the internal consistency of the scales. Parametric tests were conducted to evaluate the relationships between demographic variables and the questionnaire items to ensure accurate interpretation of the findings.

In the study, the mean and frequency values of the data obtained for the demographic information of the participants were calculated using the descriptive statistical method. Cronbach's alpha coefficient was calculated to determine the validity and reliability of the scale. As a result of the analyses, the Cronbach's alpha coefficient of the scales was between 0.85 and 0.97. In order for a scale to be considered reliable according to the Cronbach's alpha coefficient, the Cronbach's alpha value must be 0.70 and above (Tavşancıl, 2002). The fact that the coefficient number values obtained are greater than 0.70 indicates that the scales used in this study are a scale with high reliability.

At this point, it is mandatory to perform a normality test on the data to determine the appropriate selection between parametric or non-parametric analysis methods. The basic procedure for evaluating the conformity of the scale scores to the normal distribution includes the calculation of skewness and kurtosis statistics. The adequacy of the normal distribution is mostly

determined by evaluating the kurtosis and skewness values obtained from the scale scores expected to be in the range of +3 to -3 (Groeneveld & Meeden, 1984; Hopkins & Weeks, 1990). As a result, it was accepted that the scale scores had a normal distribution. Parametric approaches were used in the analyses made in the given environment. In the analyses, a one-way variance test was used. In addition, regression analysis was used to predict psychological well-being in married women in terms of perceived spousal support, loneliness and perfectionism levels.

4. RESULTS

In this part of the study, the findings obtained from the research and the evaluations of these findings are included.

4.1. Descriptives

Table 2

Descriptives

	N	Mean	SD	Min	Max	Skewness	Kurtosis	5% Trimmed Mean
Psychological Well-Being Scale	316	5.68	.88	1.13	7.00	-1.13	2.40	5.58
Spousal Support Scale	316	1.52	.52	1.00	3.00	1.01	-.12	1.47
Emotional support	316	1.98	.46	1.22	3.44	1.034	.076	1.93
Financial assistance and information support.	316	1.50	.51	1.00	3.00	1.08	.27	1.44
Appreciation Support	316	1.57	.54	1.00	3.00	.91	-.18	1.51
Social Interest Support	316	1.58	.59	1.00	3.00	.91	-.18	1.52
Loneliness Scale	316	3.19	1.15	1.00	6.00	.15	-.76	3.07
Perfectionism Scale	316	2.78	.66	1.34	4.66	.47	-.16	2.71
Worry of Making Mistakes	316	2.42	.98	1.00	5.00	.70	-.33	2.32
04. Personal standards	316	2.99	.80	1.00	5.00	.12	-.28	2.90
Familial Expectations	316	2.52	1.05	1.00	5.00	.50	-.54	2.40
Criticism from the Family	316	2.11	1.02	1.00	5.00	.82	-.08	2.00

Not Being Sure What You Are Doing	316	2.37	1.01	1.00	5.00	.57	-.31	2.26
Layout	316	4.08	.83	1.17	5.00	-.85	.27	3.98

Means, standard deviations, minimum and maximum scores, and skewness and kurtosis scores for the main variables of the study were presented in Table 2. Participants reported high levels of psychological well-being, as indicated by a mean score of 5.68 (SD = .88) on a scale ranging from 1 to 7. Participants reported low to moderate levels of spousal support, as indicated by a mean score of 1.52 (SD = .52) on a scale ranging from 1 to 3. Participants reported moderate levels of loneliness, as indicated by a mean score of 3.19 (SD = 1.15) on a scale ranging from 1 to 6. Participants exhibited moderate levels of perfectionism, as indicated by a mean score of 2.78 (SD = .66) on a scale ranging from 1 to 5.

Correlations

In order to examine relationships among all continuous variables of the study, Pearson correlations were calculated. The results were presented in Table 3. There is a negative correlation between psychological well-being and spousal support and all sub-dimensions of perfectionism except for loneliness, personal standards and order sub-dimensions. Accordingly, as the psychological well-being levels of the participants increase, the levels of spousal support, loneliness and perfectionism decrease.

Correlations

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1-PWBS	1	-.48**	-.30**	-.41**	-.50**	-.47**	-.423**	-.30**	-.32**	-.04	-.22**	-.38**	-.37**	.08
2-SSS		1	.94**	.92**	.95**	.91**	.583**	.21**	.24**	.07	.15**	.30**	.26**	-.15**
Emotional support			1	.82**	.86**	.84**	.504**	.13*	.17**	.05	.08	.21**	.17**	-.14**
Financial assistance and information support.				1	.80**	.80**	.497**	.19**	.20**	.08	.13*	.27**	.25**	-.15**
Appreciation Support					1	.84**	.593**	.24**	.28**	.06	.19**	.33**	.28**	-.13*
Social Interest Support						1	.546**	.19**	.20**	.06	.14*	.27**	.23**	-.12*
7-LS							1	.35**	.35**	.17**	.23**	.36**	.31**	.01
8-PS.								1	.87**	.77**	.70**	.73**	.74**	.28**
Worry of Making Mistakes									1	.62**	.50**	.61**	.71**	-.02
04. Personal standards										1	.43**	.38**	.46**	.22**
Familial Expectations											1	.68**	.32**	.05
Criticism from the Family												1	.48**	-.03
Not Being Sure What You Are Doing													1	.08
14-Layout														1

n =316. *p < .05. **p< .01

4.2. Regression Findings and Prerequisite Analyzes

In this section, multiple regression tables for the variables of the study will be presented. While analysing the data, variables were presented to the SPSS program and the models provided by the program were taken into consideration. Before the regression analysis, pre-requisite analysis was examined.

Table 4

Variance Inflation Factor (VIF) and Tolerance Values for Study Variables

	Tolerance	VIF
(Constant)		
Spousal Support Scale	.01	205.84
Emotional support	.05	18.83
Financial assistance and information support.	.05	19.80
Appreciation Support	.03	33.09
Social Interest Support	.10	9.93
Loneliness Scale	.58	1.73
Perfectionism Scale	.00	594.56
Worry of Making Mistakes	.01	85.77
04. Personal standards	.03	39.25
Familial Expectations	.03	31.97
Criticism from the Family	.05	21.54
Not Being Sure What You Are Doing	.05	20.98
Layout	.03	29.21

VIF values exceeding 10 indicate the presence of significant multicollinearity among the independent variables in the study.

4.2.1. Regression Findings of Psychological Well-Being Scale

The results of multiple regression analysis were presented in Table 5.

Table 5*Regression Findings of Psychological Well-Being Scale*

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>95.0 CI%</i>	
						<i>lower</i>	<i>upper</i>
(Constant)	6.19	.22		27.00	<0.05	5.74	6.64
Emotional support	.88	.17	.46	5.16	<0.05	.54	1.22
Financial assistance and information support	-.70	.08	-.40	-7.94	<0.05	-.87	-.52
Appreciation Support	-.80	.07	-.49	-10.12	<0.05	-.95	-.64
Social Interest Support	-.67	.14	-.45	-4.80	<0.05	-.94	-.39
Loneliness Scale	-.08	.04	-.11	-2.06	0.05	-.17	-.00
Worry of Making Mistakes	-.10	.05	-.12	-2.03	0.05	-.21	-.00
04. Personal standards	.15	.05	.14	2.86	<0.05	.04	.26
Familial Expectations	-.13	.04	-.16	-3.24	<0.05	-.22	-.05
Criticism from the Family	-.17	.04	-.20	-4.25	<0.05	-.25	-.09
Not Being Sure What You Are Doing	-.11	.04	-.13	-2.69	<0.05	-.20	-.03
Organization	-.14	.05	-.19	-2.35	<0.05	-.22	-.24
N=316; R= .49; R ² = .24; F=32.66; p: <.05							

The regression analysis results (as Table 5 presents) indicate that emotional support, familial expectations, and personal standards positively predict psychological well-being, while loneliness, family criticism, financial assistance, social interest support, and appreciation support have significant negative effects. These findings suggest that while emotional and motivational support enhances well-being, perceived external pressures or support tied to dependence, expectations, or performance may undermine psychological health. The overall model explains 24% of the variance in psychological well-being [$R=0.49$, $R^2 = .24$, $F = 32.66$, $p < .05$], highlighting the importance of both supportive relationships and individual perceptions in shaping mental well-being.

4.3. ANOVA Findings to Age

In order to predict whether the psychological well-being, spousal support, loneliness and perfectionism variables have a significant difference according to age, one-way ANOVA analysis was conducted. The results were presented in Table 6.

As seen in Table 6, the analysis revealed a statistically significant difference in psychological well-being across age groups ($p < 0.05$). Participants aged 56 years and older reported the highest average psychological well-being score ($M = 6.14$, $SD = 0.53$), which was significantly higher than those in other age groups. In contrast, no statistically significant differences were observed across age groups for spousal support, loneliness, and perfectionism ($p > 0.05$). Similarly, emotional support, financial assistance and information support, appreciation support, and social interest support did not show any significant variation between age groups.

Table 6*ANOVA Findings to Age*

Sub-Scale	Age	n	X	SD	S.V.	SD	df	MS	F	p
Psychological Well-Being Scale	Between 25-35	127	5.62	.78	Between Groups	6.37	3	2.12	2.81	.03*
	36 to 45 year	122	5.61	.98	Within Groups	235.7	312	.75		
	46 to 55 year	44	5.79	.87	Total	242.0	315			
	56 years and older	23	6.14	.53						
	Total	316	5.68	.87						
Spousal Support Scale	Between 25-35	127	1.49	.49	Between Groups	.841	3	.280	1.041	.375
	36 to 45 year	122	1.56	.56	Within Groups	84.01	312	.269		
	46 to 55 year	44	1.55	.51	Total	84.87	315			
	56 years and older	23	1.37	.34						
	Total	316	1.52	.51						
Emotional support	Between 25-35	127	1.9405	.45356	Between Groups	.602	3	.201	.930	.427
	36 to 45 year	122	2.0228	.48923	Within Groups	67.34	312	.216		
	46 to 55 year	44	2.0177	.49281	Total	67.94	315			
	56 years and older	23	1.9082	.30272						
	Total	316	1.9807	.46443						
Financial assistance and information support.	Between 25-35	127	1.4691	.48792	Between Groups	1.179	3	.393	1.506	.213
	36 to 45 year	122	1.5375	.55891	Within Groups	81.37	312	.261		
	46 to 55 year	44	1.5519	.52066	Total	82.55	315			
	56 years and older	23	1.3168	.29516						
	Total	316	1.4959	.51191						

Appreciation Support	Between 25-35	127	1.5610	.52015	Between Groups	.709	3	.236	.802	.494
	36 to 45 year	122	1.5984	.58415	Within Groups	91.99	312	.295		
	46 to 55 year	44	1.5710	.54613	Total	92.70	315			
	56 years and older	23	1.4076	.41495						
	Total	316	1.5657	.54248						
Social Interest Support	Between 25-35	127	1.5433	.57705	Between Groups	.550	3	.183	.526	.665
	36 to 45 year	122	1.6257	.63935	Within Groups	108.7	312	.348		
	46 to 55 year	44	1.6136	.53769	Total	109.3	315			
	56 years and older	23	1.5217	.46954						
	Total	316	1.5833	.58892						
Loneliness Scale	Between 25-35	127	3.1766	1.14087	Between Groups	5.908	3	1.969	1.491	.217
	36 to 45 year	122	3.2869	1.18581	Within Groups	412.1	312	1.321		
	46 to 55 year	44	3.1867	1.13203	Total	417.9	315			
	56 years and older	23	2.7360	1.01848						
	Total	316	3.1885	1.15191						
Perfectionism Scale	Between 25-35	127	2.8004	.70563	Between Groups	1.428	3	.476	1.096	.351
	36 to 45 year	122	2.8248	.64888	Within Groups	135.5	312	.434		
	46 to 55 year	44	2.7253	.68436	Total	136.9	315			
	56 years and older	23	2.5714	.27674						
	Total	316	2.7827	.65933						
Worry of Making Mistakes	Between 25-35	127	2.4341	1.04509	Between Groups	5.987	3	1.996	2.093	.101
	36 to 45 year	122	2.5215	.95193	Within Groups	297.4	312	.953		
	46 to 55 year	44	2.3494	1.03309	Total	303.4	315			
	56 years and older	23	1.9783	.44058						
	Total	316	2.4229	.98144						

04. Personal standards	Between 25-35	127	2.9550	.86499	Between Groups	1.548	3	.516	.806	.491
	36 to 45 year	122	3.0457	.77906	Within Groups	199.8	312	.640		
	46 to 55 year	44	3.0162	.77467	Total	201.3	315			
	56 years and older	23	2.7826	.53430						
	Total	316	2.9860	.79950						
Familial Expectations	Between 25-35	127	2.6094	1.09540	Between Groups	3.687	3	1.229	1.115	.343
	36 to 45 year	122	2.5279	1.10866	Within Groups	343.8	312	1.102		
	46 to 55 year	44	2.3682	.74327	Total	347.5	315			
	56 years and older	23	2.2522	.95578						
	Total	316	2.5184	1.05025						
Criticism from the Family	Between 25-35	127	2.1535	1.07785	Between Groups	2.283	3	.761	.732	.534
	36 to 45 year	122	2.1516	1.06385	Within Groups	324.5	312	1.040		
	46 to 55 year	44	2.0170	.85317	Total	326.8	315			
	56 years and older	23	1.8587	.66924						
	Total	316	2.1123	1.01850						
Not Being Sure What You Are Doing	Between 25-35	127	2.4626	1.06070	Between Groups	4.165	3	1.388	1.356	.256
	36 to 45 year	122	2.3893	1.01997	Within Groups	319.4	312	1.024		
	46 to 55 year	44	2.2159	.98475	Total	323.6	315			
	56 years and older	23	2.0761	.67603						
	Total	316	2.3718	1.01350						
Organization	Between 25-35	127	4.0512	.83108	Between Groups	1.350	3	.450	.649	.584
	36 to 45 year	122	4.0533	.86517	Within Groups	216.2	312	.693		
	46 to 55 year	44	4.0909	.86225	Total	217.6	315			
	56 years and older	23	4.3043	.54968						
	Total	316	4.0759	.83108						

4.4. ANOVA Findings to Participants Education Level

In order to predict whether the psychological well-being, spousal support, loneliness and perfectionism variables have a significant difference according to education level, one way ANOVA analysis was conducted. The results were presented in Table 7.

As seen in Table 7, in the one-way variance test conducted to compare the dimensions of psychological well-being, spousal support, loneliness and perfectionism according to education level, statistically significant differences were found in spousal support and perfectionism dimensions and financial aid and information support, appreciation support, anxiety about making mistakes and personal standards sub-dimensions according to education level ($p < 0.05$). Accordingly, the mean spousal support, perfectionism, financial aid and information support, appreciation support, worry about making mistakes and personal standards of the participants at the primary school education level were higher than the participants at other education levels.

ANOVA Findings to Participants Education Level

Sub-Scale	Education Level	n	X	SD	S.V.	SD	df	MS	F	p
Psychological Well-Being Scale	Primary School	2	5.8125	.97227	Between Groups	4.035	5	.807	1.051	.388
	Secondary School	1	6.3750	.	Within Groups	238.0	310	.768		
	High School	22	5.7500	1.02933	Total	242.0	315			
	Associate degree	22	5.5057	1.14855						
	Bachelor's degree	182	5.6181	.88591						
	Postgraduate Degree	87	5.8333	.72378						
	Total	316	5.6824	.87657						
Spousal Support Scale	Primary School	2	2.1667	.23570	Between Groups	3.002	5	.600	2.273	.047*
	Secondary School	1	1.0741	.	Within Groups	81.86	310	.264		
	High School	22	1.5000	.51279	Total	84.86	315			
	Associate degree	22	1.7104	.59156						
	Bachelor's degree	182	1.5517	.52791						
	Postgraduate Degree	87	1.4138	.46377						
	Total	316	1.5236	.51906						
Emotional support	Primary School	2	2.4444	.00000	Between Groups	1.242	5	.248	1.154	.332
	Secondary School	1	1.6667	.	Within Groups	66.70	310	.215		
	High School	22	1.9646	.44627	Total	67.94	315			
	Associate degree	22	2.0707	.44119						
	Bachelor's degree	182	2.0024	.48719						
	Postgraduate Degree	87	1.9093	.42412						
	Total	316	1.9807	.46443						
Financial assistance and information support.	Primary School	2	2.2857	.20203	Between Groups	3.370	5	.674	2.639	.024*
	Secondary School	1	1.1429	.	Within Groups	79.17	310	.255		
	High School	22	1.4870	.52101	Total	82.54	315			
	Associate degree	22	1.6688	.57547						
	Bachelor's degree	182	1.5251	.50366						
	Postgraduate Degree	87	1.3793	.48900						

	Total	316	1.4959	.51191						
Appreciation Support	Primary School	2	2.3125	.61872	Between Groups	4.063	5	.813	2.842	.016*
	Secondary School	1	1.0000	.	Within Groups	88.63	310	.286		
	High School	22	1.4773	.54094	Total	92.70	315			
	Associate degree	22	1.8068	.63472						
	Bachelor's degree	182	1.5941	.53984						
	Postgraduate Degree	87	1.4569	.49298						
	Total	316	1.5657	.54248						
Social Interest Support	Primary School	2	1.8333	.23570	Between Groups	3.273	5	.655	1.915	.092
	Secondary School	1	1.3333	.	Within Groups	105.9	310	.342		
	High School	22	1.6212	.61114	Total	109.2	315			
	Associate degree	22	1.8485	.64017						
	Bachelor's degree	182	1.6062	.60640						
	Postgraduate Degree	87	1.4559	.51618						
	Total	316	1.5833	.58892						
Loneliness Scale	Primary School	2	3.3571	1.51523	Between Groups	14.30	5	2.860	2.196	.055
	Secondary School	1	1.2143	.	Within Groups	403.6	310	1.302		
	High School	22	2.8149	1.16927	Total	417.9	315			
	Associate degree	22	3.7143	1.25879						
	Bachelor's degree	182	3.2280	1.16615						
	Postgraduate Degree	87	3.0862	1.04128						
	Total	316	3.1885	1.15191						
Perfectionism Scale	Primary School	2	3.8286	.96975	Between Groups	6.957	5	1.391	3.318	.006*
	Secondary School	1	2.3429	.	Within Groups	129.9	310	.419		
	High School	22	2.6260	.58241	Total	136.9	315			
	Associate degree	22	3.1039	.76409						
	Bachelor's degree	182	2.7088	.64514						
	Postgraduate Degree	87	2.8768	.63174						
	Total	316	2.7827	.65933						
Worry of Making Mistakes	Primary School	2	3.6875	1.85616	Between Groups	16.41	5	3.283	3.546	.004*
	Secondary School	1	1.3750	.	Within Groups	287.0	310	.926		
	High School	22	2.0852	.76899	Total	303.4	315			
	Associate degree	22	2.9489	1.09426						

	Bachelor's degree	182	2.3242	.96619						
	Postgraduate Degree	87	2.5647	.94639						
	Total	316	2.4229	.98144						
04. Personal standards	Primary School	2	4.2143	.70711	Between Groups	12.56	5	2.512	4.126	.001*
	Secondary School	1	3.0000	.	Within Groups	188.7	310	.609		
	High School	22	2.8701	.65969	Total	201.3	315			
	Associate degree	22	3.3506	.86136						
	Bachelor's degree	182	2.8524	.77492						
	Postgraduate Degree	87	3.1741	.79880						
	Total	316	2.9860	.79950						
Familial Expectations	Primary School	2	3.2000	.28284	Between Groups	9.118	5	1.824	1.671	.141
	Secondary School	1	1.4000	.	Within Groups	338.3	310	1.091		
	High School	22	2.1818	.94397	Total	347.4	315			
	Associate degree	22	2.7273	1.12554						
	Bachelor's degree	182	2.4495	1.05263						
	Postgraduate Degree	87	2.6920	1.03645						
	Total	316	2.5184	1.05025						
Criticism from the Family	Primary School	2	2.7500	.70711	Between Groups	3.539	5	.708	.679	.640
	Secondary School	1	1.0000	.	Within Groups	323.2	310	1.043		
	High School	22	1.9432	1.00573	Total	326.7	315			
	Associate degree	22	2.3068	1.12316						
	Bachelor's degree	182	2.1030	1.01135						
	Postgraduate Degree	87	2.1236	1.02219						
	Total	316	2.1123	1.01850						
Not Being Sure What You Are Doing	Primary School	2	3.7500	1.76777	Between Groups	8.158	5	1.632	1.604	.159
	Secondary School	1	2.5000	.	Within Groups	315.4	310	1.017		
	High School	22	2.4205	.86391	Total	323.5	315			
	Associate degree	22	2.7159	1.00385						
	Bachelor's degree	182	2.2830	1.01386						
	Postgraduate Degree	87	2.4253	1.01952						
	Total	316	2.3718	1.01350						
Organization	Primary School	2	4.9167	.11785	Between Groups	3.004	5	.601	.868	.503
	Secondary School	1	4.6667	.	Within Groups	214.5	310	.692		

High School	22	4.1667	1.05785	Total	217.5	315
Associate degree	22	4.2273	.67953			
Bachelor's degree	182	4.0723	.81242			
Postgraduate Degree	87	3.9962	.84831			
Total	316	4.0759	.83108			

4.5. ANOVA Findings to Spouse Education Level

In order to predict whether the psychological well-being, spousal support, loneliness and perfectionism variables have a significant difference according to co-education level, one way ANOVA analysis was conducted. The results were presented in Table 8.

As seen in Table 9, in the one-way variance test conducted to compare the dimensions of psychological well-being, spousal support, loneliness and perfectionism by age, it was determined that there were statistically significant differences only in the psychological well-being dimension by age ($p < 0.05$). Accordingly, the psychological well-being average of the participants whose spouses are at the primary school education level is higher than the participants whose spouses are at the other education level.

Table 8*ANOVA Findings to Spouse-education Level*

Sub-Scale	Education Level	n	X	SD	S.V.	SD	df	MS	F	p
Psychological Well-Being Scale	Primary School	5	6.1000	.76750	Between Groups	8.166	4	2.041	2.715	.030*
	Secondary School	28	5.1920	.94861	Within Groups	233.8	311	.752		
	High School	27	5.7130	1.18829	Total	242.0	315			
	Associate degree	174	5.7126	.82558						
	Bachelor's degree	82	5.7500	.80579						
	Total	316	5.6824	.87657						
Spousal Support Scale	Primary School	5	1.6519	.60041	Between Groups	1.382	4	.345	1.287	.275
	Secondary School	28	1.6429	.55011	Within Groups	83.48	311	.268		
	High School	27	1.5912	.59174	Total	84.86	315			
	Associate degree	174	1.5353	.52500						
	Bachelor's degree	82	1.4277	.45929						
	Total	316	1.5236	.51906						
Emotional support	Primary School	5	2.0889	.41870	Between Groups	.728	4	.182	.842	.499
	Secondary School	28	2.0159	.47883	Within Groups	67.21	311	.216		
	High School	27	2.0864	.49146	Total	67.94	315			
	Associate degree	174	1.9853	.46928						
	Bachelor's degree	82	1.9173	.44369						
	Total	316	1.9807	.46443						
Financial assistance and information support.	Primary School	5	1.5429	.50910	Between Groups	1.660	4	.415	1.596	.175
	Secondary School	28	1.6633	.54324	Within Groups	80.88	311	.260		
	High School	27	1.5503	.57513	Total	82.54	315			
	Associate degree	174	1.5049	.51899						
	Bachelor's degree	82	1.3990	.45383						
	Total	316	1.4959	.51191						
Appreciation Support	Primary School	5	1.8250	.78859	Between Groups	1.675	4	.419	1.431	.224
	Secondary School	28	1.7009	.54575	Within Groups	91.02	311	.293		
	High School	27	1.5880	.61121	Total	92.70	315			

	Associate degree	174	1.5790	.54415						
	Bachelor's degree	82	1.4680	.49136						
	Total	316	1.5657	.54248						
Social Interest Support	Primary School	5	1.6667	.47140	Between Groups	2.035	4	.509	1.476	.209
	Secondary School	28	1.7024	.64367	Within Groups	107.2	311	.345		
	High School	27	1.7160	.70228	Total	109.2	315			
	Associate degree	174	1.5958	.59818						
	Bachelor's degree	82	1.4675	.50201						
	Total	316	1.5833	.58892						
Loneliness Scale	Primary School	5	3.3857	1.62144	Between Groups	.360	4	.090	.067	.992
	Secondary School	28	3.2551	1.05184	Within Groups	417.6	311	1.343		
	High School	27	3.1667	1.34509	Total	417.9	315			
	Associate degree	174	3.1757	1.18007						
	Bachelor's degree	82	3.1882	1.04981						
	Total	316	3.1885	1.15191						
Perfectionism Scale	Primary School	5	2.8971	.94536	Between Groups	.698	4	.175	.399	.810
	Secondary School	28	2.8980	.71288	Within Groups	136.2	311	.438		
	High School	27	2.6857	.71862	Total	136.9	315			
	Associate degree	174	2.7764	.63410						
	Bachelor's degree	82	2.7819	.66624						
	Total	316	2.7827	.65933						
Worry of Making Mistakes	Primary School	5	2.3750	1.57619	Between Groups	2.162	4	.541	.558	.693
	Secondary School	28	2.5893	1.06331	Within Groups	301.2	311	.969		
	High School	27	2.2407	1.00774	Total	303.4	315			
	Associate degree	174	2.3951	.94030						
	Bachelor's degree	82	2.4878	1.00262						
	Total	316	2.4229	.98144						
04. Personal standards	Primary School	5	3.1714	1.13569	Between Groups	.769	4	.192	.298	.879
	Secondary School	28	2.9745	.82758	Within Groups	200.5	311	.645		
	High School	27	2.9153	.93867	Total	201.3	315			
	Associate degree	174	2.9622	.76043						
	Bachelor's degree	82	3.0523	.81635						
	Total	316	2.9860	.79950						

Familial Expectations	Primary School	5	2.6400	1.23612	Between Groups	2.033	4	.508	.458	.767
	Secondary School	28	2.7357	.97685	Within Groups	345.4	311	1.111		
	High School	27	2.3778	1.18884	Total	347.4	315			
	Associate degree	174	2.5184	1.03265						
	Bachelor's degree	82	2.4829	1.06757						
	Total	316	2.5184	1.05025						
Criticism from the Family	Primary School	5	2.1500	.80234	Between Groups	2.476	4	.619	.594	.668
	Secondary School	28	2.3839	1.11489	Within Groups	324.2	311	1.043		
	High School	27	2.1574	1.17086	Total	326.7	315			
	Associate degree	174	2.0848	.97531						
	Bachelor's degree	82	2.0610	1.04199						
	Total	316	2.1123	1.01850						
Not Being Sure What You Are Doing	Primary School	5	2.5500	1.48324	Between Groups	1.742	4	.436	.421	.793
	Secondary School	28	2.4643	1.14406	Within Groups	321.8	311	1.035		
	High School	27	2.2037	.86056	Total	323.5	315			
	Associate degree	174	2.3434	.98887						
	Bachelor's degree	82	2.4451	1.04971						
	Total	316	2.3718	1.01350						
Layout	Primary School	5	4.3667	.47726	Between Groups	3.420	4	.855	1.242	.293
	Secondary School	28	4.0774	1.04476	Within Groups	214.1	311	.689		
	High School	27	4.1049	.88210	Total	217.5	315			
	Associate degree	174	4.1408	.78551						
	Bachelor's degree	82	3.9106	.83731						
	Total	316	4.0759	.83108						

4.6. ANOVA Findings to The Way of Meeting the Spouse

To determine whether psychological well-being, spousal support, loneliness, and perfectionism significantly differ based on how participants met their spouse, a one-way ANOVA analysis was conducted. The results are presented in Table 9.

The analysis indicated that the mean personal standards of participants who met their spouse through internet/social media or relatives were higher than those of participants who met their spouse through other means. However, no statistically significant differences were observed for other variables, including psychological well-being, spousal support, loneliness, and appreciation support, across the groups, indicating consistency in these aspects regardless of how participants met their spouse.

	Total	316	1.4959	.51191						
Appreciation Support	We met ourselves	154	1.5519	.55695	Between Groups	.898	3	.299	1.018	.385
	Through our friends	99	1.5303	.49779	Within Groups	91.80	312	.294		
						2				
	Through our relatives	36	1.6007	.53936	Total	92.70	315			
						0				
	Internet / social media	27	1.7269	.61632						
	Total	316	1.5657	.54248						
Social Interest Support	We met ourselves	154	1.5823	.60085	Between Groups	.113	3	.038	.108	.955
	Through our friends	99	1.5690	.57193	Within Groups	109.1	312	.350		
						37				
	Through our relatives	36	1.5833	.51254	Total	109.2	315			
						50				
	Internet / social media	27	1.6420	.69753						
	Total	316	1.5833	.58892						
Loneliness Scale	We met ourselves	154	3.0779	1.16997	Between Groups	7.626	3	2.542	1.933	.124
	Through our friends	99	3.2251	1.02992	Within Groups	410.3	312	1.315		
						48				
	Through our relatives	36	3.2202	1.27688	Total	417.9	315			
						74				
	Internet / social media	27	3.6429	1.23876						
	Total	316	3.1885	1.15191						
Perfectionism Scale	We met ourselves	154	2.7096	.65233	Between Groups	2.372	3	.791	1.834	.141
	Through our friends	99	2.8975	.64525	Within Groups	134.5	312	.431		
						63				
	Through our relatives	36	2.7270	.69246	Total	136.9	315			
						35				
	Internet / social media	27	2.8529	.67569						
	Total	316	2.7827	.65933						
Worry of Making Mistakes	We met ourselves	154	2.3929	.98191	Between Groups	2.150	3	.717	.742	.527
	Through our friends	99	2.5114	.94846	Within Groups	301.2	312	.966		
						66				
	Through our relatives	36	2.2500	1.04412	Total	303.4	315			
						17				

	Internet / social media	27	2.5000	1.02727						
	Total	316	2.4229	.98144						
	We met ourselves	154	2.8720	.71441	Between Groups	5.316	3	1.772	2.820	.039*
	Through our friends	99	3.1299	.86635	Within Groups	196.0	312	.628		
						30				
04. Personal standards	Through our relatives	36	2.9246	.75707	Total	201.3	315			
						46				
	Internet / social media	27	3.1905	.96728						
	Total	316	2.9860	.79950						
	We met ourselves	154	2.4610	1.07796	Between Groups	4.216	3	1.405	1.277	.282
	Through our friends	99	2.6364	1.05458	Within Groups	343.2	312	1.100		
						38				
Familial Expectations	Through our relatives	36	2.3111	.95552	Total	347.4	315			
						54				
	Internet / social media	27	2.6889	.97086						
	Total	316	2.5184	1.05025						
	We met ourselves	154	2.0601	1.10815	Between Groups	4.098	3	1.366	1.321	.268
	Through our friends	99	2.2551	.87989	Within Groups	322.6	312	1.034		
						64				
Criticism from the Family	Through our relatives	36	1.9028	.82219	Total	326.7	315			
						62				
	Internet / social media	27	2.1667	1.16438						
	Total	316	2.1123	1.01850						
	We met ourselves	154	2.2971	1.01933	Between Groups	2.385	3	.795	.772	.510
	Through our friends	99	2.4949	.99807	Within Groups	321.1	312	1.029		
						75				
Not Being Sure What You Are Doing	Through our relatives	36	2.3472	1.02518	Total	323.5	315			
						59				
	Internet / social media	27	2.3796	1.03397						
	Total	316	2.3718	1.01350						
	We met ourselves	154	3.9459	.81179	Between Groups	8.701	3	2.900	4.333	.005*
Layout	Through our friends	99	4.1835	.82048	Within Groups	208.8	312	.669		
						65				

Through our relatives	36	4.4306	.74362	Total	217.5	315
Internet / social media	27	3.9506	.93463		66	
Total	316	4.0759	.83108			

4.7. ANOVA Findings to Number of Children

In order to predict whether the psychological well-being, spousal support, loneliness and perfectionism variables have a significant difference according to number of children, one-way ANOVA analysis was conducted. The results were presented in Table 10.

Accordingly, the mean familial expectations of the participants with 1 child are higher compared to the participants with more than 1 child and no children.



Table 10*ANOVA Findings to Number of Children*

Sub-Scale	Number of Children	n	X	SD	S.V.	SD	df	MS	F	p
Psychological Well-Being Scale	.00	29	5.8017	.86119	Between Groups	3.440	4	.860	1.121	.347
	1.00	168	5.6071	.87903	Within Groups	238.5	311	.767		
	2.00	102	5.7806	.86270	Total	242.0	315			
	3.00	15	5.5417	.97932						
	9.00	2	6.3125	.44194						
	Total	316	5.6824	.87657						
Spousal Support Scale	.00	29	1.3321	.43884	Between Groups	2.154	4	.539	2.025	.091
	1.00	168	1.5146	.51738	Within Groups	82.71	311	.266		
	2.00	102	1.5639	.52922	Total	84.86	315			
	3.00	15	1.7531	.55408						
	9.00	2	1.2778	.18332						
	Total	316	1.5236	.51906						
Emotional support	.00	29	1.7931	.36457	Between Groups	1.861	4	.465	2.189	.070
	1.00	168	1.9689	.47545	Within Groups	66.08	311	.212		
	2.00	102	2.0349	.45207	Total	67.94	315			
	3.00	15	2.1407	.53199						
	9.00	2	1.7222	.07857						
	Total	316	1.9807	.46443						
Financial assistance and information support.	.00	29	1.3350	.45058	Between Groups	1.677	4	.419	1.612	.171
	1.00	168	1.4932	.49901	Within Groups	80.86	311	.260		
	2.00	102	1.5238	.53841	Total	82.54	315			
	3.00	15	1.6952	.55293						
	9.00	2	1.1429	.20203						
	Total	316	1.4959	.51191						
Appreciation Support	.00	29	1.4095	.50100	Between Groups	2.590	4	.648	2.235	.065
	1.00	168	1.5424	.52729	Within Groups	90.11	311	.290		

	2.00	102	1.5993	.56434	Total	92.70	315			
	3.00	15	1.9000	.56537						
	9.00	2	1.5625	.08839						
	Total	316	1.5657	.54248						
Social Interest Support	.00	29	1.3678	.55880	Between Groups	2.441	4	.610	1.777	.133
	1.00	168	1.5675	.58315	Within Groups	106.8	311	.343		
	2.00	102	1.6405	.59460	Total	109.2	315			
	3.00	15	1.8000	.60159						
	9.00	2	1.5000	.70711						
	Total	316	1.5833	.58892						
Loneliness Scale	.00	29	2.8547	1.09056	Between Groups	4.197	4	1.049	.789	.533
	1.00	168	3.2509	1.17241	Within Groups	413.7	311	1.330		
	2.00	102	3.1639	1.14875	Total	417.9	315			
	3.00	15	3.3143	1.07882						
	9.00	2	3.1071	1.16168						
	Total	316	3.1885	1.15191						
Perfectionism Scale	.00	29	2.9586	.88882	Between Groups	1.511	4	.378	.868	.484
	1.00	168	2.7531	.61708	Within Groups	135.4	311	.435		
	2.00	102	2.7765	.61928	Total	136.9	315			
	3.00	15	2.7543	.76686						
	9.00	2	3.2571	1.65665						
	Total	316	2.7827	.65933						
Worry of Making Mistakes	.00	29	2.7845	1.20818	Between Groups	6.098	4	1.524	1.595	.176
	1.00	168	2.3452	.89024	Within Groups	297.3	311	.956		
	2.00	102	2.4436	.98514	Total	303.4	315			
	3.00	15	2.3500	1.18038						
	9.00	2	3.1875	2.56326						
	Total	316	2.4229	.98144						
04. Personal standards	.00	29	3.0739	.99241	Between Groups	.893	4	.223	.346	.847
	1.00	168	2.9889	.78074	Within Groups	200.4	311	.645		
	2.00	102	2.9720	.75246	Total	201.3	315			
	3.00	15	2.8286	.77910						
	9.00	2	3.3571	2.32335						

	Total	316	2.9860	.79950						
Familial Expectations	.00	29	2.9724	1.33494	Between Groups	10.53	4	2.632	2.430	.048*
	1.00	168	2.5048	1.05216	Within Groups	336.9	311	1.083		
	2.00	102	2.3882	.87601	Total	347.4	315			
	3.00	15	2.5200	1.23242						
	9.00	2	3.7000	1.83848						
	Total	316	2.5184	1.05025						
Criticism from the Family	.00	29	2.3621	1.28797	Between Groups	2.727	4	.682	.654	.624
	1.00	168	2.0997	1.05576	Within Groups	324.0	311	1.042		
	2.00	102	2.0417	.86608	Total	326.7	315			
	3.00	15	2.2667	.98863						
	9.00	2	2.0000	1.41421						
	Total	316	2.1123	1.01850						
Not Being Sure What You Are Doing	.00	29	2.3966	1.13097	Between Groups	2.658	4	.665	.644	.631
	1.00	168	2.3497	1.01639	Within Groups	320.9	311	1.032		
	2.00	102	2.3750	.96328	Total	323.5	315			
	3.00	15	2.4000	1.01242						
	9.00	2	3.5000	2.12132						
	Total	316	2.3718	1.01350						
Layout	.00	29	3.9425	.97313	Between Groups	2.240	4	.560	.809	.520
	1.00	168	4.0407	.83592	Within Groups	215.3	311	.692		
	2.00	102	4.1748	.77764	Total	217.5	315			
	3.00	15	4.1222	.86020						
	9.00	2	3.5833	.82496						
	Total	316	4.0759	.83108						

4.8. ANOVA Findings to Participants' Monthly Income

In order to predict whether the psychological well-being, spousal support, loneliness and perfectionism variables have a significant difference according to monthly income of the participants , one-way ANOVA analysis was conducted. The results were presented in Table 11.

The analysis revealed that participants' psychological well-being scores differed significantly across income groups ($p < 0.05$). Specifically, participants with an income of over 100,000 TL reported the highest psychological well-being scores ($M = 5.98$, $SD = 0.57$), while those with no income or an income less than 10,000 TL reported the lowest scores ($M = 5.48$, $SD = 1.04$). Additionally, a significant difference was observed in social interest support ($p < 0.05$), with participants without income reporting the highest scores ($M = 1.75$, $SD = 0.66$) compared to other income groups. No significant differences were found for spousal support, loneliness, perfectionism, or other subscales.

	.00	54	1.5767	.57810	Between Groups	2.2	6	.38	1.4	.18
						92		2	71	8
	10.000 TL less than	13	1.4505	.48741	Within Groups	80.	30	.26		
						25	9	0		
	10.000-17.002 TL	16	1.7143	.63030	Total	82.	31			
						54	5			
Financial assistance and information support.	17.003-25.000 TL	27	1.5185	.53621						
	25.001-50.000 TL	109	1.5111	.50631						
	50.001-100.000 TL	72	1.4226	.44174						
	Over 100.000 TL	25	1.3257	.44324						
	Total	316	1.4959	.51191						
	.00	54	1.6597	.58852	Between Groups	2.7	6	.45	1.5	.15
						36		6	66	6
	10.000 TL less than	13	1.5192	.57247	Within Groups	89.	30	.29		
						96	9	1		
	10.000-17.002 TL	16	1.7500	.50827	Total	92.	31			
						70	5			
Appreciation Support	17.003-25.000 TL	27	1.5509	.49548						
	25.001-50.000 TL	109	1.6044	.59036						
	50.001-100.000 TL	72	1.4774	.48722						
	Over 100.000 TL	25	1.3700	.34888						
	Total	316	1.5657	.54248						
	.00	54	1.7531	.66410	Between Groups	4.4	6	.73	2.1	.04
						21		7	72	6*
	10.000 TL less than	13	1.5641	.58349	Within Groups	10	30	.33		
						4.8	9	9		
	10.000-17.002 TL	16	1.6250	.52880	Total	10	31			
						9.2	5			
Social Interest Support	17.003-25.000 TL	27	1.5185	.52569						
	25.001-50.000 TL	109	1.6116	.59579						
	50.001-100.000 TL	72	1.5417	.57446						
	Over 100.000 TL	25	1.2667	.41944						
	Total	316	1.5833	.58892						
	.00	54	3.3519	1.2431	Between Groups	4.8	6	.81	.60	.72
				4		87		5	9	3
Loneliness Scale	10.000 TL less than	13	3.3077	1.2931	Within Groups	41	30	1.3		
				0		3.0	9	37		

	10.000- 17.002 TL	16	3.4732	.98764	Total	41 7.9	31 5			
	17.003- 25.000 TL	27	3.2037	1.0880 9						
	25.001- 50.000 TL	109	3.1710	1.1703 1						
	50.001- 100.000 TL	72	3.0655	1.1458 6						
	Over 100.000 TL	25	3.0057	1.0116 1						
	Total	316	3.1885	1.1519 1						
	.00	54	2.7323	.64503	Between Groups	1.6 23	6	.27 0	.61 8	.71 6
	10.000 TL less than	13	2.9363	.72461	Within Groups	13 5.3	30 9	.43 8		
	10.000- 17.002 TL	16	2.9161	.85812	Total	13 6.9	31 5			
Perfectionism Scale	17.003- 25.000 TL	27	2.6455	.76490						
	25.001- 50.000 TL	109	2.7858	.64914						
	50.001- 100.000 TL	72	2.8381	.62766						
	Over 100.000 TL	25	2.7017	.54860						
	Total	316	2.7827	.65933						
	.00	54	2.2130	.93214	Between Groups	4.5 10	6	.75 2	.77 7	.58 9
	10.000 TL less than	13	2.6442	1.0293 2	Within Groups	29 8.9	30 9	.96 7		
	10.000- 17.002 TL	16	2.6016	1.2017 5	Total	30 3.4	31 5			
Worry of Making Mistakes	17.003- 25.000 TL	27	2.3657	.99755						
	25.001- 50.000 TL	109	2.4300	.99716						
	50.001- 100.000 TL	72	2.5295	.97357						
	Over 100.000 TL	25	2.3700	.86413						
	Total	316	2.4229	.98144						
	.00	54	2.8386	.77308	Between Groups	4.6 58	6	.77 6	1.2 20	.29 6
	10.000 TL less than	13	3.1538	.85009	Within Groups	19 6.6	30 9	.63 7		
04. Personal standards	10.000- 17.002 TL	16	2.8393	1.0273 5	Total	20 1.3	31 5			
	17.003- 25.000 TL	27	2.8042	.83219						
	25.001- 50.000 TL	109	2.9817	.74004						

	50.001- 100.000 TL	72	3.1270	.82938						
	Over 100.000 TL	25	3.1200	.77775						
	Total	316	2.9860	.79950						
Familial Expectations	.00	54	2.5333	.97051	Between Groups	2.7 82	6	.46 4	.41 6	.86 8
	10.000 TL less than	13	2.4615	1.0782 2	Within Groups	34 4.6	30 9	1.1 15		
	10.000- 17.002 TL	16	2.6750	.97946	Total	34 7.4	31 5			
	17.003- 25.000 TL	27	2.2444	1.1914 2						
	25.001- 50.000 TL	109	2.5615	1.1113 8						
	50.001- 100.000 TL	72	2.5000	.97865						
	Over 100.000 TL	25	2.5760	1.0821 6						
	Total	316	2.5184	1.0502 5						
	.00	54	1.9722	1.0614 0	Between Groups	6.9 63	6	1.1 60	1.1 21	.35 0
	10.000 TL less than	13	2.4615	1.0249 3	Within Groups	31 9.7	30 9	1.0 35		
Criticism from the Family	10.000- 17.002 TL	16	2.4844	1.1455 3	Total	32 6.7	31 5			
	17.003- 25.000 TL	27	2.0000	1.1223 3						
	25.001- 50.000 TL	109	2.1972	1.0313 8						
	50.001- 100.000 TL	72	2.0382	.91799						
	Over 100.000 TL	25	1.9600	.92048						
	Total	316	2.1123	1.0185 0						
	.00	54	2.5185	.95272	Between Groups	11. 38	6	1.8 97	1.8 78	.08 4
	10.000 TL less than	13	2.9615	.84685	Within Groups	31 2.1	30 9	1.0 10		
Not Being Sure What You Are Doing	10.000- 17.002 TL	16	2.6875	1.2861 4	Total	32 3.5	31 5			
	17.003- 25.000 TL	27	2.2407	.95947						
	25.001- 50.000 TL	109	2.2821	1.0486 4						
	50.001- 100.000 TL	72	2.3854	1.0130 6						
	Over 100.000 TL	25	2.0400	.79281						
	Total	316	2.3718	1.0135 0						
	.00	54	2.5185	.95272	Between Groups	11. 38	6	1.8 97	1.8 78	.08 4

Layout	.00	54	4.2469	.79618	Between	4.5	6	.76	1.1	.35
					Groups	93		5	11	6
	10.000 TL	13	3.8974	1.0574	Within	21	30	.68		
	less than			7	Groups	2.9	9	9		
	10.000-	16	4.2083	.78055	Total	21	31			
	17.002 TL					7.5	5			
	17.003-	27	3.9691	.92915						
	25.000 TL									
	25.001-	109	4.0872	.87124						
	50.000 TL									
	50.001-	72	4.0718	.74105						
	100.000 TL									
	Over 100.000	25	3.7933	.74734						
	TL									
	Total	316	4.0759	.83108						



4.9. ANOVA Findings to Regarding Spouse' Monthly Income

In order to predict whether the psychological well-being, spousal support, loneliness and perfectionism variables have a significant difference according to monthly income of the spouse , one-way ANOVA analysis was conducted. The results were presented in Table 12.

Participants whose spouses earn over 100,000 TL demonstrated the highest well-being scores ($M = 5.96$, $SD = 0.75$), whereas those with spouses earning less than 10,000 TL reported the lowest scores ($M = 5.40$, $SD = 1.03$).



Table 12

ANOVA Findings to Regarding Spouse's Monthly Revenue

<i>Sub-Scale</i>	<i>Monthly Income</i>	<i>n</i>	<i>X</i>	<i>SD</i>	<i>S.V.</i>	<i>SD</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Psychological Well-Being Scale	,00	6	5,9583	,57373	Between Groups	11,15	6	1,859	2,488	,023*
	10.000 TL less than	13	5,4038	1,02844	Within Groups	230,9	309	,747		
	10,000-17,002 TL	4	5,9063	,57168	Total	242,0	315			
	17.003-25.000 TL	20	5,6125	,91398						
	25.001- 50.000 TL	90	5,4681	1,04407						
	50.001- 100.000 TL	114	5,7072	,75401						
	Over 100.000 TL	69	5,9565	,75178						
	Total	316	5,6824	,87657						
Spousal Support Scale	,00	6	1,6605	,78232	Between Groups	3,634	6	,606	2,304	,034*
	10.000 TL less than	13	1,4444	,44005	Within Groups	81,23	309	,263		
	10,000-17,002 TL	4	1,6574	,52759	Total	84,87	315			
	17.003-25.000 TL	20	1,6500	,56521						
	25.001- 50.000 TL	90	1,6564	,58860						
	50.001- 100.000 TL	114	1,4721	,47209						
	Over 100.000 TL	69	1,3940	,43601						
	Total	316	1,5236	,51906						
Emotional support	,00	6	2,1667	,70536	Between Groups	2,245	6	,374	1,760	,107
	10.000 TL less than	13	1,8376	,46396	Within Groups	65,69	309	,213		
	10,000-17,002 TL	4	2,0278	,33179	Total	67,94	315			
	17.003-25.000 TL	20	2,1167	,54965						
	25.001- 50.000 TL	90	2,0704	,49731						
	50.001- 100.000 TL	114	1,9425	,43280						
	Over 100.000 TL	69	1,8953	,40909						

	Total	316	1,9807	,46443						
Financial assistance and information support.	,00	6	1,6667	,72092	Between Groups	3,826	6	,638	2,503	,022*
	10.000 TL less than	13	1,5055	,56126	Within Groups	78,72	309	,255		
	10,000-17,002 TL	4	1,5357	,42658	Total	82,54	315			
	17.003-25.000 TL	20	1,6500	,58163						
	25.001- 50.000 TL	90	1,6317	,59501						
	50.001- 100.000 TL	114	1,4035	,43182						
	Over 100.000 TL	69	1,4079	,43364						
	Total	316	1,4959	,51191						
Appreciation Support	,00	6	1,7083	,82031	Between Groups	3,865	6	,644	2,241	,039*
	10.000 TL less than	13	1,4519	,38371	Within Groups	88,83	309	,287		
	10,000-17,002 TL	4	1,8750	,77728	Total	92,70	315			
	17.003-25.000 TL	20	1,6563	,55143						
	25.001- 50.000 TL	90	1,6958	,60605						
	50.001- 100.000 TL	114	1,5252	,51126						
	Over 100.000 TL	69	1,4275	,45192						
	Total	316	1,5657	,54248						
Social Interest Support	,00	6	1,6111	,85418	Between Groups	5,289	6	,882	2,620	,017*
	10.000 TL less than	13	1,5385	,64605	Within Groups	103,9	309	,336		
	10,000-17,002 TL	4	1,7500	,50000	Total	109,3	315			
	17.003-25.000 TL	20	1,8000	,61559						
	25.001- 50.000 TL	90	1,7222	,64235						
	50.001- 100.000 TL	114	1,5439	,55257						
	Over 100.000 TL	69	1,4010	,48702						
	Total	316	1,5833	,58892						
Loneliness Scale	,00	6	2,8095	1,17427	Between Groups	7,005	6	1,167	,878	,511
	10.000 TL less than	13	3,2198	1,00908	Within Groups	410,9	309	1,330		
	10,000-17,002 TL	4	3,1250	,99039	Total	417,9	315			
	17.003-25.000 TL	20	3,2000	1,11565						
	25.001- 50.000 TL	90	3,3135	1,20900						

	50.001- 100.000 TL	114	3,2556	1,15468						
	Over 100.000 TL	69	2,9420	1,11483						
	Total	316	3,1885	1,15191						
	,00	6	3,1190	,83190	Between Groups	1,556	6	,259	,592	,737
	10.000 TL less than	13	2,7912	,81386	Within Groups	135,4	309	,438		
	10,000-17,002 TL	4	2,9571	1,09532	Total	136,9	315			
Perfectionism Scale	17.003-25.000 TL	20	2,9471	,64884						
	25.001- 50.000 TL	90	2,7606	,68170						
	50.001- 100.000 TL	114	2,7762	,63277						
	Over 100.000 TL	69	2,7337	,61557						
	Total	316	2,7827	,65933						
	,00	6	2,7500	1,17527	Between Groups	1,039	6	,173	,177	,983
	10.000 TL less than	13	2,4038	,98710	Within Groups	302,4	309	,979		
	10,000-17,002 TL	4	2,5938	1,70592	Total	303,5	315			
Worry of Making Mistakes	17.003-25.000 TL	20	2,4438	,84241						
	25.001- 50.000 TL	90	2,3806	1,01480						
	50.001- 100.000 TL	114	2,4101	,97699						
	Over 100.000 TL	69	2,4583	,95526						
	Total	316	2,4229	,98144						
	,00	6	3,3571	,89784	Between Groups	2,316	6	,386	,599	,731
	10.000 TL less than	13	2,9451	1,07308	Within Groups	199,0	309	,644		
	10,000-17,002 TL	4	2,7143	1,36027	Total	201,3	315			
Personal standards	17.003-25.000 TL	20	3,2000	,56080						
	25.001- 50.000 TL	90	2,9333	,81861						
	50.001- 100.000 TL	114	2,9900	,74066						
	Over 100.000 TL	69	2,9772	,84039						
	Total	316	2,9860	,79950						
	,00	6	2,9333	1,30026	Between Groups	5,022	6	,837	,755	,606
Familial Expectations	10.000 TL less than	13	2,5077	1,03478	Within Groups	342,4	309	1,108		
	10,000-17,002 TL	4	3,3000	1,46515	Total	347,5	315			

	17.003-25.000 TL	20	2,6900	1,20957						
	25.001- 50.000 TL	90	2,5000	1,11305						
	50.001- 100.000 TL	114	2,5246	,95986						
	Over 100.000 TL	69	2,4029	1,03270						
	Total	316	2,5184	1,05025						
	,00	6	2,3750	1,44698	Between Groups	6,964	6	1,161	1,121	,350
	10.000 TL less than	13	2,4231	1,19628	Within Groups	319,8	309	1,035		
	10,000-17,002 TL	4	2,3750	1,08972	Total	326,8	315			
Criticism from the Family	17.003-25.000 TL	20	2,3500	1,13960						
	25.001- 50.000 TL	90	2,2222	1,10822						
	50.001- 100.000 TL	114	2,0285	,91252						
	Over 100.000 TL	69	1,9420	,94338						
	Total	316	2,1123	1,01850						
	,00	6	2,8333	1,28128	Between Groups	3,658	6	,610	,589	,739
	10.000 TL less than	13	2,5962	1,04352	Within Groups	319,9	309	1,035		
	10,000-17,002 TL	4	2,3750	1,79699	Total	323,6	315			
Not Being Sure What You Are Doing	17.003-25.000 TL	20	2,6250	1,05288						
	25.001- 50.000 TL	90	2,3444	1,06303						
	50.001- 100.000 TL	114	2,3268	,95016						
	Over 100.000 TL	69	2,3261	,97986						
	Total	316	2,3718	1,01350						
	,00	6	4,3611	,68651	Between Groups	3,688	6	,615	,888	,504
	10.000 TL less than	13	3,8462	,88313	Within Groups	213,9	309	,692		
	10,000-17,002 TL	4	4,2917	,69887	Total	217,6	315			
Organization	17.003-25.000 TL	20	4,3083	,80799						
	25.001- 50.000 TL	90	4,0241	,91204						
	50.001- 100.000 TL	114	4,1360	,74686						
	Over 100.000 TL	69	3,9831	,86798						
	Total	316	4,0759	,83108						



5. DISCUSSION

In this section, the research findings are discussed in order, and discussions and recommendations are presented by comparing them with similar and different research findings in the literature.

5.1. Discussion Related to Regression Analysis

The present study sought to examine the predictors of psychological well-being, focusing on spousal support, loneliness, perfectionism, and various subdimensions of support. Through multiple regression analyses, several significant findings emerged that contribute to the broader understanding of psychological well-being. Notably, while some results aligned with theoretical expectations, others, such as the negative effects of financial assistance and information support, appreciation support, and social interest support, deviated from anticipated patterns.

5.1.1. Discussion of Positive Predictors of Psychological Well-Being

Consistent with previous research (Ryff, 1989; Deci & Ryan, 2000), spousal support emerged as a robust positive predictor of psychological well-being. Emotional support, a sub dimension of spousal support, showed particularly strong associations, underscoring its role in fostering a sense of security and belonging (Bowlby, 1988). The results highlight those supportive relationships, particularly those offering emotional warmth, validate individuals' experiences and enhance their mental health.

Interestingly, perfectionism was also a positive predictor of well-being, albeit in specific dimensions. Personal standards—a component of perfectionism often associated with adaptive functioning—were positively linked to well-being. This finding aligns with the dual-process model of perfectionism, which distinguishes between adaptive and maladaptive forms (Stoeber & Otto, 2006). High personal standards may promote goal achievement and self-fulfillment, contributing positively to psychological well-being.

5.1.2. Discussion of Negative Predictors of Psychological Well-Being

As expected, loneliness and its sub dimensions significantly and negatively impacted psychological well-being, consistent with theories emphasizing the importance of social connectedness (Hawkey & Cacioppo, 2010). The findings corroborate earlier studies demonstrating that social isolation undermines both mental and physical health by increasing perceived stress and emotional dysregulation (Cacioppo & Patrick, 2008).

Maladaptive dimensions of perfectionism, including worry about mistakes and familial criticism, were also significant negative predictors. These results are consistent with the self-critical perfectionism model, which posits that excessive concern over mistakes and perceived failure undermines self-worth and exacerbates distress (Shafran & Mansell, 2001). The findings reinforce the importance of distinguishing between adaptive and maladaptive perfectionism in understanding their respective impacts on well-being.

Three subdimensions of spousal support—financial assistance and information support, appreciation support, and social interest support—negatively predicted psychological well-being. These findings are intriguing and warrant further exploration, particularly as they deviate from established theories of social support (Cohen & Wills, 1985).

Financial Assistance and Information Support: The negative association between financial support and well-being may reflect the dynamics of perceived dependency or indebtedness. Research suggests that receiving financial aid can evoke feelings of incompetence or helplessness, particularly in cultures emphasizing independence and self-reliance (Ryan & Deci, 2000; Uchino, 2009). Additionally, the mismatch hypothesis posits that when the type of support provided does not align with the recipient's needs, it may result in reduced well-being (Cutrona & Russell, 1990).

Erosion of Autonomy

According to self-determination theory (Deci & Ryan, 1985), autonomy is a fundamental psychological need. Financial assistance or excessive informational guidance, especially when unsolicited, may undermine an individual's sense of independence. The overreliance on a spouse for such support can make the recipient feel incompetent or overly dependent, reducing their psychological well-being. This effect is particularly pronounced in contexts where self-reliance is culturally emphasized (Martela & Ryan, 2016).

Symbolic Threat to Self-Identity

From the perspective of symbolic interactionism (Mead, 1934), financial contributions often hold deeper symbolic meaning in relationships. For some individuals, receiving financial or informational support from a spouse may be perceived as a failure to fulfill traditional or personal roles (e.g., as a provider or decision-maker). This perception can lead to feelings of inadequacy, shame, or diminished self-worth, which adversely affect psychological well-being (Vohs et al., 2006).

Power Imbalances and Relationship Dynamics

The provision of financial assistance within a relationship can unintentionally introduce power imbalances. According to social exchange theory (Blau, 1964), relationships often operate on implicit reciprocity. If financial assistance from a spouse becomes disproportionately significant, the recipient may feel indebted or subordinate. This sense of imbalance can cause strain, guilt, or reduced self-esteem, diminishing overall well-being (Rusbult & Van Lange, 2003).

Mismatched or Unsolicited Support

Financial assistance and information support may not align with the actual needs or desires of the recipient, a phenomenon described in cutting-edge research on mismatched social

support (Cutrona & Russell, 1990). Unsolicited support can feel intrusive, suggesting a lack of trust in the recipient's ability to manage their own resources or decisions. Such mismatches can exacerbate stress rather than alleviate it, ultimately harming psychological well-being (Reis et al., 2000).

Stress Amplification through Financial Dependence

Financial dependence on a spouse may increase anxiety about long-term stability or the future of the relationship. This aligns with findings from studies on economic stress and relational dynamics, which show that financial dependence can lead to increased relationship tension, lower satisfaction, and diminished well-being, particularly when the dependent partner feels vulnerable or powerless (Conger et al., 1999).

Cultural and Gendered Expectations

Cultural norms regarding financial roles in partnerships may further complicate the dynamics. For instance, in many societies, traditional gender roles expect men to provide financial stability. If these expectations are not met, receiving financial assistance from a spouse may challenge one's internalized role expectations, resulting in decreased self-esteem and well-being (Kulik, 2002).

Empirical Evidence

While financial assistance and informational support from a spouse can be well-intentioned, its impact on psychological well-being depends heavily on context. Factors such as autonomy erosion, power imbalances, mismatched support, and cultural expectations play critical roles. Future research could further explore how individual personality traits, relationship dynamics, and societal norms mediate these effects. Addressing these nuances in therapy or relationship counseling may help couples balance support and autonomy for improved psychological outcomes.

Bolger et al. (2000) demonstrated that invisible support—support that is not overtly acknowledged—has a more positive impact on well-being than visible or unsolicited support, which can feel intrusive.

Conger et al. (1999) found that financial stress, even when alleviated by external support, often correlates with lower relationship satisfaction and increased personal anxiety.

Cutrona & Russell (1990) highlighted that mismatched social support can exacerbate stress and lead to poorer psychological outcomes, particularly when it contradicts the recipient's sense of agency.

Vohs et al. (2006) explored the symbolic meanings of money and its connection to self-esteem, showing how financial dependence can create identity threats.

Appreciation Support

While appreciation is typically considered beneficial, excessive expressions of gratitude or acknowledgment may be interpreted as insincere or as placing pressure on the recipient to reciprocate (Rosenberg & McCullough, 2004). This aligns with findings suggesting that overemphasis on gratitude can sometimes have unintended negative consequences on relationships and individual well-being (Wood, Joseph, & Maltby, 2008).

The negative association between appreciation support and psychological well-being is particularly counterintuitive and requires careful consideration. One possible explanation lies in the concept of over-benefiting in relationships, as described by equity theory (Walster, Berscheid, & Walster, 1973). When individuals receive excessive expressions of appreciation, they may feel they are not contributing equally to the relationship, leading to guilt or discomfort. Such dynamics can create relational imbalances and diminish the psychological benefits typically associated with support.

Furthermore, excessive or insincere expressions of appreciation may evoke skepticism or feelings of being patronized, particularly if the recipient perceives the praise as unwarranted or exaggerated (Rosenberg & McCullough, 2004). Over time, this can erode trust and contribute to stress within the relationship. Research by Wood et al. (2008) highlights how gratitude—when overemphasized—can sometimes have paradoxical effects, reducing rather than enhancing well-being.

Lastly, appreciation support may inadvertently highlight areas where the recipient feels deficient. For instance, being repeatedly praised for efforts in a specific domain might amplify self-perceived inadequacies or fears of not meeting expectations in other areas, aligning with self-discrepancy theory (Higgins, 1987). Such feelings can undermine overall well-being by exacerbating self-critical tendencies.

Social Interest Support:

The negative effect of social interest support may stem from its potential to be perceived as intrusive or overwhelming. Social interest support, when unsolicited or excessive, might interfere with autonomy and lead to psychological reactance, a motivational state aimed at restoring personal freedom (Brehm, 1966). Such findings highlight the nuanced nature of social support and the importance of considering the context in which it is provided.

Perceived Burden of Reciprocity

Social interest support involves care and involvement from others in one's social environment. While such support can be beneficial, research suggests that it may also create feelings of obligation or indebtedness to reciprocate, which can generate psychological stress. According to equity theory (Adams, 1965), individuals strive for balanced exchanges in their relationships. If social interest support is perceived as excessive or unsolicited, it may lead to feelings of inequity, guilt, or the pressure to reciprocate, ultimately undermining psychological well-being (Rothman et al., 2015).

Ego-Depletion and Autonomy Undermining

Frequent social interest support may inadvertently undermine an individual's sense of autonomy, a critical component of psychological well-being as highlighted by self-determination theory (Deci & Ryan, 1985). Over-involvement by others might lead the recipient to feel infantilized or overly dependent, eroding their sense of self-efficacy. This phenomenon has been observed in studies where high levels of unsolicited support result in decreased satisfaction and autonomy (Martela & Ryan, 2016).

Negative Social Comparisons

Another plausible explanation is the facilitation of negative social comparisons. Social interest support might inadvertently highlight the recipient's struggles or perceived shortcomings compared to the achievements of their support network. According to social comparison theory (Festinger, 1954), these comparisons can evoke feelings of inadequacy or failure, particularly in individualistic cultures where independence and self-reliance are highly valued (White et al., 2018).

Social Overload and Emotional Drain

Social interest support, particularly when excessive, can lead to social overload—a state where individuals feel overwhelmed by the demands of their social connections. Studies have shown that excessive involvement in social networks can increase emotional exhaustion and stress, reducing overall well-being (Schaufeli & Taris, 2014). For individuals already experiencing psychological challenges, additional social input may exacerbate feelings of overwhelm rather than provide comfort.

Cultural Context and Misalignment with Needs

Cultural norms may influence how social interest support is perceived. In collectivist societies, for example, excessive social involvement might be normative and supportive, but in more individualistic contexts, it might be perceived as intrusive or controlling (Markus & Kitayama, 1991). Moreover, mismatched support—where the type of support provided does not align with the recipient's actual needs—has been shown to negatively affect well-being (Cutrona & Russell, 1990). Social interest support that feels irrelevant or intrusive may amplify stress instead of alleviating it.

The negative impact of certain types of social support is supported by findings from Seidman et al. (2019), who showed that overly engaged or mismatched support could increase stress in caregivers. Similarly, a meta-analysis by Uchino (2009) highlighted that while support is generally beneficial, its effects are contingent on contextual factors such as timing, the recipient's preferences, and the quality of the relationship.

While social interest support is generally perceived as a positive contributor to psychological well-being, its impact depends on contextual and individual factors. Feelings of obligation, autonomy undermining, social overload, and negative comparisons may help explain the observed negative relationship. Future studies could further explore how factors like cultural norms, personality traits, and the perceived quality of support influence this dynamic.

5.2. Discussion Related to ANOVA Results

5.2.1. Discussion Related to Age

In this study, the effects of perfectionism elements according to the age groups of individuals, especially on personal standards, family expectations and family criticism, were examined. The ANOVA results obtained show that the differences between the groups are statistically significant ($p < 0.05$). These findings provide important clues about the effects of different age groups on the perceptions of perfectionism and family dynamics.

First of all, it was seen that the perfectionism levels of young adults and middle-aged individuals (25-35 and 36-45 years old) were higher than those of older individuals. This shows that young individuals may have higher expectations under the influence of social and family pressures, and these expectations may increase their perfectionist tendencies towards themselves (Flett & Hewitt, 2016). It is emphasized that family criticism has a more significant effect, especially in the young age group, and may cause a decrease in the self-confidence and psychological well-being of individuals.

The analysis among the age groups revealed that negative effects on the psychological status of individuals were observed in connection with the increase in the frequency of family expectations and criticism in middle-age groups (46-55 years). These negative forms of communication within the family can cause individuals to feel more anxiety and uncertainty in all areas of their lives (Shafron et al., 2019). Research supports a direct relationship between family criticism and individual perfectionism (Graham et al., 2018).

In addition, it is important to note that the perception of perfectionism of older individuals (56 years and older) is lower compared to other age groups. More mature individuals may have become more resistant to family pressures based on their life experience (López et al.,

2021). This situation can be associated with the way individuals evaluate themselves with age and changes in family relationships.

In conclusion, the findings of the ANOVA analysis show that the impact of the criticisms and expectations individuals receive from their families in each period of the life process on psychological health and perfectionism manifests itself in different ways. Supportive communication and expectations within the family are critical to maintaining and improving the psychological health of individuals (Cohen & Wills, 1985). This study emphasizes the role of family dynamics in the development processes of individuals and suggests a greater focus on the emotional and psychological well-being of individuals of different age groups in future research.

5.2.2. Discussion Related to Education Level of Participants

In this study, ANOVA analysis was conducted to understand the effects of participants' education levels on psychological well-being, loneliness, spousal support and perfectionism levels. The analysis results showed that education level caused significant differences on these variables.

The positive effect of level of education on psychological well-being supports studies suggesting that it increases individuals' capacity to access information and enables them to develop healthier coping strategies (Diener et al., 1999). In addition, the fact that individuals with higher levels of education have easier access to economic and social resources may be a factor that increases life satisfaction.

The fact that loneliness scores are higher in individuals with lower levels of education indicates that social environment and connections may be related to education. Hawkley and Cacioppo (2010) stated that individuals may have wider and more diverse social support networks as their level of education increases, and this may reduce loneliness.

The fact that spousal support scores did not show a significant difference according to level of education indicates that spousal support stems more from relational dynamics and

individuals' perceptions (Cutrona, 1996). This suggests that the perception of spousal support may be independent of education level.

In the context of perfectionism, the fact that healthy perfectionism levels increase with education level suggests that individuals with higher education levels tend to set more realistic and structured goals. Frost et al. (1990) suggested that the positive dimensions of perfectionism may contribute to an individual's life satisfaction.

In light of these findings, interventions adapted to education level are recommended to support individuals' psychological well-being:

Community-based social support programs should be organized to reduce the feeling of loneliness in individuals with low education levels. Awareness programs should be developed to encourage healthy perfectionist tendencies and reduce unhealthy perfectionist elements in individuals with high education levels. Psychosocial interventions appropriate to individuals' education levels should be planned to increase psychological well-being.

Participants' education levels create significant differences on variables such as psychological well-being, loneliness, and perfectionism. Education is an important factor that increases the quality of life by improving individuals' access to information and social ties. However, examining these relationships in more detail in a cultural and individual context will provide more comprehensive results.

5.2.3. Discussion Related to Education Level of Spouse'

The findings of the study reveal several significant and non-significant relationships between education level and various psychological and social scales.

The analysis demonstrated a significant difference in psychological well-being scores among education levels ($p = .030$). Individuals with higher education levels, such as bachelor's degree holders, reported higher psychological well-being compared to those with lower education levels. This result aligns with the existing literature suggesting that education contributes to better mental health outcomes by improving socioeconomic status, problem-solving skills, and access to resources.

The spousal support scores, including emotional support, financial assistance, appreciation, and social interest, did not significantly differ by education level ($p > .05$). While there were minor variations, the results suggest that spousal support may not be strongly influenced by educational attainment. This finding is consistent with studies indicating that relationship dynamics and spousal support are more influenced by relational and contextual factors rather than individual educational levels.

There was no significant difference in loneliness scores among participants based on education level ($p = .992$). This suggests that feelings of loneliness may not necessarily vary with educational attainment. It may also indicate that loneliness is influenced by other factors, such as the quality of relationships or social networks, rather than educational background.

The perfectionism scores, including worry about mistakes, personal standards, familial expectations, and criticism from the family, did not show significant differences across education levels ($p > .05$). This implies that perfectionistic tendencies might be relatively stable personality traits that are not substantially shaped by education.

The significant relationship between psychological well-being and education level highlights the importance of promoting access to education as a means of enhancing mental health. Policymakers and educators should consider implementing programs to increase educational attainment and its related benefits. On the other hand, the non-significant findings for spousal support, loneliness, and perfectionism suggest that these factors may require interventions targeting interpersonal dynamics, emotional regulation, and social support rather than focusing solely on education.

While the study provides valuable insights, there are several limitations to consider. The sample size for primary school graduates was small, potentially limiting the generalizability of the findings. Future research should include more diverse and balanced samples across education levels. Additionally, longitudinal studies could provide a clearer understanding of how education influences psychological and relational factors over time. Finally, exploring moderating variables such as socioeconomic status, cultural norms, or life events could offer a deeper understanding of the observed relationships.

The study underscores the complex interplay between education level and various psychological and social factors. While education appears to significantly impact psychological well-being, its influence on spousal support, loneliness, and perfectionism remains limited. These findings suggest the need for holistic approaches that consider both individual and relational factors when addressing psychological health and social dynamics.

5.2.4. Discussion Related to How to Meet the Spouse

This study was conducted to understand the effects of the way married individuals met their spouses on psychological well-being, loneliness, spousal support and perfectionism levels. The results obtained from the ANOVA analysis are summarized below and are associated with the literature.

The fact that the way spouses met does not differ on psychological well-being suggests that this variable is more related to individual characteristics and marital dynamics. However, the fact that individuals who met "through relatives" have higher psychological well-being is consistent with the literature emphasizing the positive effect of family support on social bonding (Cutrona, 1996). This can be explained by the emotional and social support provided by extended family structures.

The fact that the differences in the perception of spouse support are not significant indicates that communication and attachment styles between spouses are more decisive than external factors such as income, education level or the way they met. This situation reveals that spouse support is based on the perceptual evaluations of individuals (Cohen & Wills, 1985).

Differences in the level of perfectionism explain the tendency of individuals who meet via the internet or social media to set high standards. This finding is parallel to research explaining the effort to protect personal image and develop a success-oriented self-presentation in online communication (Frost et al., 1990). In addition, these individuals may tend to focus on more personal goals independent of their social environment.

Supporting Psychological Well-Being: The positive results observed especially in individuals who met through relatives or the internet indicate that other groups should also be directed to such support mechanisms.

Spouse Support Trainings: Premarital counseling and communication skills training are recommended to strengthen the perception of spouse support.

Healthy Perfectionism: Awareness programs can be organized to reduce the stress or negative effects of the high standards of individuals who met via the internet by preserving their positive aspects.

The ways in which spouses meet provide an important context in understanding the psychological and social characteristics of individuals. The study shows that more research is needed, especially to understand social attachment and perfectionism tendencies.

5.2.5. Discussion Related to Number of Children

In this study, one-way ANOVA analysis was performed to understand the differences in psychological well-being, loneliness, spousal support and perfectionism levels of the participants according to the number of children. The analysis results are summarized below and associated with the literature.

Psychological Well-Being: No significant difference was found in psychological well-being scores according to the number of children ($p > .05$). However, it was observed that the psychological well-being scores of individuals with 2 children were slightly higher than the other groups.

Family Expectations: The scores of individuals with 1 child in the family expectations sub-dimension were found to be significantly higher than the other groups ($p < .05$).

Spouse Support and Loneliness: No significant difference was found in spousal support and loneliness levels according to the number of children ($p > .05$). However, it was observed that the spousal support scores of individuals with 3 or more children were higher than the other groups.

The fact that no significant difference was observed in terms of psychological well-being according to the number of children indicates that the psychological well-being levels of individuals are affected not only by demographic characteristics but also by life experiences,

personality traits and environmental factors (Ryff, 1989). However, the fact that individuals with 2 children have slightly higher psychological well-being scores suggests that these individuals may have balanced social and family support. It has been stated in the literature that the number of children is a factor that shapes social dynamics within the family (Kiernan & Mensah, 2009).

The fact that individuals with 1 child have higher scores in the family expectations sub-dimension indicates that these individuals have more intense parenting responsibilities and expectations for their children. It is known that individuals in families with one child focus more on their children's education and future and aim to increase their success (Fuligni, 1998).

The fact that spousal support and loneliness levels do not show a significant difference according to the number of children suggests that these variables may be affected more by the individuals' relational characteristics and social environment. However, the higher perception of spousal support in individuals with 3 or more children may indicate that these individuals have developed a more harmonious dynamic in sharing family roles and receiving support (Cutrona, 1996).

In line with these findings, the following recommendations can be made:

Psychological Counseling Services: Family counseling programs should be organized to support families with one child in managing expectations for their children and in parenting roles.

Social Support Mechanisms: Community-based social support mechanisms can be developed to increase spousal support in families with many children.

Adjustment Programs for Different Numbers of Children: In order to increase psychological well-being, adaptation programs specific to the needs of individuals with different numbers of children can be designed.

5.2.6. Discussion of ANOVA Findings Regarding Monthly Income of the Participant

In this study, the effects of participants' monthly income levels on psychological well-being, spousal support, loneliness and perfectionism levels were investigated. The results obtained from the ANOVA analysis are summarized below and associated with the literature.

Psychological Well-Being: A significant difference was found in psychological well-being scores according to monthly income level ($F(6, 309) = 2.626, p < .05$). Participants with an income of 100,000 TL and above had higher psychological well-being scores compared to other income groups. This group was clearly separated from other groups with an average score of 5.98

Spouse Support: No significant difference was observed in the perception of spousal support according to income level ($p > .05$). However, spousal support scores of income groups remained close to each other.

Loneliness: Loneliness levels did not differ significantly according to income level ($p > .05$), but loneliness scores were observed to be slightly higher in lower income groups.

Perfectionism: There was no significant difference in perfectionism levels according to income level ($p > .05$). This finding suggests that perfectionism is more dependent on individual characteristics and psychological factors.

It has been emphasized in many studies that psychological well-being is directly related to income level. For example, Diener et al. (1999) stated that high income levels positively affect psychological well-being by increasing the capacity of individuals to meet their basic needs. High income level provides more freedom and security by improving individuals' living standards, which in turn increases psychological well-being.

The fact that there is no significant difference between monthly income and spousal support indicates that spousal support is based on relational and emotional factors rather than individuals' income level. Spousal support is shaped by factors such as trust, communication, and empathy in social relationships (Cohen & Wills, 1985). Therefore, a direct relationship between income level and perception of spousal support should not be expected.

The relationship between loneliness level and income is consistent with some findings in the literature. The high levels of loneliness among individuals with low-income levels can be explained by the fact that economic difficulties make it difficult to establish and maintain social connections. Hawkey and Cacioppo (2010) stated that loneliness is strongly associated with a lack of social support.

Although perfectionism levels were not found to be related to income, perfectionism is largely affected by individuals' personal values, expectations of success, and external social pressures. In this context, it can be said that income level does not have a significant effect on perfectionist tendencies.

Social Support Programs: Supportive programs should be implemented at the social level in order to strengthen the social support networks of individuals in low-income groups and to reduce the feeling of loneliness.

Education and Awareness Raising: Stress management and quality of life enhancing training can be provided to individuals in high-income groups to maintain higher levels of psychological well-being.

Psychological Well-Being Interventions: Programs aimed at increasing psychological well-being can be customized according to income level, thus providing services that meet the specific needs of each income group.

Monthly income level has a significant effect on psychological well-being, and this effect becomes stronger as income increases. High income levels can directly affect individuals' quality of life and improve psychological well-being. However, further examining the effects of other factors (spousal support, loneliness, perfectionism) on psychological well-being will help us better understand individual differences.

5.2.7. Discussion of ANOVA Findings Regarding Spouse's Monthly Revenue

The findings from the ANOVA analyses, investigating differences across spouse's monthly income levels on various scales, revealed significant results for several variables. Below is

a discussion of these findings with rounded values for ease of interpretation and supported by relevant academic theories.

A significant difference was found in psychological well-being scores across different income groups ($F = 2.49$, $p = .023$). Participants with spouses earning over 100,000 TL reported the highest well-being scores ($M = 5.96$, $SD = 0.75$), while those with spouses earning less than 10,000 TL had the lowest scores ($M = 5.40$, $SD = 1.03$). This finding aligns with the stress-buffering hypothesis (Cohen & Wills, 1985), which suggests that financial stability reduces stressors and enhances well-being through access to resources and opportunities.

Significant differences were observed in perceived spousal support across income groups ($F = 2.30$, $p = .034$). Participants with spouses earning over 100,000 TL reported the lowest levels of perceived support ($M = 1.39$, $SD = 0.44$), whereas those earning less than 10,000 TL had slightly higher scores ($M = 1.66$, $SD = 0.78$). This result could reflect the “rich but lonely” phenomenon, where financial independence may reduce perceived interdependence in relationships (Piff et al., 2010).

Although the differences in emotional support scores across income groups were not statistically significant ($F = 1.76$, $p = .107$), the data indicated that participants with spouses earning 25,000–50,000 TL reported slightly higher levels of emotional support ($M = 2.07$, $SD = 0.50$) compared to those earning over 100,000 TL ($M = 1.90$, $SD = 0.41$). This may suggest that mid-income groups emphasize emotional bonds as a coping mechanism for moderate financial pressures (Thoits, 2011).

A significant effect was observed for financial assistance and information support ($F = 2.50$, $p = .022$). The group with spouses earning less than 10,000 TL reported the highest support ($M = 1.67$, $SD = 0.72$), while the group earning over 100,000 TL reported the lowest levels ($M = 1.41$, $SD = 0.43$). This finding underscores the importance of financial interdependence in lower-income households, consistent with resource exchange theory (Foa & Foa, 1980).

Significant differences were also noted in appreciation support ($F = 2.24$, $p = .039$). Participants with spouses earning 10,000–17,000 TL reported the highest appreciation support ($M = 1.88$, $SD = 0.78$), while those in the highest income group reported the lowest

($M = 1.43$, $SD = 0.45$). These findings suggest that perceived appreciation diminishes with increased financial autonomy, as posited by self-determination theory (Ryan & Deci, 2000).

A significant difference was found in social interest support across income levels ($F = 2.62$, $p = .017$). The highest scores were reported by participants with spouses earning 17,000–25,000 TL ($M = 1.80$, $SD = 0.62$), and the lowest scores were observed in the group earning over 100,000 TL ($M = 1.40$, $SD = 0.49$). Lower income levels may foster stronger community ties and social engagement as a compensatory mechanism, consistent with social capital theory (Putnam, 2000).

No significant differences were found in loneliness scores across income groups ($F = 0.88$, $p = .511$). However, participants with spouses earning less than 10,000 TL reported slightly higher loneliness ($M = 3.22$, $SD = 1.01$) compared to those in the highest income group ($M = 2.94$, $SD = 1.11$). This suggests that loneliness may be influenced more by personal or situational factors rather than financial status (Peplau & Perlman, 1982).

There were no significant differences in overall perfectionism scores ($F = 0.59$, $p = .737$) or its subscales, including worry of making mistakes ($F = 0.18$, $p = .983$), personal standards ($F = 0.60$, $p = .731$), familial expectations ($F = 0.76$, $p = .606$), criticism from family ($F = 1.12$, $p = .350$), or not being sure of what you are doing ($F = 0.59$, $p = .739$). This consistency suggests that perfectionistic tendencies are relatively stable traits unaffected by financial circumstances (Frost et al., 1990).

No significant differences were observed in the layout subscale ($F = 0.89$, $p = .504$), with mean scores ranging from 3.98 ($SD = 0.87$) in the highest income group to 4.36 ($SD = 0.69$) in the lowest income group. This indicates a uniformity in perceptions of external organization across income levels.

The results indicate that a spouse's monthly income significantly affects psychological well-being, perceived spousal support, financial assistance, appreciation support, and social interest support. These findings highlight the multifaceted role of financial resources in shaping marital dynamics and individual experiences. However, perfectionism-related traits and loneliness appear to remain consistent across income levels, suggesting these may be driven by intrinsic or contextual factors rather than economic conditions. Future research

should explore longitudinal patterns to better understand these relationships and their implications for marital interventions.

6. SUGGESTION

This study shows how psychological well-being is affected by psychological and social factors such as loneliness, spousal support, and perfectionism. The findings reveal the importance of developing interventions and strategies to improve the psychological well-being of individuals. In this context, some suggestions that can be applied both at the individual and societal levels are presented below.

6.1. Suggestions Related to Academic Studies

The findings of this study provide valuable insights into the complex relationships between psychological well-being, spousal support, loneliness, and perfectionism. However, they also highlight areas that require further exploration and refinement in academic research. Below are suggestions aimed at advancing future academic studies:

6.1.1. Investigate the Paradoxical Effects of Support

This study found that certain types of support, such as financial assistance, information support, appreciation support, and social interest support, negatively influenced psychological well-being. Future research should examine the contextual and relational factors that mediate or moderate these effects, such as cultural norms, personal autonomy, or dependency, utilize qualitative research methods, such as in-depth interviews, to explore the subjective perceptions of these types of support and their potential unintended consequences and develop experimental designs to test causal mechanisms behind the paradoxical effects of support types.

6.1.2. Explore Cultural Dimensions

Cultural and societal norms likely play a significant role in shaping how spousal support and perfectionism are experienced and perceived. Academic studies should investigate How could specific cultural norms in collectivist societies like Türkiye influence the findings, particularly regarding spousal support and autonomy

Focus on the Role of Autonomy

The findings suggest that certain types of support might undermine an individual's sense of independence, leading to negative psychological outcomes. Future research could explore the interaction between autonomy-supportive behaviors and various forms of spousal support and investigate the role of self-determination theory (Deci & Ryan, 1985) in explaining how autonomy mediates the relationship between support and well-being.

6.1.3. Address Perfectionism's Dual Impact

The dual nature of perfectionism—its adaptive and maladaptive aspects—requires further academic inquiry. Studies should distinguish between personal standards perfectionism (potentially adaptive) and self-critical perfectionism (maladaptive) when analyzing their effects on psychological well-being, investigate how familial expectations and criticism uniquely contribute to perfectionistic tendencies and their psychological consequences and test the efficacy of interventions, such as mindfulness-based approaches or CBT, in mitigating the harmful effects of perfectionism.

6.1.4. Conduct Longitudinal Studies

To better understand the relationships identified in this study, longitudinal designs are recommended to assess the long-term effects of spousal support types on psychological well-being and monitor how changes in loneliness, perfectionism, and support dynamics over time influence well-being outcomes.

6.1.5. Examine the Role of Social Support Networks

While this study focused on spousal support, broader social networks likely play a significant role. Future research should investigate the interplay between spousal support and support from extended networks, such as friends or family and examine the optimal balance between spousal and non-spousal support for promoting psychological well-being.

6.1.6. Expand Measures of Psychological Well-Being

To capture the multifaceted nature of psychological well-being, future studies should use multidimensional measures of well-being, such as Ryff's Psychological Well-Being Scale, to assess domains like autonomy, environmental mastery, and personal growth and include additional outcome variables, such as stress, life satisfaction, or resilience, to provide a more comprehensive understanding of well-being.

6.1.7. Incorporate Technological and Societal Trends

Given the increasing reliance on digital communication, researchers should examine how technology-mediated support (e.g., online communication or financial apps) influences psychological well-being in modern relationships and study the effects of societal changes, such as economic instability or evolving gender roles, on support dynamics.

By addressing these areas, academic studies can further unravel the ethical considerations and challenges associated with digital counseling or support, perfectionism, and loneliness, providing deeper insights into their impacts on psychological well-being. This knowledge can contribute to the development of culturally sensitive and theoretically robust interventions to enhance mental health outcomes.

6.2. Suggestions Related to Practice

In line with the findings and analyses obtained in this thesis, several recommendations are presented for practices in the field. First, it is important to continuously invest in the professional development of counselors in order to increase the effectiveness of psychological counseling services. It should be emphasized that the methods used in the counseling process should be personalized according to the individual needs of the clients. In addition, the development of intervention strategies that take into account family dynamics will be especially useful for psychologists working with individuals with family problems. It should not be forgotten that case examples included in the training and supervision processes will allow counselors to have a broader perspective.

In addition, it is important to increase the cultural sensitivity of mental health professionals in order to work more effectively with individuals from different cultures. In this context, it is suggested that psychological counseling training and practices should be structured to take cultural diversity into account. In addition, a wider range of tools should be used in psychological assessments and more research should be conducted on their validity, reliability and applicability.

Finally, in order to increase access to psychological counseling services, the initiation of community-based education and awareness programs can increase the sensitivity and demand for psychological services in the society. In addition, as technology increasingly finds a place in the healthcare field, it can be said that more studies should be conducted on the effectiveness of remote consulting services offered through digital platforms. Such innovative approaches can enable consulting services to reach wider audiences.

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APPENDICES

7.1. APPENDIX-1 INFORMED CONSENT FORM

Evli Kadınlarda Psikolojik İyi Oluşun Açıklanmasında Algılanan Eş Desteği, Yalnızlık ve Mükemmeliyetçiliğin Yordayıcı Rolü

B **I** **U** **↺** **↻**

KATILIMCI BİLGİ VE ONAM FORMU

Sayın katılımcı,
Bu araştırma, yüksek lisans tez çalışması kapsamında Yeditepe Üniversitesi Rehberlik ve Psikolojik Danışmanlık Tezli Yüksek Lisans Programı öğrencisi Pelin Özdemir tarafından, Doç.Dr. Öğr. Üyesi Serdar Körük danışmanlığında yürütülmektedir. Bu çalışmada temel amaç; evli kadınlarda psikolojik iyi oluşun açıklanmasında algılanan eş desteği , yalnızlık ve mükemmeliyetçiliğin etkilerini incelemektir.

Bu araştırmaya katılmadan önce araştırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuduktan sonra araştırmaya katılmak isterseniz aşağıda bulunan "Onaylıyorum." kutucuğunu işaretlemenizi rica ederiz. Bu araştırmaya katılmayı kabul ettiğiniz takdirde, sizinle bir anket çalışması gerçekleştirilecektir. Anket çalışmasının 15-20 dakika arası sürmesi beklenmektedir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Elde edilen veriler sadece bu araştırma kapsamında kullanılacak olup hakkınızda istenen bilgiler arasında ad soyad bilgisi bulunmamaktadır. Toplanan veriler araştırma tamamlandıktan sonra tamamen silinecektir. Araştırmaya katılım gönüllülük esasına dayanmaktadır. Bu araştırmaya katılmanız sonucunda herhangi olumsuz bir etkiye maruz kalacağınız öngörülmemektedir. İstedığınız zaman, araştırmaya katılmayı reddetme veya herhangi bir aşamada araştırmadan çekilme hakkına sahipsiniz. İsteyen katılımcılara araştırma sonuçlarının e-posta yoluyla paylaşılması planlanmaktadır.

Araştırmaya katılım için bazı şartlar vardır.
Bu araştırmaya katılacak kişilerin;

1. 18 yaş veya üzerinde olmak
2. Kadın olmak
3. En az 1 senedir evli olmak

Size sunulan maddeleri içten ve dikkatli bir şekilde cevaplamanız, sizin için en doğru cevapları vermeniz önem taşımaktadır. Araştırmayla ilgili merak ettiklerinizi pelinacarturk@gmail.com adresine e-posta göndererek sorabilirsiniz.

Değerli katılımınız ve araştırmaya olan katkınız için teşekkür ederiz.

E-posta *

Geçerli e-posta

Bu form e-posta topluyor. [Ayarları değiştir](#)

Yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuz tutum ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle katılmayı kabul ediyorum.

☐ Onaylıyorum

☐ Seçenek ekle veya "Diğer" seçeneği ekle

Onay kutuları

7.2. APPENDIX-2: ETHICS COMMITTEE APPROVAL

YEDİTEPE ÜNİVERSİTESİ SOSYAL VE BEŞERİ BİLİMLER
BİLİMSEL ARAŞTIRMA ve YAYIN ETİK KURUL KOMİSYONU
03.10.2024 TARİHLİ
55/2024 -A No'lu TOPLANTI KARARLARI

Yeditepe Üniversitesi Sosyal Bilimler Enstitüsü Yüksek Lisans öğrencisi Pelin Özdemir “*(Evli Kadınlarda Psikolojik İyi Oluşan Açıklanmasında Algılanan Eş Desteği Yalnızlık ve Mükemmelleçiliğin Yordayıcı Rolü)*” başlıklı araştırmasının Beşerî Bilimler etik standartlarına uygunluğu, Yeditepe Üniversitesi Sosyal ve Beşerî Bilimler Bilimsel Araştırma ve Yayın Etik Kurulu tarafından değerlendirilmiş ve onaylanmıştır.

7.3. APPENDIX-3 : DEMOGRAPHIC INFORMATION FORM

Lütfen aşağıdaki soruları cevaplayınız.

Cinsiyetiniz*

- ☐ Kadın
☐ Erkek

Yaşınız*

Yanıtınız

.....

Kaç yıldır evlisiniz? (Yıl ve ay olarak belirtebilirsiniz) *

Yanıtınız

.....

Öğrenim düzeyiniz*

- ☐ İlkokul
☐ Ortaokul
☐ Lise
☐ Ön lisans
☐ Lisans
☐ Lisansüstü

Eşinizin öğrenim düzeyi

- ☐ İlkokul
☐ Ortaokul
☐ Lise
☐ Ön lisans
☐ Lisans
☐ Lisansüstü

Eşinizle nasıl tanıştınız? *

- ☐ Kendimiz tanıştık
☐ Arkadaşlarımız aracılığıyla
☐ Akrabalarımız aracılığıyla
☐ İnternet/sosyal medya aracılığıyla
☐ Diğer

Kaç çocuğunuz var? (Rakamla belirtiniz) *

Yanıtınız

.....

Sizin aylık ortalama kazancınız (TL olarak, örn 10.000 TL) *

Yanıtınız

.....

Eşinizin aylık ortalama kazancı (TL olarak, örn 10.000 TL) *

Yanıtınız

.....

7.4. APPENDIX-4: THE SPOUSE SUPPORT SCALE (SSS)

Eş Destek Ölçeği (EDÖ)

Prof. Dr. İbrahim YILDIRIM

<u>Eşim;</u>	<u>Bana</u>	<u>Kıs</u>	<u>Bana Uyg.</u>
	<u>Uygun</u>	<u>men</u>	<u>Değil</u>
1. Bana hoş espriler yapar	()	()	()
2. Yaptıklarımı destekler	()	()	()
3. Benimle olmak için zaman yaratmaya çalışır	()	()	()
4. Kazancını ve tüm eşyalarını benimle paylaşır	()	()	()
5. Başarılarımı takdir eder	()	()	()
6. Bana sarılır, üzerime titrer	()	()	()
7. Evimizle ilgili her türlü sorunla ilgilenir	()	()	()
8. Benimle sohbet eder, dertleşir	()	()	()
9. Bana yanımda olduğunu hissettirir	()	()	()
10. Bana suçlayıcı, yargılayıcı davranır	()	()	()
11. Beni hoş, eğleneceğim yerlere götürür	()	()	()
12. Bana şefkat gösterir	()	()	()
13. Hastalık, taşınma, gibi durumlarda bana yardım eder	()	()	()
14. Hatalarımı bana nazıkçe gösterir	()	()	()
15. Benimle alışverişe, sinemaya veya gezmeye gelir	()	()	()
16. Beni sever, okşar	()	()	()
17. Evimizle ilgili işlerde bana yardım eder	()	()	()
18. Benim üstün, güçlü yönlerimi vurgular	()	()	()
19. Görüş ve isteklerime önem verir	()	()	()
20. Beni gerçekten anlamaz	()	()	()
21. Bana gerçekten değer verir	()	()	()
22. Bana değer verdiğini başkalarına hissettirir	()	()	()
23. Beni üstün ve zayıf yönlerimle kabul eder	()	()	()
24. Pek çok şeyini benden gizler, benimle paylaşmaz	()	()	()
25. Sorunlarla başa çıkmamda bana yardım eder	()	()	()
26. Verdiğim kararları destekler	()	()	()
27. Sağlığımı yakından ilgilenir	()	()	()

Yıldırım, İ. (2004). Eş Destek Ölçeği'nin geliştirilmesi, ***Psikolojik Danışma ve Rehberlik Dergisi***, 3 (22), 19-25.

NOT: Maddeler 3-2-1 şeklinde puanlanmaktadır.

Kırmızı ile işaretli maddeler, reverse maddelerdir, tersinden puanlanmaktadır
Puanın yüksekliği, eş desteğinin yüksek olduğu anlamına gelmektedir.

7.5. APPENDIX-5 : FROST MULTIDIMENSIONAL PERFECTIONISM SCALE

Frost Çok Boyutlu Mükemmeliyetçilik Ölçeği (FÇBMÖ)

1. Anne-babam benim için çok yüksek ölçütler belirler.	(1) (2) (3) (4) (5)
2. Düzen benim için çok önemlidir.	(1) (2) (3) (4) (5)
3. Çocukken mükemmel yapmadığım şeyler için cezalandırılmışımdır.	(1) (2) (3) (4) (5)
4. Kendim için en yüksek ölçütleri belirlemezsem ikinci sınıf bir insan haline gelebilirim.	(1) (2) (3) (4) (5)
5. Anne-babam benim hatalarımı hiçbir zaman anlamaya çalışmamıştır.	(1) (2) (3) (4) (5)
6. Yapıgım her şeyde tam anlamıyla yeterli olmak benim için önemlidir.	(1) (2) (3) (4) (5)
7. Ben tertipli bir insanım.	(1) (2) (3) (4) (5)
8. Düzenli bir insan olmaya çalışırım.	(1) (2) (3) (4) (5)
9. Okulda/işte başarısız olmam halinde insan olarak tümüyle başarısızımdır.	(1) (2) (3) (4) (5)
10. Bir hata yaptığımda hayal kırıklığına uğrarım.	(1) (2) (3) (4) (5)
11. Anne-babam benden her şeyin en iyisini yapmamı ister.	(1) (2) (3) (4) (5)
12. Pek çok insandan daha yüksek hedefler belirlerim.	(1) (2) (3) (4) (5)
13. İşte/okulda birileri bir işi benden daha iyi yapacak olursa o zaman kendimi bütün işte başarısız olmuş gibi hissederim.	(1) (2) (3) (4) (5)
14. Kısmen başarısız olursam, bu durum tümüyle başarısız olmak kadar kötüdür.	(1) (2) (3) (4) (5)
15. Ailemde yalnızca olağanüstü performans yeterince iyi olarak kabul görülür.	(1) (2) (3) (4) (5)
16. Çabalarımı bir hedefe ulaşmak için yoğunlaştırmakta çok iyiyimdir.	(1) (2) (3) (4) (5)
17. Bir şeyleri çok dikkatli yaptığım zamanlarda bile çoğu kez tam olarak doğru olmamış gibi hissederim.	(1) (2) (3) (4) (5)
18. Bir şeylerde en iyi olamamaktan nefret ederim.	(1) (2) (3) (4) (5)
19. Aşırı derecede yüksek hedeflerim vardır.	(1) (2) (3) (4) (5)
20. Anne-babam benden mükemmeli beklerler.	(1) (2) (3) (4) (5)
21. Eğer bir hata yapacak olursam insanlar muhtemelen benim hakkımda daha olumsuz düşünürler.	(1) (2) (3) (4) (5)

22. Anne-babamın beklentilerini hiçbir zaman karşılayabilmişim gibi hissetmem.	(1) (2) (3) (4) (5)
23. Bir şeyleri diğer insanlar kadar iyi yapamazsam bu benim daha değersiz bir insan olduğum anlamına gelir.	(1) (2) (3) (4) (5)
24. Diğer insanlar kendileri için bana göre çok daha düşük standartlar belirliyormuş gibi gelir.	(1) (2) (3) (4) (5)
25. Ben her zaman en iyisini yapmazsam insanlar bana saygı duymaz.	(1) (2) (3) (4) (5)
26. Anne-babamın benim geleceğime ilişkin beklentileri her zaman için benimkilerden çok daha yüksek olmuştur.	(1) (2) (3) (4) (5)
27. Düzenli (tertipli) bir insan olmaya çalışırım.	(1) (2) (3) (4) (5)
28. Yaptığım basit günlük şeyler için genellikle şüphelerim vardır.	(1) (2) (3) (4) (5)
29. Tertipli olmak benim için çok önemlidir.	(1) (2) (3) (4) (5)
30. Günlük işlerimde pek çok insana göre çok daha yüksek performans beklerim.	(1) (2) (3) (4) (5)
31. Düzenli bir insanım.	(1) (2) (3) (4) (5)
32. Bir şeyleri tekrar tekrar yaptığım için işlerimde geri kalmaya eğilimliyim.	(1) (2) (3) (4) (5)
33. Bir şeyleri ‘doğru’ yapmak benim için uzun zaman alır.	(1) (2) (3) (4) (5)
34. Ne kadar az hata yaparsam insanlar beni o kadar fazla sever.	(1) (2) (3) (4) (5)
35. Ailemin ölçütlerini hiçbir zaman karşılayabilecekmişim gibi hissetmem.	(1) (2) (3) (4) (5)

Türkçe formunun makalesi:

Kağan, M. (2011). Frost Çok Boyutlu Mükemmeliyetçilik Ölçeği'nin Türkçe Formunun Psikometrik Özellikleri. Anadolu Psikiyatri Dergisi, 12(3), 192-197.

7.6. APPENDIX-6 : PSYCHOLOGICAL WELL-BEING SCALE

Psikolojik İyi Oluş Ölçeği (PIOÖ)

Aşağıda katılıp ya da katılamayacağınız 8 ifade vardır. 1–7 arasındaki derecelendirmeyi kullanarak, her bir madde için uygun olan cevabınızı belirtiniz.

	1	2	3	4	5	6	7
	Kesinlikle katılmıyorum	Katılmıyorum	Biraz katılmıyorum	Kararsızım	Biraz katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1. Amaçlı ve anlamlı bir yaşam sürdürüyorum							
2. Sosyal ilişkilerim destekleyici ve tatmin edicidir							
3. Günlük aktivitelere bağlı ve ilgiliyim							
4. Başkalarının mutlu ve iyi olmasına aktif olarak katkıda bulunurum							
5. Benim için önemli olan etkinliklerde yetenekli ve yeterliyim							
6. Ben iyi bir insanım ve iyi bir hayat yaşıyorum							
7. Geleceğim hakkında iyimserim							
8. İnsanlar bana saygı duyar							

7.7. APPENDIX-7 : LONELINESS IN INTIMATE RELATIONSHIPS SCALE (LIRS)

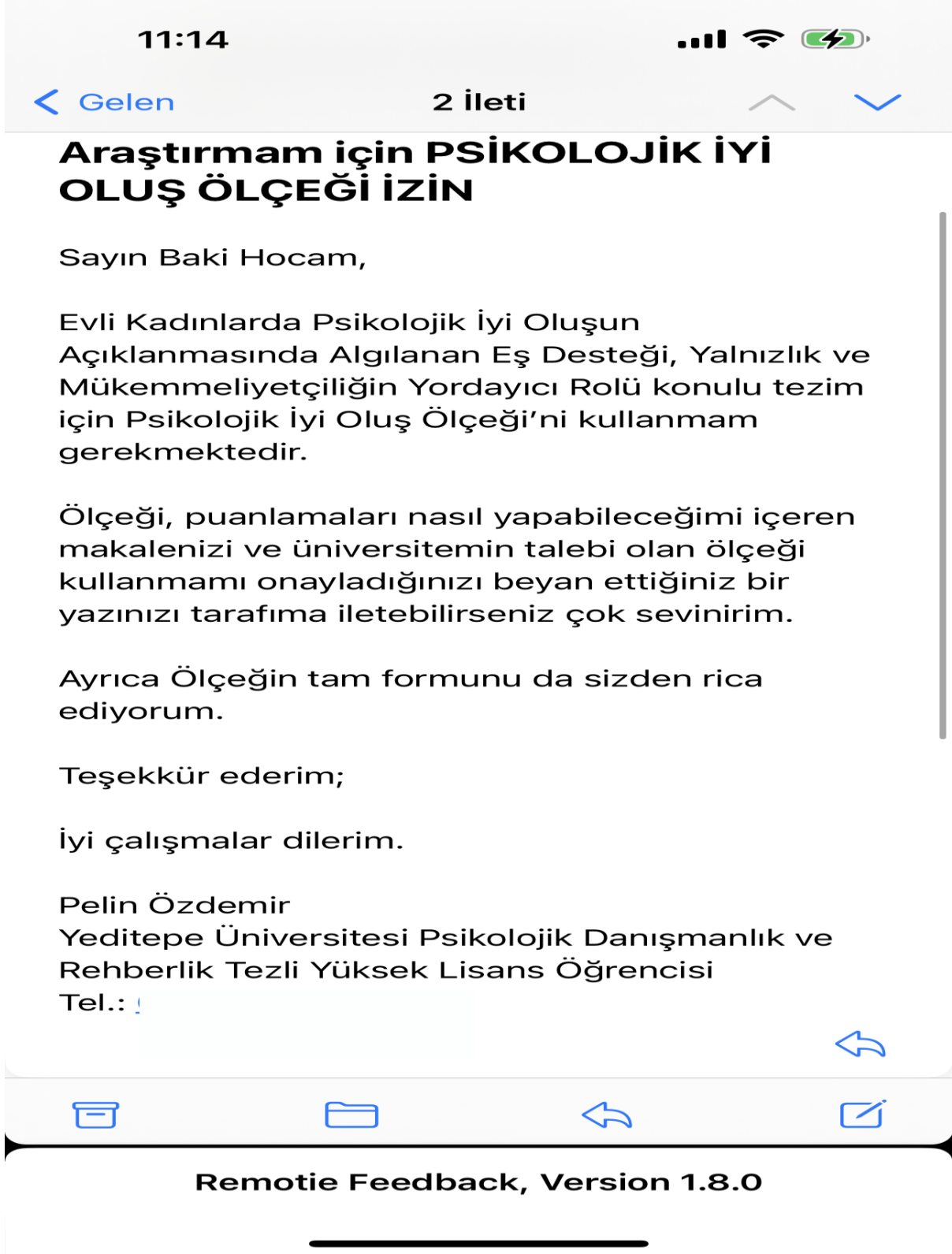
Yakın İlişkilerde Yalnızlık Ölçeği

Ekşi, H. & Kısırk, S. (2023). Adaption of the Loneliness in Intimate Relationships Scale (LIRS) to Turkish. *Research on Education and Psychology (REP)*, 7(3), 545-557

Her bir maddede yakın bir ilişkide kendinizi yalnız hissettiğiniz belirli bir dönem veya durumda neler hissetmiş veya düşünmüş olabileceğinizi ne derece tanımladığınızı belirten ifadeler yer almaktadır. Şu an içinde bulunduğunuz ilişkiyi veya geçmiş yaşantıdaki ilişkinizi düşünerek yanıtlandırabilirsiniz. Her bir ifadenin yanındaki 6'lı derecelendirme ölçeğini kullanarak, her bir ifadeye katılma veya katılmama düzeyinizi belirtiniz.

S. N	İfadeler	Kesinlikle Katılmıyorum	Tamamen Katılıyorum
1.	İlişkide kendimi yalnız hissettiğim zaman, derin bir acı hissettim.	1 2 3 4 5 6	
2.	İlişkide kendimi yalnız hissettiğim zaman, kırıldım.	1 2 3 4 5 6	
3.	İlişkide kendimi yalnız hissettiğim zaman, aşağılandım.	1 2 3 4 5 6	
4.	İlişkide kendimi yalnız hissettiğim zaman, çok gergindim.	1 2 3 4 5 6	
5.	Eşimin / Partnerimin bana ayıracak vakti yoktu.	1 2 3 4 5 6	
6.	İlişkideki rolümü yerine getiremediğimi hissettim.	1 2 3 4 5 6	
7.	Evlilikte/ilişkide yaptığım hatalardan dolayı kendimi suçlu hissettim.	1 2 3 4 5 6	
8.	İlişkide karşılıksız fedakarlıklar yaptım.	1 2 3 4 5 6	
9.	Onun sevgisine layık olmadığımı hissettim.	1 2 3 4 5 6	
10.	Onun için önemli olmadığımı hissettim.	1 2 3 4 5 6	
11.	Böyle devam edemeyeceğimizi hissettim.	1 2 3 4 5 6	
12.	Birbirimize uygun olup olmadığımızı merak ettim.	1 2 3 4 5 6	
13.	İlişkimizi sonlandırmayı düşündüm.	1 2 3 4 5 6	
14.	Çocuksu olduğumu düşündüm.	1 2 3 4 5 6	

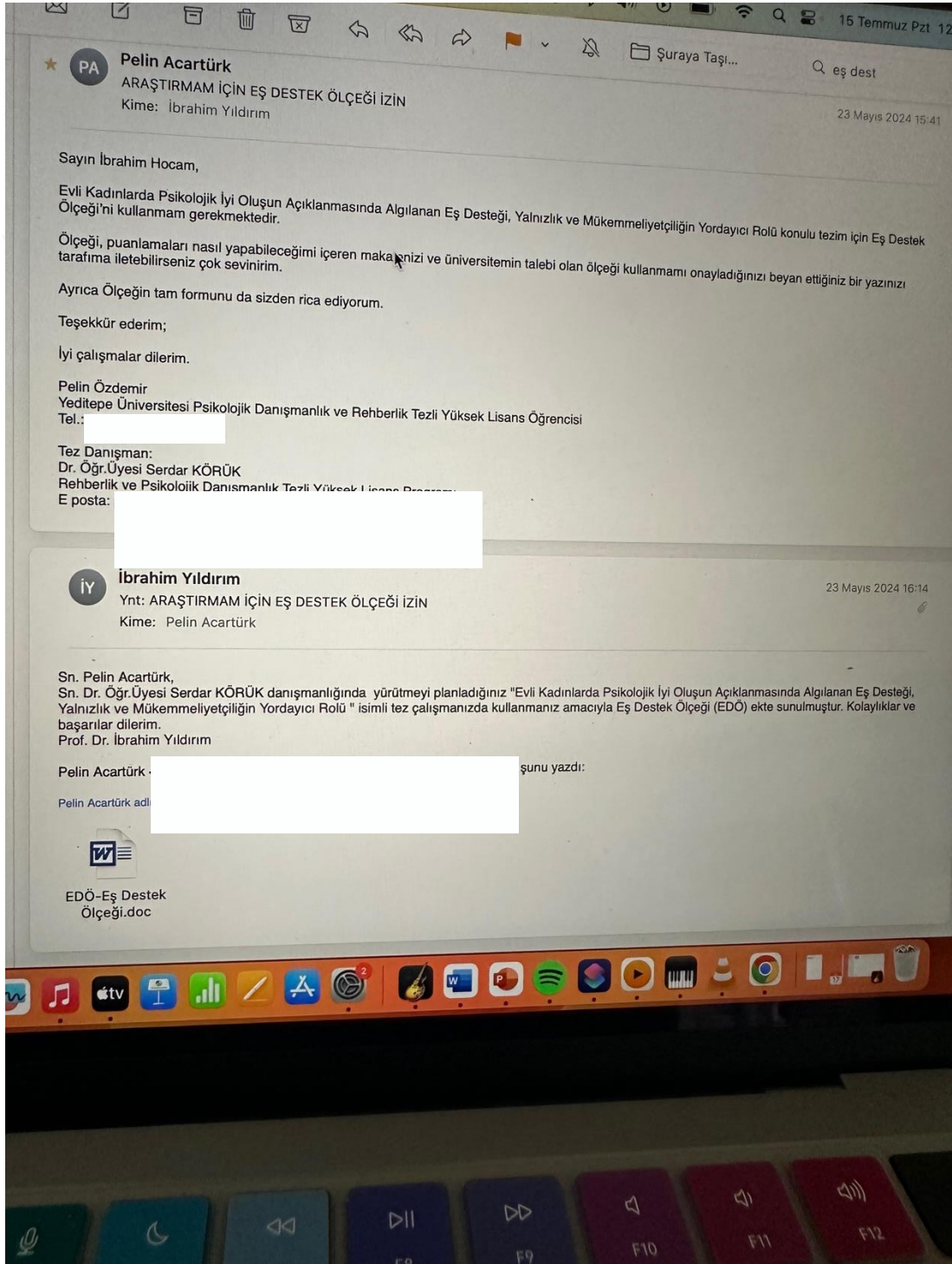
7.8. APPENDIX-8: PERMISSION LETTER FOR THE PSYCHOLOGICAL WELL-BEING SCALE



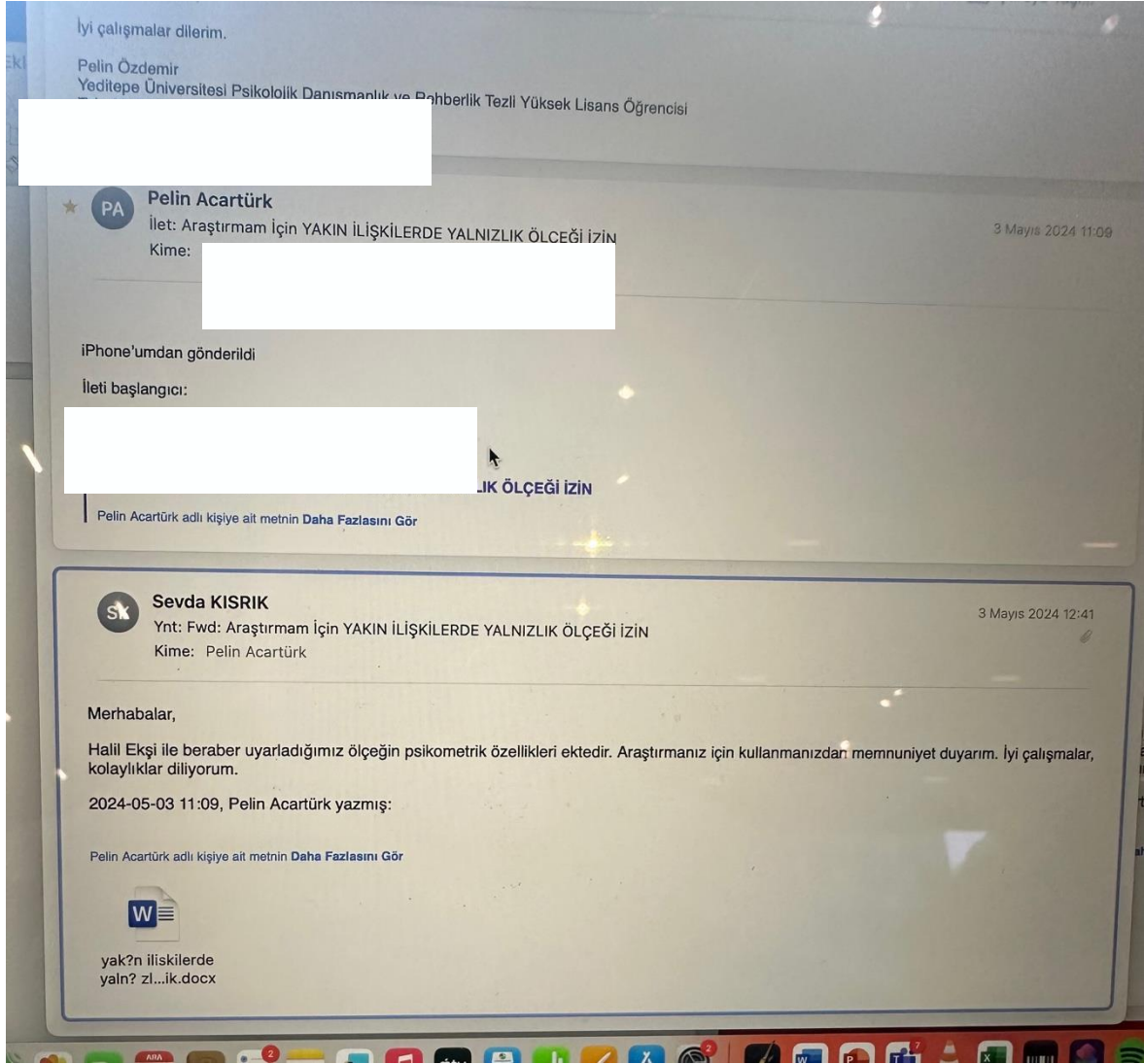
7.9. APPENDIX-9: PERMISSION LETTER FOR THE FROST MULTIDIMENSIONAL PERFECTIONISM SCALE



7.10. APPENDIX-10: PERMISSION LETTER FOR THE SPOUSE SUPPORT SCALE



7.11. APPENDIX-11: PERMISSION LETTER FOR THE LONELINESS IN INTIMATE RELATIONSHIPS SCALE



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