

**THE ROLE OF WORLD ASSUMPTIONS AND COPING
STRATEGY IN UNDERSTANDING THE RELATIONSHIP
BETWEEN ATTACHMENT, TRAUMA, DEPRESSIVE AND POST
TRAUMATIC STRESS SYMPTOMS**

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TRAUMA, DEPRESSIVE AND POST TRAUMATIC STRESS SYMPTOMS

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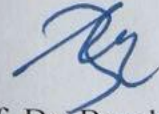
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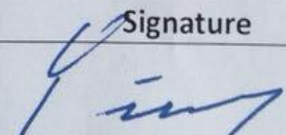

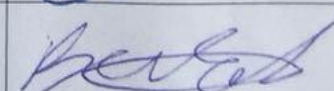
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ABSTRACT

THE ROLE OF WORLD ASSUMPTIONS AND COPING STRATEGY IN UNDERSTANDING THE RELATIONSHIP BETWEEN ATTACHMENT, TRAUMA, DEPRESSIVE AND POST TRAUMATIC STRESS SYMPTOMS

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The main aim of present study is to examine the relationship between trauma, attachment insecurity, world assumptions, coping, depressive and post traumatic stress symptoms. Examining the predictors of depressive and posttraumatic stress symptoms and mediator effects of world assumptions and coping were another aims of the current study. The participants of the current study consisted of 495 voluntary participants (of whom 241 are male and 254 are female). The data were collected through self-report questionnaires. The results indicated that early traumatic experiences, attachment avoidance, attachment anxiety and world assumptions predicted the depressive and post traumatic stress symptoms. Results of regression analyses suggested that childhood traumatic experiences, attachment anxiety and world assumptions were significant predictor on depressive and post traumatic stress symptoms. Besides, coping and world assumptions were significant mediator between early trauma depressive and post traumatic stress symptoms.

Keywords: Childhood trauma, depression, post traumatic stress disorder, attachment, world assumption, coping.

ÖZ

DÜNYAYA İLİŞKİN VARSAYIMLAR İLE BAŞETME BECERİLERİNİN BAĞLANMA, TRAVMA VE DEPRESİF İLE TRAVMA SONRASI STRES SEMPTOMLARI ARASINDAKİ İLİŞKİDE YERİ

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Bu çalışma, travma, bağlanma, dünyaya ilişkin varsayımlar, başetme becerileri ile depresif ve travma sonrası stress belirtileri arasındaki ilişkiyi incelemektedir. Bu çalışmanın diğer bir amacı ise, depresif belirtiler ile travma sonrası stress belirtileri yordayan değişkenler ile dünyaya ilişkin varsayımlar ve başetme becerilerinin aracı rolünü araştırmaktır. Araştırmanın örneklemi 241'i erkek ve 254'ü kadın olmak üzere 495 gönüllü katılımcıdan oluşmaktadır. Veri toplama işlemi öz bildirim ölçekleri ile gerçekleştirilmiştir. Araştırma sonuçları, çocukluk çağı travmaları, kaygılı ve kaçınmacı bağlanma ve dünyaya ilişkin varsayımların katılımcılarda depresif semptomlar ile travma sonrası stress semptomlarını yordadığını ortaya çıkarmıştır. Regresyon analizi sonuçları erken dönem travmalar, kaygılı bağlanma ve dünyaya ilişkin varsayımların depresyon ve travma sonrası stress belirtilerinin yordayıcı değişkenleri olduğunu ortaya koymaktadır. Bunun yanı sıra aracılık analizleri de başetme becerileri ve dünyaya ilişkin varsayımların çocukluk çağı travmaları ile depresif ve travma sonrası stress belirtileri arasındaki ilişkide aracı rolü olduğunu göstermektedir.

Anahtar kelimeler: Çocukluk çağı travmaları, bağlanma, depresyon, travma sonrası stress belirtileri, dünyaya ilişkin varsayımlar, başetme becerileri.

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CHAPTER 1

1. INTRODUCTION

1.1. Attachment

1.1.1. Basic Tenets of Attachment Theory

Attachment theory and research on attachment have come into prominence in recent years with an effort to explain how aspects of parent-child relationships shape individuals' social interactions across the life course. John Bowlby has laid down the basis of the attachment theory. Bowlby (1969/1982) assumes that individuals are born with a biologically pre-programmed capacity to maintain proximity and form a close tie with others for the survival or to satisfy the needs. His attachment theory bases on that the early experiences leads to expectations and 'internal working models of attachment' about self and the world (McConnell & Moss, 2011).

Bowlby's attachment theory supposed that early relationship with caregivers plays a determinant role on disordered behavior in later life. His theory claimed that attachment security is a baseline for mental health. The caregiver's accessibility, responsiveness and availability provides a foundation for social interactions across the life course. Conversely, attachment insecurities create tendency for negative internal working models about the self and others (Mikulincer & Shaver, 2017).

According to Bowlby, internal representations or internal working model has a critical role on individuals' attachment system (Bowlby, 1973/1980). Bowlby (1973, p. 204) identifies two key features of the internal working models of attachment: "(a) whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection; (b) whether or not the self is judged to be the sort of person towards whom anyone, and the attachment figure in particular, is likely to respond in a helpful way". The first feature concerns to the internal representation of others and the next one focuses internal representations for self (Bartholomew & Horowitz, 1991). Internal representations process provides a basis for individual differences (Bowlby, 1973). Internal working models about the others are founded on who the caregiver is and how caregiver responds to the infant in a responsive way or not. Internal working models about the self are constructed based on reflection of infant by attachment figure. The caregiver would reflect an acceptable or unacceptable image (Bowlby, 1973). Internal representations about the self and others plays an important role on emotion regulation, has crucial function on interaction in different context such as with friends or with romantic partner (Fraley, Waller & Brennan, 2000, Fraley, Hefferman, Vicary & Brumbaugh, 2011, Ramires & Schneider, 2011).

Bowlby (1969/1982) proposed that (1) proximity maintenance, (2) separation distress, (3) safe heaven and (4) secure base are criteria of attachment behavior. He argued that these criteria are different but interrelated. They shaped infant's attachment style and these components need to be in the first year of life. Bowlby (1973, p. 292) maintained that attachment behavior is "any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world". In other words, attachment security organization acts as a protection tool from life stresses. Longitudinal studies have shown that secure attachment or caregiver's supportive attitude provides sense of wellbeing and security (Carlson, & Collins, 2005; Sroufe, Carlson, Levy, & Egeland, 1999; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000; Sroufe, Egeland). A previous study has showed that secure attachment has a crucial role on the formation of

increased levels of self-esteem and self-efficacy, and more trusting, well-regulated friendships in adulthood (Rosenblum, Dayton & Muzik, 2009).

Relationship between infant and caregiver also attracted Mary Ainsworth's attention in 1940s. She argued the individual differences in infant and caregiver interaction and attachment security. She contributed attachment security literature as much as Bowlby (Fraley & Shaver, 2008). Bretherton (1992) proposed that Ainsworth's perspective focuses on a theory that facing unfamiliar situations is a requirement to develop a secure attachment organization. Ainsworth demonstrated that basis of individual differences were formulated in early ages with the relationship between baby and caregiver. She used standardized laboratory situation which was named as Strange Situation method in her studies to observe the relationship between the infant and the caregiver (Ainsworth, Blehar, Waters & Wall, 1978). Ainsworth used this method to categorize the attachment organization of the infant as *secure*, *anxious/avoidant* and *anxious/ambivalent or* (or *anxious/resistant*) (Ainsworth et al., 1978). The Strange Situation method includes an infant, a caregiver and a strange adult. The infant and the caregiver are separated and meet again for two times during the procedure. Infant's stress management, behavior change when he is separated or together with the caregiver is observed (Ainsworth, 1979). According to Ainsworth, securely attached infants have a tendency to use their caregivers as a secure base in strange situations. When they are separated, their stress level is increased and their typical behaviors for exploration are decreased. They can regulate emotions and they have an ability to provide relaxation in stressful conditions. They comfort easily when they reunion with their mother. Infants whose attachment organization is *anxious/ambivalent* were more stressed and they showed *ambivalent* behavior. They have difficulty to be comforted when they reunion with their mother. Infants classified as *anxious/avoidant* don't seek for closeness when their stress level is increased. They do not care whether the caregiver is in the room or not. They just care about the room when they reunion with their mother. They avoid proximity (Ainsworth et al., 1978; Ainsworth, 1979).

1.1.2. Attachment and Psychopathology: Depressive and Posttraumatic Stress Symptoms

Attachment theory emphasizes the proximity between the infant and caregiver for secure attachment. The infant requires the attachment figure to provide a secure base. In other words, the infant's expectations are constituted according to the level of caregiver's availability. These interactions shape internal working models for self and others. When the caregiver is responsive the infant develops secure attachment organization. On the other hand, rejecting or undependable attitude of the caregiver causes insecure attachment type and negative mental representations for self and others (Bowlby, 1969/1982). According to Bowlby's perspective, early interactions with with the caregiver who is inconsistent, unreliable, rejecting or insensitive inhibit the formation of a secure base for stable mental health. Additionally, negative experiences with attachment figure causes capacity for coping with stressors and traumatic experiences and predispose the person to break down in crisis times. Essentially, lower levels of attachment security may be a risk factor for psychological health outcomes vulnerability with the effect of developmental, environmental and genetic factors (Mikulincer & Shaver, 2012).

Literature supposes that there is a strong relationship between attachment insecurity and vulnerability to mental disorders. Mikulincer & Shaver (2007) argued that people with mental disorders ranging from mild distress to severe personality disorders have a tendency for attachment security. Another research by Cantazaro & Wei (2010) with 424 undergraduate students results an association between both attachment anxiety and attachment avoidance and depressive symptoms. A study claimed that stressful life events increase the association between attachment insecurity and depressive symptoms. People with insecure attachment have vulnerability for depressive symptoms if the have childhood history of physical, psychological or sexual abuse (Whiffen & Macintosh, 2005). A Previous study by Yüksel (2006) with 1074 undergraduate students results a strong relationship between attachment insecurity and depressive symptoms. She supposed that attachment security is a buffer for in later mental disorders. She claimed that people with insecure attachment has a vulnerability

for depression. Participants with depression have negative separation-individualization, highly anxious attachment organization.

Bowlby (1980) claimed that loss of attachment figure or failure to construct a secure attachment organization provides vulnerability for later depression. He believes that early cognitions create a base for psychopathology especially when the individual faces intense distress, loss or traumatic events. A previous study also reveals that loss or long time separations from attachment figure in early childhood causes strong risks for depression in adulthood (Brown, Harris, & Bifulco, 1990). Research to investigate link between attachment and psychopathology in adulthood reveals that insecure attachment are associated with dysfunctional attitudes which in turn causes low self esteem. The low level of self esteem is directly associated with increased depressive symptoms in the long run (Roberts, Gotlib & Kassel, 1996). Another study depressed individuals results a link between availability and proximity of attachment figure in early childhood and depression. Depressed individuals reported less supportive and more rejecting parental interaction (Fonagy, Leigh, Steele, Kennedy & Mattoon, 1996). Besides several studies showed that there is a strong relationship between attachment orientation and depressive symptoms in later life (Raskin, Boothe, Reatig, Schulterbrandt & Odel, 1971).

Bowlby (1973) suggested that inadequacy of attachment system and negative mental representations about self and others leads to infant feeling insecure and inadequate in new situations. This insecurity creates vulnerability for mental disorders (Mikulincer & Shaver, 2007). Mikulincer, Shaver, and Horesh (2006) suggest that insecure attachment organization may lead to the development of PTSD. After experiences of trauma, individual needs inner representations of security or external sources of support and comfort to regulate their stress. Doron & et al. (2010, p.318) supposed that

“This regulatory failure may initiate a cascade of psychological processes, including strong feelings of loneliness and rejection; negative working models of self and others; intensification of distress; and reliance on less effective (i.e.,

anxious or avoidant) strategies of affect regulation, which prevent resolution of the trauma and enhance the likelihood of prolonged PTSD. In other words, attachment insecurity may predispose a traumatized person to PTSD.”

According to another study by Solomon, Ginzburg, Mikulincer, Neria & Ohry (1998) there is a strong association between anxious attachment and PTSD symptoms. Insecure individuals complain more severe PTSD symptoms even 20 years after the war. Besides, several studies have resulted that attachment insecurity is associated with PTSD (Dieperink, Leskela, Thuras, & Engdahl, 2001; Fraley, Fazzari, Bonanno, & Dekel, 2006; Muller & Lemieux, 2000).

1.2. Trauma

1.2.1. Definition of Traumatic Event

Trauma is a term the definition of which has been changed in several years ago. In Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) trauma is defined as “an experienced event that is outside the range of usual human experience, and that would be markedly distressing to almost anyone.” (American Psychological Association (APA), 1980, p.247). In Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) trauma is defined as

“direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury or a threat to physical integrity to another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (APA, 2000, p.463).

Moreover, in the latest edition DSM-V conceptualization of trauma restricted with “actual or threatened death, serious injury or sexual violence” (APA, p.271). Daily life stressors such as divorce or job loss are not conceptualized of trauma because lack of immediate threat to life or physical injury (Pai, Suris & North, 2017).

1.2.2. Response to Traumatic Events

The impact and response to a trauma are changed based on interaction of person, event and environment (Harvey, 2000). Personal dimensions such as genetic predispositions, personality and defenses, individual vulnerability and event dimensions such as severity, frequency of repetitiveness, duration and environmental factors such as availability of community resources play a mediator role in the relationship between trauma and individual's responses to traumatic events (Greenspan, 2007a, 2007b; Harvey, 2000; Herman, 1992; Kaplow, 2006). Herman (1992, p. 33) conceptualized responses to traumatic events as "traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life". She expresses emotional responses as a result of traumatic events as normal response to extraordinary circumstances. Based on differences on personal, event or environmental dimension traumatization occurrence or severity is changed.

Trauma leads to some physiological changes. On the one hand it activates some mechanisms on the other hand, threat of danger deactivates other physiological processes. Traumatic experiences activate fight-flight-freeze survival responses.

PTSD is conceptualized as a direct consequence of traumatic events. Definition of PTSD has been changed throughout years. It was first introduced in DSM-III in 1980. The salient change between DSM-III and the last edition DSM-V is categorization. In DSM-III PTSD is categorized as Anxiety Disorder on the other hand in DSM-V, it is included in a new section: Trauma and Stressor Related Disorders. Persistent Negative Trauma Related Emotions such as fear, horror, anger, guilt, or shame are also included because of a reason that PTSD patients complain distress about negative emotions like fear, anger, sadness, and disgust (Finucane, Dima, Ferreira, & Halvorsen, 2012). Herman (1992) stated the PTSD symptoms are categorized in three sections: Hyperarousal, Intrusion (re-experiencing), and Constriction (avoidance). According to her "hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender" (p. 35). Second category is intrusion which reflects the persistence of thoughts, feelings, and behaviors which are in relation to

trauma. The last category, avoidance is defined by Herman (1992) as “The helpless person escapes from her situation not by action in the world but rather by altering her states of consciousness” (p. 42).

1.2.3. Trauma and Psychopathology

Trauma exposure especially in childhood is a strong risk for many forms of psychopathology including PTSD, depression, substance abuse (McLaughlin, Green, Gruber, Sampson, Zaslavsky & Kessler, 2012; Alisic, Zalta, van Wesel, Larsen, Hafstad, Hassanpour & Smid, 2014; McLaughlin, Koenen, Hill, Petukhova, Sampson, Zaslavsky & Kessler, 2013). McLaughlin & Lambert (2016) proposed a biopsychosocial model to underlie the link between trauma especially during childhood and psychopathology (Figure 1.1.).

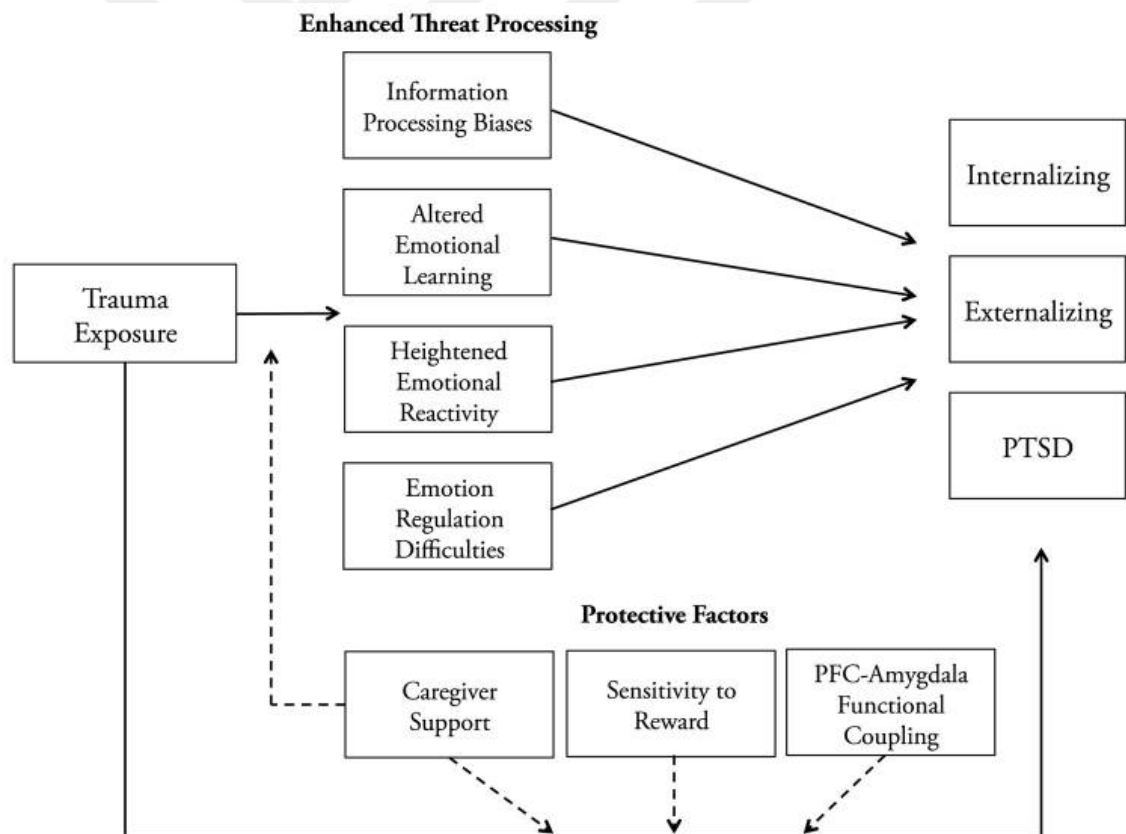


Figure 1.1. A biopsychosocial model of risk to psychopathology following trauma (McLaughlin & Lambert, 2016, p. 30).

According to model, there is a direct link between trauma exposure and psychopathology. It is also conceptualized that disruptions play a central role in threat processing. Protective factors are also identified as mechanisms reduce the intensity of psychopathology. PTSD is distinguished from internalizing and externalizing symptoms because of the reason that DSM-V classifies as trauma and stressor-related disorder (McLaughlin & Lambert, 2016).

1.2. Coping

Coping was defined by Lazarus & Folkman (1984) "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 98). When individual exposes a threat or any kind of stress a system is activated and individual tries to overcome it but how the individual overcome the stress or threat may change from culture to culture or from individual to individual (Lazarus, 1966). According to Lazarus (1991), this activation system also causes mental and behavioral activations to reduce the stress. This process is effected by event, cognitions related to the stressful event, learning, memory, judgement and thought. Individuals' stress management mechanism is activated by the interaction of all of these appraisals (Lazarus, 1966; 1993; 1999; 2000; 2001). Appraisal is defined by Folkman, Lazarus, Gruen & De Longis as "a process through which the person evaluates whether a particular encounter with the environment is relevant to his or her well-being and, if so, in what way" (p. 572).

Lazarus and Folkman (1984) categorize appraisals in three categories: primary, secondary and reappraisals. The primary appraisal refers to appraisal of event in which the individual thinks that whether the event contains a threat or not. The individual evaluates controllability of the threat and how it violates one's beliefs, expectations and goals (Gil, 2005). Primary appraisals are categorized in three types: irrelevant, benign-positive and stressful. Irrelevant primary appraisals are occurred when the environment has no meaning for the individual. Benign-positive refers to the environment which the

individual has not any negative attitude but has pleasurable emotions. The stress appraisal has three parts: harm/loss, threat and challenge. In the first part, which is named harm/loss, individual experiences loss. The second part, threat, in which individual guesses the threat and it is not occurred. The last part, challenge, which focuses on the potential for growth. Secondary appraisals contain evaluation of event, alternative solutions and strategies. In other words, individual examines physical, social, psychological sources of coping and other alternatives. Moreover, individual tries to find a way to cope with the stressor. The secondary appraisal is the next step of the primary appraisal which is as much as important. By using primary and secondary appraisals individual reduces the harmful aspects of the environment and stressful event. The third one, named as reappraisals, occurs based on previous appraisals. Lazarus and Folkman (1987) defined reappraisal as “evolution of new information from internal or external resources”. Reappraisal could be argued as a form of coping that focalize to change one’s feelings and reactions towards a stressful event. Essentially, Lazarus and Folkman (1980; 1984; 1987) suggest that one can not cope with the threat by using personal sources then one will experience psychological stress.

Lazarus & Folkman (1984) suggested that appraisals are formed based on two factors: personal factors such as commitment, belief and values; situational factors such as predictability, uncertainty and temporal factors. In other words, how an individual reacts to a stressful event does not mean another individual reacts in the same way.

1.3.1. Coping Styles

Coping style is the next phase of stress reaction following the appraisals of stressful event (Lazarus & Folkman, 1984). Coping style is divided into two categories: The problem-focused coping style and the emotion-focused coping style (Lazarus & Folkman, 1984). The problem-focused coping style aims to change the form of or remove of influence of stressful event. The problem-focused coping style could be similar to strategies for problem solving which means strategy is used to reduce negative effect of the stressor or to control stressful event. This style consists of

definition of the problem, finding alternatives, comparing these alternatives based on cost and benefits, finding a solution, preparing an assessment plan and then acting on it. On the other hand, emotion-focused coping style focuses on reducing emotional distress. This coping style is achieved by using strategies such as avoidance, minimizing, distancing, selective attention, positive comparisons, and deriving positive value from negative events. There is also emotion focused strategies which bases deriving attention from the stressor such as having a drink, expressing the emotions, socializing. Social support coping is another strategy different than problem-focused coping style and the emotion-focused coping style. This refers to a mixed strategy that uses resources of emotional support, tangible support and informational support (Folkman & Lazarus, 1985 cited in Gençöz, & Bozo, 2006).

Lazarus & Folkman (1980) resulted in a study that individuals use both problem focused and emotion focused strategies to cope with stressful events. However, problem focused strategies facilitates one's adaptation to stressors. In addition to this, some individuals are more compatible to cope with stress but it is not suitable to say "good" ways of coping (Reichman, 2000). To sum up, one's strategy to cope with stressors is directed by the interaction between the context, type of the problem, personality characteristics of individual.

According to Lazarus (1999), there are five empirical generalizations for one's coping strategy: (1) people use coping strategies in every stressful situation, (2) coping strategies are formed based on personality characteristics or situational factors, (3) the strategy is used may change from time to time, (4) secondary appraisals play a critical role on coping strategy, (5) coping is an important determinant of the emotional outcome (the model is summarized in Figure 1.2.):

Original Stress and Coping Model

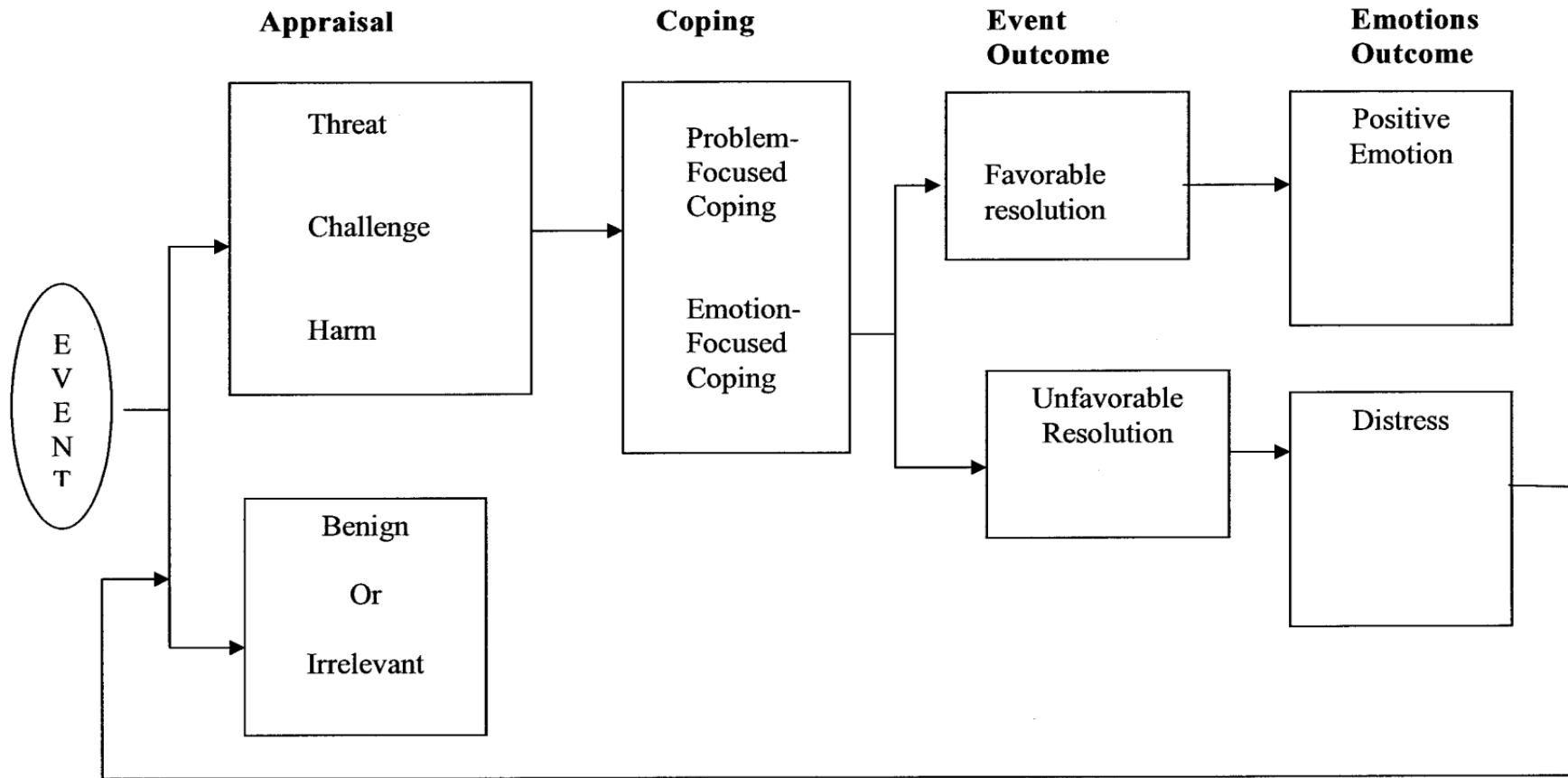


Figure 1. 2. The Coping model of Lazarus and Folkman

1.4. World Assumptions

The idea that people act according to unquestioned assumptions has not received much interest from psychologists. However, some theoreticians are expressed in different terms. For example, “assumptive world” by Pakes (1971), Bowlby’s (1969) “working models”, “self-theory / world theory” by Epstein (1973) and Beck’s “cognitive triad” are referred to unquestioned assumptions. These conceptualization refers to a developing system which provides expectations for himself and the world to act effectively. This system is represented by assumptions about oneself and the world which become observable during interactions in daily life (Janoff-Bulman, 1989).

According to Bowlby (1969), there are basic assumptions which provide a feeling about the benevolence and meaningfulness of the self and world in the cognitive system. These assumptions are shaped by the effect of interactions with the caregiver in the first years of the life. The interaction between the infant and the caregiver lead to form “working models” about the self and world. These models are composed non-verbal representations of the self and world. According to Janoff-Bulman, these representations become general schemas in the cognitive system in adulthood. In other words, world assumptions are cognitive schemas which one interpret self, others and world (Janoff-Bulman & Berg, 1998).

According to Janoff-Bulman’s (1989) World Assumptions Theory, there are three main assumptions which provide individuals feelings of invulnerability and optimism in daily life: benevolence of the world, meaningfulness of the world, self worth.

The first category of assumption, *benevolence of the world*, includes the extent which one sees the world and individuals in it in a good or bad manner. This category consists of two main assumptions which are benevolence of people and benevolence of impersonal world. According to this theory, the stronger belief that impersonal world is good, the stronger the belief that world is a good place and the less evil it is. Similarly,

belief in benevolence of people strengthen the belief that people are mainly good, helpful and kind (Janoff-Bulman, 1989).

The second category, *meaningfulness of the world*, refers individual's belief to the distribution of results. In other words, this assumption is based on the who befalls or who experiences something good. This assumption does not refer to character of individuals but rather behavior of individuals. It could be determined according to three principles: justice, controllability and chance. The principle of justice is based on the belief that people have what they deserve. In other words, outcomes are distributed fairly. The second principle about distribution is controllability. According to this principle, deservingness of individuals is determined by their character. The third principle is chance which refers to a belief that is is not necessary to give meaning to why certain events happened for some people. In other words, there is no meaning to find a relationship between certain event and certain people, outcomes happen randomly. According to Janoff-Bulman (1989), a person who strongly believes chance does not see justice and control as determinant and believes there is nothing to do to prevent adverse life events. People believe these three principles work more or less in distribution of outcomes.

The third category, *self worth*, includes beliefs about the self. Likewise, three principle of meaningfulness of the world there are three sub categories of self worth. The first assumption is related to the self is how well one perceives himself as good, valuable, decent. Individuals feels to live in a world that well being of the people id the determinant of outcomes. The second assumption about self is self-controllability. It refers to degree which one perceive self as exhibiting appropriate behavior. For this assumption question is not whether individual control the outcomes but rather the question is whether individual does what is needed to control results. The third assumption is chance which refers to belief that daily life experiences operate according to chance, the lucky individuals get good results. In other words, one categorize himself as lucky or unlucky which determine outcomes in his own life (Janoff-Bulman, 1989).

These three assumptions and their principles are seen as a whole, there are eight propositions of world assumptions model: benevolence of the world, benevolence of people, justice, controllability, chance, self worth, destiny (Janoff-Bulman, 1989).

According to Janoff-Bulman (1989), world assumptions plays a critical role to cope with traumatic events. Dealing with consequences of traumatic events effectively requires integration with set of assumptions. In other words, one could cope with traumatic experiences in a way that they are convenient with basic assumptions or one could change existing assumptions. According to Janoff-Bulman (1989) the second one occurs frequently because people are not ready for bad experiences so existing assumptions will not adequate to cope with traumatic experiences. In one could not succeed to integrate traumatic experiences and basic assumptions then this will likely results development of PTSD symptoms (Gebauer, 2017).

Janoff-Bulman (1989) claimed that world assumptions lead individual to feel that the world is a safe and comfortable place. However, traumatic events break down one's inner world and shake the basic assumptions, cause questioning basic assumptions about self and world, and also cause individual to notice own vulnerability. Studies with trauma victims argued that they do not think to experience what they live and after the traumatic event they reported that they feel insecure and vulnerable. This reaction reveals that individuals live on the basis of an "illusion of invulnerability".

The process of confronting illusions is a painful process because it determines the inner change which caused by traumatic experience. This process is not shallow or slow on the contrary it requires a direct and sudden change. At this point existence is perceived as frightening; existing security and certainties are destroyed. The trauma victim realized that adverse life events are not that much far for self or significant others. Ernest Becker defines this as "seeing the world as it is" (Janoff-Bulman & Yopyk, 2004).

There is a process of restructuring assumptions that require balance between confronting and refusing to think, feel and imagine about traumatic experience. After traumatic event, it takes time to form meaningful cognitive re-evaluations; reestablish

inner world with the facilitating effect of social support (Janoff-Bulman, 1992). A successful coping process does not refer to returning to previous basic assumptions but rather it means structuring a new world which is integrated with traumatic events. Traumatic experience settles into one's inner world through change in personal schemas about personal vulnerability and confrontation with facts. In other words, after traumatic experiences individuals have negative assumptions about the self and world (Janoff-Bulman, 2004).

Literature on world assumptions reveals that most of the studies are planned to investigate changes on world assumptions after a traumatic experience. A study by Janoff Bulman (1989) participants are asked whether a traumatic experience causes any changes in their basic assumptions and trauma victims are compared with individuals who do not exposed any trauma, results indicated that trauma victims reported more negative assumptions compared to other group. Even years after traumatic experience trauma victims have more negative assumptions. In a study by Joseph, Williams & Yule (1993) with victims of a shipping disaster reports strong positive changes in their world assumptions. Another study conducted by Magwaza (1999), compares the cognitive changes on basic assumptions and posttraumatic stress between victims of human rights violations and individuals who does not reported any trauma experience asserted that participants exposed to trauma have weaker belief about benevolence of people and the world than participants without traumatic experience.

1.5. Aims of the Study

According to the literature presented in the previous section, the relationship between attachment insecurity, trauma and depressive and post traumatic stress symptoms was beyond direct relationship.

There are many studies which examine the relationship between attachment, childhood trauma and psychological wellbeing in adulthood. Moreover, it is resulted that there is a direct relationship between childhood trauma and depressive and anxiety symptoms. A study by Poole, Dubson and Pusch (2017) revealed that there is a strong

association between adverse childhood experience and depressive symptoms. Another study which examined the relationship between trauma, attachment security and mental health by Widom, Cjaza, Kozakowski and Chaohan (2018) resulted that both anxious and avoidant attachment styles predicted mental health outcomes such as higher levels of depression. It is also explained that childhood trauma such as neglect and physical abuse have lasting effects on attachment styles. Moreover, anxious and avoidant attachment styles have a significant effect on negative mental health consequences of childhood neglect and physical abuse 30 years later in adulthood.

The current study had three main aims: Firstly, it was aimed to understand relationship between between study variables namely, early trauma, attachment insecurity, later trauma, world assumptions, coping, depressive and post traumatic stress symptoms. The second aim was to examine the predictor effect of early trauma, attachment insecurity, later trauma, world assumptions, coping on predicted variables depressive and post traumatic stress symptoms. The third and the last aim was test mediator effect of coping and world assumptions between early trauma and depressive and post traumatic stress symptoms. The current analyses were conducted in order to test the following hypothesis:

Hypothesis 1: There is a significant relationship between study variables namely, early trauma, attachment insecurity, later trauma, world assumptions, coping, depressive and post traumatic stress symptoms.

Hypothesis 2: It is hypothesized that intensity of early trauma, attachment insecurity, shattered assumptions and coping would lead to higher levels of depressive and post traumatic stress symptoms.

Hypothesis 3: It is predicted that world assumptions would be a mediator between childhood traumatic experiences and depressive and post traumatic stress symptoms.

Hypothesis 4: It is predicted that coping would be a mediator between childhood traumatic experiences and depressive and post traumatic stress symptoms.

In the current study, it is aimed to test the model that was developed to understand relationship between study variables in order to provide a better understanding about especially enlighten about the clinical implications of the psychopathology.



CHAPTER 2

2. METHOD

This chapter addresses methodological procedures of the study. In the first section, sample of the study is presented. The second section introduces used instruments in data collection process. The third section describes data collection processes.

2.1. Participants

The sample of the present study consisted of 495 adults above age of 18. Based on exclusion criteria participants who have never had any trauma before participating were excluded from the study. Data was collected from 628 participants and 133 of them eliminated due to exclusion criteria. The data were recruited from Bahcesehir University, Gaziantep University and unpatient adults above age of 18.

The sample of the current study consisted of 495 adult ages between 18 and 65 ($M=26.8$, $SD=9.2$), of whom 241 male (48.7%), and 254 female (51.3%).

Most of the participants were university student ($n=340$, 68.7%), and 9 of them graduated from primary school (1.8%), 30 of them graduated from secondary school

(6.05%), 49 of them graduated from high school (9.9%), 51 of them graduated from university (10.3%) and 16 of them graduated from master or doctor of philosophy (3.2%).

Among participants, 268 of them were single (54.1%) and 227 of them had a romantic relationship (45.9%). The length of the romantic relationship varies from 1 to 360 months ($M=68$, $SD=26.15$). In terms of romantic relationship status only 3 of them were engaged (1.3%), 156 of them were flirting (68.7%) and 68 of them were married (29.9%).

Detailed information about job status, socioeconomic level and living place are presented in Table 1.

Table 1 Demographic characteristics of participants

Demographic Variable		N	%	Mean	SD	Range
Gender	Male	241	48.7			
	Female	254	51.3			
Age				26.8	9.2	18-65
Education Level	Primary School	9	1.8			
	Secondary School	30	6.05			
	High School	49	9.9			
	University Student	340	68.7			
	University Graduate	51	10.3			
	Graduate	16	3.2			
Romantic Relationship Status	Single	268	54.1			
	In a Relationship	227	45.9			
Style of Relationship	Flirt	156	68.7			
	Engaged	3	0.6			
	Married	68	29.9			
Length of Romantic Relationship (monthly)				68	26.15	1-360
Job Status	Active	198	40			
	Non-Employed	257	51.9			
	Retired	8	1.6			
Socioeconomic Level	Low	49	9.9			
	Middle	328	76.7			
	High	118	23.8			
Living Place	Metropolitan	296	59.6			
	City center	153	30.1			
	Province	30	6.7			
	Town	10	2.02			
	Village	6	1.2			

2.2. Instruments

In the present study eight self-report instrument were administered to participants. The Demographic Information Form (see Appendix A) was developed by researcher to gather some demographic characteristics of participants. The Childhood Trauma Questionnaire (see Appendix B) was used to evaluate range of abuse and neglect in childhood. The Relationship Structures Questionnaire (see Appendix C) was administered to assess attachment dimensions for mother and father of participants. The Traumatic Events Checklist (see Appendix D) evaluates range of lifetime traumatic experiences. The World Assumptions Questionnaire (see Appendix E) was used to measure basic assumptions of trauma victims. The Coping Inventory for Stressful Situations - Short Form (see Appendix F) was used to measure responses to stressful circumstances. The Beck Depression Scale (see Appendix G) was administered to evaluate degree of depressive symptoms. The Post Traumatic Stress Scale (see Appendix H) was assessed to measure participant's level of trauma symptoms.

2.2.1. Demographic Information Form

Participants were asked to respond to a brief demographic questionnaire. This form consisted of participants' gender, birth date, age, education level. They also reported their mothers' and fathers' level of education. Their romantic relationship status and length of romantic relationship were also requested. Another question on this form asks perceived socioeconomic status of the participant. The last question was asking for place of the participant lived longest time.

2.2.2. Relationship Structures Questionnaire of the Experience in Close Relationships – Revised

Relationship Structures Questionnaire of the Experience in Close Relationships – Revised (ECR-RS) was developed by Fraley, Heffernan, Vicary, & Brumbaugh (2011) to assess attachment dimensions in multiple contexts. It consists of a 9 questions from

Experiences in Close Relationships- Revised (Fraley, Waller, & Brennan, 2000) and items are used to assess avoidance and anxiety focusing separately on relationships with mother, father, romantic partner, and best friend. The items were designed to assess attachment dimension of any specific relationship rather than close relationships in general. Each item is evaluated by the participants on a 7 point Likert type scale (1= “strongly disagree”; 7 = “strongly agree”). The alpha coefficients for anxiety domain respect to each relational context varied between .88 and .90, for avoidance domain varied between .88 and .92. In respect to the global attachment scores, alpha coefficient for anxiety domain is .85 and for avoidance domain is .88. Although ECR-RS provides composite indices of global attachment scores for the anxiety and avoidance dimensions alpha coefficient results indicated that ECR-RS is a more useful instrument for attachment representations that are relationship specific.

The adaptation study of ECR-RS in Turkey was done by Gökler-Danışman and Çinkılınç. The Turkish form of the scale has 9 items for mother and father domains independently. The scale composes 2 subscales: attachment anxiety and attachment avoidance. Reliability analyses of the ECR-RS were assessed by internal consistency. The internal consistency of ECR-RS indicated good results, with cronbach alpha coefficient .75 for mother attachment insecurity and .83 for father attachment insecurity. In each domain, namely mother and father, there were clear avoidance and anxiety factors with cronbach alpha coefficients .79 for mother attachment avoidance, .76 for mother attachment anxiety, .79 father attachment avoidance and .71 father attachment anxiety.

2.2.3. World Assumptions Questionnaire

World Assumption Questionnaire (WAQ) was developed by Ronnie Janoff-Bulman in 1989 to measure “basic assumptions of trauma victims.” (Yılmaz, 2008). According to theoretical model she suggested called “Model of Basic Assumptions” people operate according to unquestioned assumptions and traumatic experiences shatter these assumptions. In the original study, the scale was created combination of four items for each of the eight assumptions; the benevolence of the world, the

benevolence of people, justice, controllability, randomness, self-worth, self-controllability, and luck. Alpha coefficients for each assumption were found between .67 and .78. Factor analysis revealed the benevolence of the world and the benevolence of people as single factor. The seven factor structure analysis indicated cronbach alpha values between .66 and .76. WAQ is a self-report measure and each item is evaluated by the participants on a 6 point (1= “completely disagree”; 6= “completely agree”) Likert type scale. Turkish adaptation study of WAQ was made by Yılmaz in 2008. 219 participants (%63 female and %37 male) were included in the adaptation study. Analysis revealed 31 item and 6 factor structure; self-worth (4 item), randomness (6 item), controllability (3 item), justice (8 item), benevolence (6 item) and luck (4 item) with cronbach alpha levels ranging between .13 and .85. The internal consistency of the scale was found to be .70, and the test-retest reliability coefficient was .58. Thus, overall Turkish version of WAQ was found to be a reliable and valid instrument.

2.2.4. Coping Inventory for Stressful Situations - Short Form

Coping Inventory for Stressful Situations was developed by Endler and Parker in 1999 to measure responses to stressful circumstances. The original form of the scale consists of 48 items. Cohan, Jang and Stein (2006) made another study in which reduced the item number to 21. The Coping Inventory for Stressful Situations - Short Form (CISS-SF) also consists of 3 subscales as long version; task oriented coping, emotion oriented coping and avoidance coping. Participants are required to evaluate their responses to stressful circumstances with respect to 5-point Likert type scale (1= “not at all”, 5= “very much”). The internal consistency coefficients for each subscale have been found sufficiently high. The cronbach alpha value for task-oriented coping .78, emotional coping .87 and avoidant coping .80 (Cohan, Jang, & Stein, 2006). The Turkish standardization study of CISS-SF was made by Boysan (2012) indicating that reliability and validity coefficients of the scale were comparable to the original values. 978 participants recruited to the study and 33.3 % of sample was male. Consistent with the original study, the Turkish version of CISS-SF consists of 3 subscales. The internal consistency of CISS-SF indicated good results, with cronbach alpha coefficient of .72 for the task oriented coping, .77 for the emotion focused coping and .74 for the avoidant

coping. In addition to this, 2 weeks test re-test reliability analysis revealed cronbach alpha values of .79 for the task oriented coping, .75 for the emotion focused coping and .66 for the avoidant coping. Thus, overall Turkish version of CISS-SF was found to be a reliable and valid instrument.

2.2.5. Childhood Trauma Questionnaire

The Childhood Trauma Questionnaire (CTQ) was developed by Bernstein, Handelsman, Foote, Lovejoy, & Wenzel (1994) to evaluate range of traumatic experiences, in other words, abuse and neglect in childhood. The CTQ is a retrospective and self-report measure. The original version of CTQ consists of a 53 item with 5 subscales; physical abuse, sexual abuse, emotional abuse, physical neglect and emotional neglect. Bernstein and his colleagues conducted another study and reduced item number to 28 items, consistently long version 28 item version consists of 5 subscales. Each item is evaluated by the participants on a 5 point Likert type scale ranging from *never* (1) to *very often* (5). Reliability analyses of the CTQ were assessed by internal consistency and test-retest reliability analyses. In the Bernstein and his colleagues (1994) study, the cronbach alpha levels of subscales ranging between .79 and .94. The study to examine reliability and validity of Turkish version of CTQ was made by Sar, Oztürk and Ikikardeş in 2012. The sample of the study consists of 124 participants; 24 patients with trauma related dissociate disorder, 50 adults who patients' first degree relatives and 50 non-clinical participants as a control group. The overall CTQ revealed a cronbach alpha coefficient of .93 and consistently to original version 5 subfactors. In other words, the internal consistency of CTQ indicated good results, with cronbach alpha coefficient of .90 for emotional abuse, .85 for emotional neglect, .90 for physical abuse, .73 for sexual abuse, .77 for physical neglect. Moreover, 2-week test-retest reliability coefficients were found as .90 for the total score level. Thus, overall Turkish version of CTQ was found to be a reliable and valid instrument.

2.2.6. Traumatic Events Checklist

Traumatic Events Checklist which was developed by researcher consists of 19 traumatic events. The list was formed based on previous studies (Arikan, 2007; Bremner, Vermetten, & Mazure, 2000; Carlson, Smith, Palmieri, Dalenberg, Kimerling, Burling, & Spain, 2011; Eskin, Akoglu, & Uygur, 2006; Krause, Shaw, & Cairney, 2004; Widom, Dutton, Czaja, & DuMont, 2005). Participants were asked to mark the events that occurred in their life and the age of the traumatic experience. Moreover, they are asked to mark level of impact of the adverse life event. More than one event could be reported in the checklist. Each experience is evaluated by the participant on a 5 point (1= “not affected at all”; 5= “highly affected”) Likert type scale.

2.2.7. Post-Traumatic Stress Scale

Post-Traumatic Stress Scale (PTSS) was developed by Şahin, Batıgün and Yıldız (2001) to assess the participants’ level of post-traumatic stress symptoms. The PTSS consists of 36 questions that are derived from Posttrauma Stress Disorder Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993), Impact of Events (Horowitz, Wilner, & Alvarez, 1979) and Dissociative Experiences Survey (Bernstein, & Putnam, 1986). The sample of the study consists of 265 teachers from schools in which Psychosocial School Project conducted with collaboration of The Ministry of National Education and UNICEF. Each item is evaluated by the participants on a 5 point (0 to 4) Likert type scale. The principal component analysis and varimax rotation method analysis revealed three factors which explaining 53.3 % of total variance; avoidance, re-experiencing, hyperarousal. Reliability analyses of the PTSS were assessed by internal consistency and test-retest reliability analyses. The cronbach alpha coefficient for each factor is ranging between .89 and .91. Validity analysis indicated that .49 and .69 with KSE method correlation between total score and factors of the instrument. Thus, overall Turkish version of PTSS was found to be a reliable and valid instrument.

2.2.8. Beck Depression Inventory

Beck Depression Scale (BDI) was developed by Beck, Rush, Shaw, & Emery (1978) to evaluate somatic, cognitive, emotional and motivational symptoms of depression. The BDI consists of 21 items and each item specifies different behavioral patterns that are particular to depression (Hisli, 1988). Participants are asked to rate each item based on how they are feeling in the last week with respect to 4-point (0 to 3) Likert type scale. The possible highest score is 63 and the higher score indicates higher level of depressive symptoms. The total scores above than 17 determined as indicator of clinical depression (Hisli, 1988; Hisli, 1989). The Turkish adaptation of the scale was conducted by Hisli (1988). Reliability analysis revealed that the split-half reliability was .74 (Hisli, 1988). The assessment of the criterion validity of the Turkish version of BDI indicated that correlation between MMPI-D and BDI was .63 (Hisli, 1988). Another study revealed that correlation between Automatic Thoughts Scale and BDI was .72 (Şahin, Rugancı, Taş, Kuyucu, & Sezgin, 1992). Thus, overall Turkish version of BDI was found to be a reliable and valid instrument.

2.3. Procedure

The field work of the current study has started by taking permission for the application. The research proposal, the instruments that were planned to use were submitted to the Bahçeşehir University Scientific Research and Publication Ethics Committee. Permission was requested from the Ethical Committee of Istanbul Bahcesehir University before collecting the data. The instrument package includes consent form, The Demographic Information Form, The Childhood Trauma Questionnaire, Relationship Structures Questionnaire of the Experience in Close Relationships – Revised, The Traumatic Events Checklist, The World Assumptions Questionnaire, The Coping Inventory for Stressful Situations - Short Form, The Beck Depression Scale, The Post Traumatic Stress Scale were administered to adults older than age of 18. The instruments were presented in random order. It tooks approximately 30 minutes to fill out the battery.

2.4. Statistical Analyses

To test our hypothesis, parametric and nonparametric statistical analyses techniques were run.



CHAPTER 3

3. RESULTS

3.1. Data Screening

Prior to data analysis data screening was conducted to examine accuracy of data entry, missing data, distributions, and the assumptions of univariate and multivariate analysis. The mean values were used to treat missing data for the study variables which were childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, attachment avoidance, attachment anxiety, later trauma, task oriented coping, emotional coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth, controllability. For depressive symptoms and post traumatic stress symptoms variables on the other hand the mean values of each participant were used to treat missing data. Secondly, the analysis of detection of univariate outliers was made for major study variables with measuring skewness and kurtosis in order to meet normality assumption. However, univariate outliers were found for 2 study variables, namely attachment avoidance, and childhood traumatic experiences. 3 cases for attachment avoidance were recognized as univariate outliers due to their extremely low and high z scores. Therefore, these values that were very different from the data values for majority of cases for these variables were excluded. Finally, multivariate outliers were detected by using mahalanobis distance with $p < .001$. No outliers among the cases were identified as multivariate outliers in their own groups. Consequently, the assumptions of normality and linearity

for univariate and multivariate analysis, homogeneity of variance-covariance matrices, and multicollinearity among major study variables were met.

3.2. Correlations among the Study Variables

In order to demonstrate the associations among major study variables namely, childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, attachment avoidance, attachment anxiety, trauma, task oriented coping, emotional coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth, controllability, depressive symptoms and post traumatic stress symptoms. Bivariate Pearson Product Moment Correlation analysis were computed. Table 2 shows the Pearson correlation coefficients and levels of significance these variables.

Pearson correlation results showed that, childhood trauma, in other words intensity of trauma was positively correlated with emotional abuse, physical abuse, physical neglect, emotional neglect, attachment anxiety, later trauma, emotional coping, depressive symptoms and post traumatic stress symptoms. On the other hand, childhood trauma was negatively correlated with task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. The results suggest that as intensity of trauma increased attachment anxiety levels increased. Participants have more childhood traumatic experiences reported later ages traumas more and also they have increased levels of depressive and post traumatic stress symptoms. However, participants with less childhood traumatic experience reported more levels of task oriented coping, avoidant coping. Participants with less childhood traumatic experience have higher levels of assumptions about benevolence of the world, justice, luck, randomness, self worth and controllability. Intensity of childhood trauma was not found to be correlated with sexual abuse and attachment avoidance ($p > .05$).

According to correlation results, level of emotional abuse was positively correlated with intensity of childhood trauma, physical abuse, physical neglect,

emotional neglect, attachment anxiety, emotional coping, depressive symptoms and post traumatic stress symptoms. In other respects, level of emotional abuse was found to be negatively correlated with task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. These results showed that participants experience emotional abuse have higher levels of depressive symptoms and post traumatic stress symptoms. They also reported that use more emotional coping. On the contrary, as level of emotional abuse decreased, individuals use more task oriented and avoidant coping strategies, also have stronger assumptions on benevolence of the world, justice, luck, randomness, self worth and controllability. Emotional abuse was not found to be correlated with sexual abuse and attachment avoidance ($p > .05$).

Results indicated that, physical abuse experiences were positively correlated with intensity of childhood trauma, physical neglect, emotional neglect, attachment anxiety, emotional coping, depressive symptoms and post traumatic stress symptoms. On the other hand, physical abuse experiences were negatively correlated with task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Accordingly, people have physical abuse experiences were more likely use task oriented and avoidant coping strategies. Moreover, people who have physical abuse history have more likely weak assumptions on benevolence of the world, justice, luck, randomness, self worth and controllability. Physical abuse was not found to be correlated with sexual abuse and attachment avoidance ($p > .05$).

According to the results, physical neglect was found to be positively correlated with childhood trauma, emotional abuse, physical abuse, emotional neglect, attachment anxiety, later trauma, emotional coping, depressive symptoms and post traumatic stress symptoms. On the other hand, physical neglect was negatively correlated with task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Bivariate correlation results showed that, people who have physical neglect history were more likely anxiously attached more likely use emotional coping and have higher levels of depressive

symptoms and post traumatic stress symptoms. On the other hand as physical neglect experiences decreased people were more likely use task oriented and avoidant coping strategies. In addition, higher levels of physical neglect have a negative impact on assumptions about benevolence of the world, justice, luck, randomness, self worth and controllability. Physical neglect was not found to be correlated with sexual abuse and attachment avoidance ($p > .05$).

Pearson correlation results indicated that, emotional neglect was positively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, attachment anxiety, emotional coping, depressive symptoms and post traumatic stress symptoms. On the other hand, emotional neglect was negatively correlated with attachment avoidance, task oriented coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Accordingly, people who have emotional neglect history were more likely to be attachment anxious and they were more likely use emotional coping and have higher levels of depressive symptoms and post traumatic stress symptoms. On the other hand, as physical neglect experiences decreased people were more likely use task oriented and avoidant coping strategies. In addition, higher levels of physical neglect have a negative impact on assumptions about benevolence of the world, justice, luck, randomness, self worth and controllability. Emotional neglect was not correlated with sexual abuse, attachment avoidance ($p > .05$).

Results also specified that, sexual abuse was positively correlated with attachment avoidance, attachment anxiety. On the other hand, sexual abuse was found to be negatively correlated with avoidant coping and justice. According to correlation coefficients, people with sexual abuse history were more likely anxiously attached to their mother and father. They were more likely to have depressive symptoms. On the other hand, people with sexual abuse history less likely used avoidant coping and their assumptive world about justice were weak. Sexual abuse was not correlated with childhood trauma, emotional abuse, physical abuse, physical neglect, emotional neglect, later trauma, task oriented coping, emotional coping, benevolence of the world, luck, randomness, self worth, controllability and depressive symptoms ($p > .05$).

Correlation results showed that attachment anxiety was positively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, later trauma, emotional coping, depressive symptoms and post traumatic stress symptoms. On the other hand, attachment anxiety was negatively correlated with task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Accordingly, individuals attachment anxious were more likely to report childhood trauma history and they were more likely to have depressive and post traumatic stress symptoms. They were more likely to use emotional coping ($p > .05$).

Pearson correlation results indicated that, attachment avoidance was found to be positively correlated with sexual abuse, later trauma, avoidant coping and luck. On the other hand, attachment avoidance was negatively correlated with emotional neglect, attachment anxiety, depressive and post traumatic stress symptoms. Results indicated that individuals attachment avoidant were more likely to report sexual abuse history and they were less likely to have depressive and post traumatic stress symptoms. Attachment avoidant individuals were more likely to use avoidant coping. Attachment avoidance was not correlated with emotional abuse, physical abuse, physical neglect, emotional neglect, later trauma, task oriented coping, emotional coping, world assumptions total, benevolence of the world, justice, randomness, self worth and controllability ($p > .05$).

According to results, later trauma was positively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, attachment avoidance, attachment anxiety, avoidant coping, depressive and post traumatic stress symptoms. On the other hand, later trauma was negatively correlated with task oriented coping, emotional coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Results showed that attachment avoidant people were more likely to experience trauma in their adulthood and they were more likely to have more depressive and post traumatic stress symptoms. People experienced a trauma in their adulthood were more likely to

use less task oriented and emotional coping where as they were more likely to use avoidant coping. Their assumptive world on benevolence of the world, justice, luck, randomness, self worth and controllability was not strong ($p > .05$).

According to correlation results, task oriented coping and avoidant coping were positively correlated with world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. On the other hand, task oriented coping and avoidant coping were negatively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, attachment anxiety, later trauma, depressive and post traumatic stress symptoms. These results indicated that people with childhood trauma history were less likely to use task oriented coping and avoidant coping strategies. Attachment anxious individuals were less likely use task oriented coping and avoidant coping. Moreover, people use task oriented coping and avoidant coping were less likely to have depressive and post traumatic stress symptoms. Task oriented coping and avoidant coping were not correlated with sexual abuse and attachment avoidance ($p > .05$).

Correlation results showed that emotional coping was found to be positively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, attachment anxiety, depressive and post traumatic stress symptoms. On the other hand, emotional coping was negatively correlated with later trauma, task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Accordingly, people with childhood trauma history were more likely to use emotional coping and they have more depressive and post traumatic stress symptoms. On the other hand, people use emotional coping were less likely to have a strong assumptive world about benevolence of the world, justice, luck, randomness, self worth and controllability. Emotional coping was not correlated with sexual abuse and attachment avoidance ($p > .05$).

Pearson correlation results indicated that world assumptions total and its subscales (benevolence of the world, justice, luck, randomness, self worth and controllability) were positively correlated with task oriented coping and avoidant

coping. On the other hand, world assumptions total and its subscales (benevolence of the world, justice, luck, randomness, self worth and controllability) were negatively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, attachment anxiety, later trauma, emotional coping, depressive and post traumatic stress symptoms. Results showed that people with a strong assumptive world on benevolence of the world, justice, luck, randomness, self worth and controllability were more likely to use task oriented and avoidant coping strategies. They were more likely to be attachment avoidant. On the other hand, people with childhood trauma history or any trauma experience in adulthood were more likely not to have strong assumptive world on benevolence of the world, justice, luck, randomness, self worth and controllability. People with weak assumptive world on benevolence of the world, justice, luck, randomness, self worth and controllability were more likely to have depressive and post traumatic stress symptoms. World assumptions total and its subscales (benevolence of the world, justice, luck, randomness, self worth and controllability) were not correlated with sexual abuse and attachment avoidance ($p > .05$).

According to results, depressive and post traumatic stress symptoms were positively correlated with childhood trauma total, emotional abuse, physical abuse, physical neglect, emotional neglect, sexual abuse, attachment anxiety, later trauma, emotional coping. On the other hand, depressive and post traumatic stress symptoms were negatively correlated with attachment avoidance, task oriented coping, avoidant coping, world assumptions total, benevolence of the world, justice, luck, randomness, self worth and controllability. Accordingly, people with childhood trauma history or any trauma experience in adulthood, attachment anxious individuals were more likely to have depressive and post traumatic stress symptoms. People use emotional coping were more likely to use emotional coping were more likely to have depressive and post traumatic stress symptoms. On the other hand, people with depressive and post traumatic stress symptoms were more likely not to have strong assumptive world on benevolence of the world, justice, luck, randomness, self worth and controllability ($p > .05$).

Table 2. Correlations among study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1 Childhood Trauma Total	1																					
2 Emotional Abuse	.982**	1																				
3 Physical Abuse	.944**	.935**	1																			
4 Physical Neglect	.979**	.976**	.921**	1																		
5 Emotional Neglect	.978**	.950**	.899**	.952**	1																	
6 Sexual Abuse	.038	-.024	-.083	-.018	-.045	1																
7 Attachment Avoidance	-.069	-.055	-.030	-.071	-.121**	.126**	1															
8 Attachment Anxiety	.547**	.531**	.454**	.510**	.514**	.302**	-.284**	1														
9 Later Trauma	.434**	.379**	.351**	.386**	.421**	.118**	.141**	.386**	1													
10 Task Oriented Coping	-.603**	-.559**	-.530**	-.571**	-.596**	.000	.104	-.512**	-.847**	1												
11 Emotional Coping	.577**	.542**	.523**	.544**	.578**	-.012	-.007	.532**	.471**	-.814**	1											
12 Avoidant Coping	-.499**	-.439**	-.413**	-.438**	-.489**	-.144**	.094*	-.482**	-.923**	.874**	-.710**	1										
13 World Assumptions Total	-.614**	-.558**	-.535**	-.569**	-.611**	-.073	-.009	-.521**	-.746**	.871**	-.806**	.853**	1									
14 Benevolence of the World	-.524**	-.435**	-.424**	-.447**	-.538**	.037	.081	-.492**	-.637**	.766**	-.756**	.765**	.877**	1								
15 Justice	-.323**	-.245**	-.230**	-.251**	-.314**	-.219**	.050	-.334**	-.663**	.658**	-.520**	.699**	.812**	.643**	1							
16 Luck	-.502**	-.457**	-.421**	-.458**	-.505**	-.019	.104*	-.424**	-.724**	.776**	-.666**	.794**	.886**	.767**	.699**	1						
17 Randomness	-.233**	-.248**	-.257**	-.249**	-.183**	-.052	-.026	-.136**	-.073	.176**	-.202**	.105*	.313**	.138**	.161**	.205**	1					
18 Self Worth	-.728**	-.716**	-.720**	-.729**	-.700**	.043	.070	-.534**	-.450**	.704**	-.737**	.563**	.736**	.591**	.369**	.593**	.215**	1				
19 Controllability	-.602**	-.564**	-.527**	-.579**	-.591**	-.085	.063	-.461**	-.711**	.813**	-.736**	.802**	.870**	.716**	.626**	.709**	.222**	.670**	1			
20 Depression Level	.661**	.639**	.611**	.650**	.645**	.034	-.108*	.545**	.505**	-.674**	.612**	-.557**	-.679**	-.581**	-.409**	-.592**	-.103*	-.752**	-.665**	1		
21 Post Traumatic Stress Level	.524**	.501**	.494**	.510**	.488**	.100*	-.137*	.595**	.420**	-.617**	.666**	-.543**	-.636**	-.551**	-.382**	-.546**	-.208**	-.686**	-.579**	.766**	1	

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

3.3. Regression Analyses

The first hypothesis was tested by using linear regression. In the first regression analysis, childhood traumatic experiences, later trauma, attachment avoidance and attachment anxiety, world assumptions and coping were used as predictors and depressive symptoms was the predicted variable. In the second regression model the predictors were remained as constant but the predicted variable was post traumatic stress symptoms. In the third regression model multiple regression analysis were conducted. The childhood traumatic experiences, later trauma, attachment avoidance, attachment anxiety, world assumptions and coping were used as predictors and depressive symptoms was the predicted variable. In the fourth regression model multiple regression analysis were conducted. The childhood traumatic experiences, later trauma, attachment avoidance, attachment anxiety, world assumptions and coping were used as predictors and post traumatic stress symptoms was the predicted variable.

3.3.1. Prediction of Depressive Symptoms

A multiple regression analyses were conducted to investigate the how well the predictor variables namely, childhood traumatic experiences, later trauma, attachment avoidance, attachment anxiety, world assumptions and coping, predicted depressive symptoms. Table 3. shows the unstandardized regression coefficients (B), standardized regression coefficients (β).

Table 3. Multiple regression analysis results for predicting depressive symptoms

Predictor Variable	B	β	SEB
Childhood Traumatic Experiences	.216	.390*	.02
Later Trauma	.007	.102	.02
Attachment Avoidance	-.009	-.007	.04
Attachment Anxiety	.143	.157*	.04
World Assumptions	-.315	-.427*	.04
Coping	-.014	-.016	.04
R=.757		R²=.572	
F_(6,489) =130.915		p=.000	
*p<.001			

Multiple regression analyses indicated that the predictor variables accounted for 57,2% of the variance in depressive symptoms ($R=.757$, $R^2=.572$ $p<.001$).

Regression analysis revealed that childhood trauma experiences predicted depressive symptoms significantly ($\beta=.390$). Accordingly, individuals had childhood traumatic experiences were more likely to have more depressive symptoms.

Later trauma was not significant predictor for level of depressive symptoms ($\beta=.102$).

Attachment avoidance was not significant predictor for level of depressive symptoms ($\beta=-.007$).

Attachment anxiety was a significant predictor for post traumatic stress symptoms ($\beta=.157$). This implies that attachment anxious individuals were more likely to suffer from depressive symptoms.

Regression analysis indicated that world assumptions predicted depression level significantly ($\beta=-.427$). Accordingly, individuals with less shattered assumptive world were less likely suffer from depressive symptoms.

Coping was not significant predictor for level of depressive symptoms ($\beta=-.016$).

3.3.2. Prediction of Posttraumatic Stress Symptoms

A multiple regression analyses were conducted to investigate the how well the predictor variables namely, childhood traumatic experiences, later trauma, attachment avoidance, attachment anxiety, world assumptions and coping, predicted post traumatic stress symptoms. Table 4. shows the unstandardized regression coefficients (B), standardized regression coefficients (β).

Table 4. Multiple regression analysis results for predicting post traumatic stress symptoms

Predictor Variable	B	β	SEB
Childhood Traumatic Experiences	.098	.201*	.02
Later Trauma	.101	.096	.02
Attachment Avoidance	-.015	-.014	.04
Attachment Anxiety	.262	.329*	.03
World Assumptions	-.373	-.574*	.04
Coping	.064	.083	.04
R=.715		R ² =.511	
F (6,489) =102.127		p=.000	
*p<.001			

Multiple regression analyses indicated that the predictor variables accounted for 51,1% of the variance in post traumatic stress symptoms (R=.715, R²=.511 p<.001).

Regression analysis revealed that childhood trauma experiences predicted depressive symptoms significantly (β =.201). Accordingly, individuals had childhood traumatic experiences were more likely to have more post traumatic stress symptoms.

Later trauma was not significant predictor for level of post traumatic stress symptoms (β =.096).

Attachment avoidance was not significant predictor for level of post traumatic stress symptoms (β =-.014).

Attachment anxiety was a significant predictor for post traumatic stress symptoms ($\beta=.329$). This implies that attachment anxious individuals were more likely to suffer from post traumatic stress symptoms.

Regression analysis indicated that world assumptions predicted depression level significantly ($\beta=-.574$). Accordingly, individuals with less shattered assumptive world were less likely suffer from post traumatic stress symptoms.

Coping was not significant predictor for level of post traumatic stress symptoms ($\beta=-.083$).

3.4. Mediation Analyses

In this section the aim is to test the hypothesis that coping and world assumptions would mediate the relationship between early trauma and depressive and post traumatic stress symptoms. Therefore, first of all hierarchical multiple regression analyses were made and Sobel, Aroian and Goodman test were conducted to test mediation effect.

3.4.1. Mediator Role of World Assumptions Between Early Trauma and Depressive Symptoms

First of all, the hierarchical multiple regression analyses were conducted. In other words, the effects of childhood traumatic experiences and world assumptions on depressive symptoms were tested (Table 5)

Table 5. Multiple regression analysis related to mediator effect of world assumptions between early trauma and depressive symptoms

Model		Predicted Variable: Depressive Symptoms					
Predictor Variables		B	ShB	β	t	p	R ²
(Enter Method)	(Constant)	1.176	.047		25.282	.000	.437*
	Childhood Traumatic Experiences	.461	.024	.661*	19.552	.000	
(Enter Method)	(Constant)	3.037	.167		18.147	.000	.556*
	Childhood Traumatic Experiences	.273	.027	.391*	10.258	.000	
	World Assumptions	-.485	.042	-.438*	-11.475	.000	

*p <.001

In the first step, the effect of childhood traumatic experiences on depressive symptoms were tested. In the second step, world assumptions were included to the analysis. After including world assumptions predictor effect of early trauma was decreased from $\beta=.661$ to $\beta=.391$. The decrease of significance level as a result of including world assumptions as predictor showed that world assumptions was a partial mediator between early trauma and depressive symptoms. Besides, result revealed that childhood traumatic experiences and world assumptions were accounted 55.6% of total variance in depressive symptoms ($R^2=.556$, $p<.001$).

Soobel, Aroian and Goodman tests were conducted to test the significance of mediator analyses. The mediation analysis results revealed that for the significance level of $p<.001$ world assumptions was a mediator between childhood traumatic experiences and depressive symptoms (Table 6.).

Table 6. Mediator effect of world assumptions between early trauma and depressive symptoms significance test results

Mediator Tests	Value
Sobel	-13.95143776*
Aroian	-13.94251387*
Goodman	-13.96037881*

3.4.2. Mediator Role of Coping Between Early Trauma and Depressive Symptoms

In order to test mediator effect of coping, firstly the effect of childhood traumatic experiences on depressive symptoms were tested. In the second step, coping was included to the analysis. After including coping predictor effect of early trauma was decreased from $\beta=.661$ to $\beta=.544$ (Table 7). The decrease of significance level as a result of including coping as predictor showed that coping was a partial mediator between early trauma and depressive symptoms. Besides, result revealed that childhood traumatic experiences and coping were accounted 49.6% of total variance in depressive symptoms ($R^2=.496$, $p<.001$).

Table 7. Multiple regression analysis related to mediator effect of coping between early trauma and depressive symptoms

Model		Predicted Variable: Depressive Symptoms					
Predictor Variables		B	ShB	β	t	p	R^2
(Enter Method)	(Constant)	1.176	.047		25.282	.000	.437*
	Childhood Traumatic Experiences	.461	.024	.661*	19.552	.000	
(Enter Method)	(Constant)	2.263	.150		15.090	.000	.496*
	Childhood Traumatic Experiences	.379	.025	.544*	15.315	.000	
	Coping	-.292	.039	-.269*	-7.583	.000	

* $p < .001$

Soobel, Aroian and Goodman tests were conducted to test the significance of mediator analyses. The mediation analysis results revealed that for the significance level of $p < .001$ world assumptions was a mediator between childhood traumatic experiences and depressive symptoms (Table 8)

Table 8. Mediator effect of coping between early trauma and depressive symptoms significance test results

Mediator Tests	Value
Sobel	10.79309093*
Aroian	-10.78309641*
Goodman	-10.80311329*

3.4.3. Mediator Role of World Assumptions Between Early Trauma and Post Traumatic Stress Symptoms

First of all, the hierarchical multiple regression analyses were conducted. In other words, the effects of childhood traumatic experiences and world assumptions on post traumatic stress symptoms were tested (Table 9).

In the first step, the effect of childhood traumatic experiences on post traumatic stress symptoms were tested. In the second step, world assumptions were included to the analysis. After including world assumptions predictor effect of early trauma was decreased from $\beta = .661$ to $\beta = .391$. The decrease of significance level as a result of including world assumptions as predictor showed that world assumptions was a partial mediator between early trauma and post traumatic stress symptoms. Besides, result revealed that childhood traumatic experiences and world assumptions were accounted 55.6% of total variance in post traumatic stress symptoms ($R^2 = .556$, $p < .001$).

Table 9. Multiple regression analysis related to mediator effect of world assumptions between early trauma and post traumatic stress symptoms

Model		Predicted Variable: Posttraumatic Stress Symptoms					
Predictor Variables		B	ShB	β	t	p	R ²
(Enter Method)	(Constant)	1.704	.046		36.713	.000	.275*
	Childhood Traumatic Experiences	.322	.024	.524*	13.676	.000	
(Enter Method)	(Constant)	3.592	.166		21.608	.000	.433*
	Childhood Traumatic Experiences	.131	.026	.213*	4.956	.000	
	World Assumptions	-.492	.042	-.505*	-11.719	.000	

*p < .001

Soobel, Aroian and Goodman tests were conducted to test the significance of mediator analyses. The mediation analysis results revealed that for the significance level of p < .001 world assumptions was a mediator between childhood traumatic experiences and post traumatic stress symptoms (Table 10)

Table 10. Mediator effect of world assumptions between early trauma and post traumatic stress symptoms significance test results

Mediator Tests	Value
Sobel	-10.80678546*
Aroian	-10.79625834*
Goodman	-10.81734344*

3.4.4. Mediator Role of Coping Between Early Trauma and Post Traumatic Stress Symptoms

In order to test mediator effect of coping, firstly the effect of childhood traumatic experiences on post traumatic stress symptoms were tested. In the second step, coping was included to the analysis. After including coping predictor effect of early trauma was decreased from $\beta=.661$ to $\beta=.544$ (Table 11). The decrease of significance level as a result of including coping as predictor showed that coping was a partial mediator between early trauma and post traumatic stress symptoms. Besides, result revealed that childhood traumatic experiences and coping were accounted 49.6% of total variance in post traumatic stress symptoms ($R^2=.496$, $p<.001$).

Table 11. Multiple regression analysis related to mediator effect of coping between early trauma and post traumatic stress symptoms

Model		Predicted Variable: Post traumatic Stress Symptoms					R ²
		B	ShB	β	t	p	
(Enter Method)	Predictor Variables						
	(Constant)	1.704	.046		36.713	.000	
	Childhood Traumatic Experiences	.322	.024	.524*	13.676	.000	.275*
(Enter Method)	(Constant)	2.545	.153		16.622	.000	
	Childhood Traumatic Experiences	.259	.025	.422*	10.228	.000	.318*
	Coping	-.226	.039	-.237*	-5.746	.000	

*p <.001

Soobel, Aroian and Goodman tests were conducted to test the significance of mediator analyses. The mediation analysis results revealed that for the significance level of $p<.001$ world assumptions was a mediator between childhood traumatic experiences and post traumatic stress symptoms (Table 12)

Table 12. Mediator effect of coping between early trauma and post traumatic stress symptoms significance test results

Mediator Tests	Value
Sobel	-8.14825425*
Aroian	-8.13400659*
Goodman	-8.16257704*



CHAPTER 4

4. DISCUSSION

The primary goal of the current study was to examine the relationships and predictions among childhood traumatic experiences, attachment avoidance and attachment anxiety, trauma in adulthood, world assumptions and coping strategies together with depressive and post traumatic stress symptoms. It was also aimed to test a comprehensive model of factors for depressive and post traumatic stress symptoms derived from attachment theory (Bowlby, 1969), shattered assumptions theory (Janoff Bulman, 1992), psychological stress and coping theory (Lazarus & Folkman, 1984), the cognitive model of depression (Beck, 1967) and the cognitive model of PTSD (Ehlers & Clark, 2000).

In the first part, the analyses were focused on the relationship and predictions among childhood traumatic experiences, attachment avoidance and attachment anxiety, trauma in adulthood, world assumptions and coping strategies, depressive and post traumatic stress symptoms to be able to have an understanding of the relationship between them. I tested if early trauma predicts attachment anxiety and attachment avoidance. Then, I tested whether early trauma, attachment avoidance and attachment anxiety predict depression level and post traumatic stress symptoms. In other words, the study was also investigated whether these factors predict depression and post traumatic stress symptoms directly or not. This chapter discusses the results of the analyses of the current study. The last section of the chapter indicates limitations of the current study and suggestions for future researches were also indicated.

4.1. The Bivariate Analyses among Study Variables

The bivariate analysis of the current study showed that early trauma was positively correlated with attachment anxiety, trauma in adulthood, depressive and posttraumatic stress symptoms. These findings were in line with the previous studies, suggesting significant association between early traumatic experiences such as incest (Alexander, Anderson, Schaeffer, Grelling, & Kertz, 1998), abuse (Shapiro & Levendosky, 1999; Stalker, Gebotys & Harper, 2005), neglect (Lundgren, Gerdner, & Lundqvist, 2002), and physical maltreatment (McLewin & Muller, 2006). Another study by Styron and Janoff-Bulman (1997) revealed that people had higher levels of depression were reported history of abuse. Researchers focuses that early traumatic experiences were more likely to lead to not only post traumatic stress symptoms but also depressive symptoms or both, in other words comorbidity.

In studies examining association between early traumas, attachment security and psychological wellbeing, depression level and post traumatic stress symptoms, reported that people with attachment insecurity reported more distress than secure individuals Fraley, Fazzari, Bonanno, & Dekel, 2006; Mikulincer, Florian & Weller, 1993; Schottenbauer, Klimes-Dougan, Rodriguez, Arnkoff, Glass & Lasalle, 2006; Shapiro & Levendosky, 1999; Solomon, Ginzburg, Mikulincer, Neria, & Ohry, 1998; Wei, Happner, & Mallinckrodt, 2003). Another study by Janoff-Bulman (1992) reached that higher levels of intense childhood trauma shatters assumptions on benevolence of the world, justice, luck, randomness, self worth and controllability.

Coping was significantly correlated with early trauma namely, emotional abuse, physical abuse, physical neglect, emotional neglect, attachment avoidance, attachment anxiety, depressive and post traumatic stress symptoms and all the correlations were as in the expected direction. In the study of Gill (2005), individuals suffering from PTSD are more likely to use emotion focused coping strategies and they scoring higher on attachment avoidance. Another study by Dirik (2006) also resulted that coping strategy was a predictor for the level of depressive symptoms. Results of the study exhibits that coping strategy determines psychological wellbeing after adverse life events. A study

by Güneş (2001) also indicated that coping style was a significant predictor for attachment avoidance.

The current study has revealed that world assumptions namely, benevolence of the world, justice, luck, randomness, self worth and controllability has significant correlations with early trauma (emotional abuse, physical abuse, physical neglect, emotional neglect), attachment avoidance, attachment anxiety, coping strategies, depressive and post traumatic stress symptoms. Results suggested that world assumptions were negatively correlated with depressive and post traumatic stress symptoms. Individuals whose assumption about benevolence of the world, justice, luck, randomness, self worth and controllability were not strong were more likely to have higher levels of depressive and post traumatic stress symptoms. In addition, early trauma history shatters world assumptions in adulthood. This is a finding which is in line with trauma literature.

Depressive and post traumatic symptoms were correlated with all study variables namely, early trauma, attachment avoidance and attachment anxiety, coping and world assumptions. Results were in line with psychopathology literature. In detailed, individuals with early trauma were more likely suffer from negative psychological consequences (Braver, Bumberry, Green & Rawson, 1992). Another study by Gibson, Holt, Fondacaro, Tang, Powell & Turbitt (1999) done with 218 male prisoners also resulted that childhood sexual abuse had a significant effect on higher levels of post traumatic stress symptoms in adulthood. Results showed that attachment avoidant individuals were less likely to suffer from depressive and post traumatic stress symptoms than attachment anxious individuals. Besides, individuals using task oriented and avoidant coping were less likely to suffer from depressive and post traumatic stress symptoms than individuals using emotional coping.

4.2. Predicting Depressive Symptoms

The results of the current study showed that early trauma, attachment avoidance, attachment anxiety, world assumptions and coping predicted depressive symptoms among adults. Accordingly, individuals attachment avoidant and individuals attachment anxious reported higher depressive symptoms. Besides, individuals had early trauma history were more likely to have depressive symptoms in adulthood whereas individuals who has strong world assumptions were less likely to have depressive symptoms.

Previous findings were in line with previous studies saying that depressive symptoms were more common among individuals who had any type of abuse or neglect history in their childhood (Mullen, Martin & Anderson, 1996; Armağan, 2007; Arslan, 2016; Bernet & Stein, 1999; Chapman, Whitfield, Felitti, 2004). Childhood trauma one of the interpersonal trauma is a strong risk factor for depression in adulthood especially abuse and neglect (Bifulco & Thomas, 2013; De Marco, 2000; Spertus, Yehuda, Wong, Halligan & Seremetis, 2003; Fowler, Allen, Oldham & Freuh, 2013).

The current findings revealed that attachment anxious individuals were more likely suffer from depressive symptoms. A study by Sümer, Ünal, Selçuk, Kaya, Polat & Çekem (2009) showed that attachment insecurity was a risk factor for psychopathology. Their study was done with 181 adults who apply hospitals with any psychiatric problems. The findings revealed that attachment avoidant patients suffered from depressive symptoms whereas attachment anxious patients were more likely suffer from obsessive compulsive and panic psychopathologies. Another study by Cyranowski, Bookwala, Feske, Houck, Pilkonis, Kostelnik & Frank (2002) resulted that attachment insecurity was a major factor for psychopathology. Specifically, attachment anxiety was a significant risk factor for psychopathology especially for women.

World assumptions was found as another significant predictor for depressive symptoms in the current study. Assumptive world theory by Janoff Bulman (1989) proposed that loss or disruption of the assumptive world is a risk factor for psychopathology. A study by Beder (2005), revealed that loss of the assumptive world, in other words abortion of the security of the beliefs, was a painful process. The violations of the assumptive world create a base for psychopathology.

4.3. Predicting Post Traumatic Stress Symptoms

The current study has found that early trauma, attachment avoidance, attachment anxiety, world assumptions and coping predicted post traumatic stress symptoms. Accordingly, attachment avoidant and attachment anxious individuals reported higher levels of post traumatic symptoms. Besides, individuals had early trauma history were more likely to have higher levels of post traumatic stress symptoms in adulthood than individuals no early trauma history whereas individuals who has strong assumptive world were less likely to have post traumatic stress symptoms.

There is a wide literature on the link between adverse life events and negative health outcomes such as post traumatic stress disorder, depressive disorders, suicidal tendency, abusive behaviors (Brewin, 2003; Brodsky, Malone, Ellis, Dulit & Mann, 1997; Koenen, Moffitt, Poulton, Martin & Caspi, 2007). A research by Bryant (2010) indicates that depressive symptoms are seen more than post traumatic stress symptoms. Research suggests that interpersonal stress is a risky factor than impersonal stress factors such as natural disaster, accident for post traumatic stress symptoms (Brown, 2010; Brown and Harris, 1978; Hammen, 2005).

According to Shattered Assumptions Theory (Janoff Bulman, 1992) individuals have an assumptive worlds based on positive belief about the self and the world. Prior to trauma, individuals assumptions play a protective role for psychopathologies (Horowitz, 1976; Janoff Bulman, 1989). Trauma shattered this assumptive world and individuals lose positive assumptions which creates a risk for psychopathology. In the current study, it was found that world assumptions negatively correlated with post traumatic stress symptoms which was in line with literature. Accordingly, after a trauma individuals' assumptive world is damaged and individuals suffer from psychological health outcomes especially post traumatic stress symptoms.

4.4. Mediation Analyses

4.4.1. Mediation Effect of World Assumptions

Mediation analyses revealed that world assumptions were a mediator factor between childhood traumatic experiences and depressive and posttraumatic stress symptoms. This finding is in line with previous studies.

Shattered assumptions theory by Janoff Bulman (1989) discussed that individuals have an assumptive world based on benevolence of the world, meaningfulness of the world and self worth. Trauma effects these assumptions negatively and after a negative, horrific and or frightening experience, in short traumatic event, individuals could not relate themselves and the world positively. Their positive assumptions about self and the world are damaged and individuals start to interact in a pessimistic way. This way of relation would damage the psychological well being of the individuals. In other words, people with any traumatic history slog on to see the world in a positive way which lead to psychological negative outcomes. The current study resulted that shattered world assumption had a mediator effect between intense childhood trauma experiences and higher levels of depressive and post traumatic stress symptoms. This finding in line with previous studies. A previous study by Harris & Valentiner (2002) resulted that shattered assumptive world had a partial mediator effect between sexual assault history and depression. A previous studies by Currier, Holland & Neimeyer (2009) and Lilly, Valdez & Graham-Bermann (2011) showed that individuals shattered assumptive world were more likely to suffer from depressive symptoms. This is a similar finding with the current study.

According to Janoff Bulmann, effect of trauma on assumptive world would differentiates based on kind of trauma, interpersonal or impersonal. Consistent with the current study, it was revealed that world assumptions mediate the relationship between childhood traumas, namely, physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse, and depressive and posttraumatic stress symptoms.

4.4.2. Mediation Effect of Coping

Mediation analyses revealed that coping was a mediator factor between childhood traumatic experiences and depressive and posttraumatic stress symptoms. In addition to this, bivariate analyses showed that individuals using adaptive coping strategies were less likely to suffer from depressive and post-traumatic stress symptoms. These findings are in line with previous studies.

A previous longitudinal study by Thompson, Fiorillo, Rothbaum, Ressler & Michopoulos (2018) examining the mediator effect of coping strategies between resilience and post-traumatic stress symptoms resulted that after controlling for demographic and clinical variables coping strategies mediated the relationship between resilience at 1 month and post-traumatic stress symptoms at 6 months. Another study by Ered, Gibson, Maxwell & Ellman (2017) also questioning mediator effect of coping between stress and wellbeing with participants of 454 undergraduate students. Results indicated that both traumatic life events and current level of perceived stress were significantly correlated with psychopathology. The relationship was mediated by maladaptive coping strategies. In the literature, it was theorized that individuals with early trauma history were more likely to use maladaptive coping strategies and using maladaptive coping strategies was a risk factor for psychological health problems. Consistent with the current study maladaptive coping was a significant mediator between early trauma and depressive and post-traumatic stress symptoms.

4.5. Limitations of the Current Study

The study has several limitations. First of all, data of the study was recruited from an outpatient population and did not consist of any clinical sample which may limit the generalizability of the findings.

Second limitation involves the data collection method. 30% of the data was collected with an online questionnaire form. On the one hand it has an advantage to obtain large sample sizes on the other hand, it does not allow the experimenter to control over

how participants filled the questionnaire.

Another limitation is that this study examines a cross sectional design which included the retrospective assessment but it is difficult to rule out how the participants answered the questions especially about trauma history in childhood. In addition, the data were collected from individuals who have a trauma history at different times and with different levels of effect. Therefore, the data requires to categorization for post traumatic stress symptoms, trauma type, and the time passed after trauma. This is necessary to reach generalizable findings and make causal conclusions. However, this requires longitudinal studies which enhance the researcher understanding of the causal and prediction analysis between study variables.

Assessment of attachment via a self report questionnaire is an ongoing debate in literature and it has been criticized by some of the researchers. They claim that attachment as an unconscious process which focus on intimate relationships should be recruited via interviews. However, the main aim of the current study was to recruit a reasonable sized sample of trauma survivors in order to test predictors of depressive and post traumatic stress symptoms. Therefore, a self report questionnaire was used to assess attachment security of participants.

The last limitation may be that the current study direct effect or the direct relationships among the study variables. On the other hand, there might be any confounding effect, mediator or moderator factors which were not controlled in the present study. It might be a way to take into consideration confounding, mediator and moderator factors for future studies.

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APPENDIX A

Demografik Bilgi Formu

1. Yaşınız: _____
Doğum tarihiniz (gün/ay/yıl) : ____/____/____
2. Cinsiyetiniz: Kadın Erkek
3. Eğitim durumunuz: İlköğretim Lise Lisans Yüksek Lisans Doktora
4. Eğitiminize devam ediyorsanız: Lise Lisans Yüksek Lisans Doktora
Okulunuz: _____
Bölümünüz: _____
Sınıfınız: _____
5. Şu andaki çalışma durumunuz: Çalışıyorum Çalışmıyorum Emekliyim
Diğer: _____
6. Annenizin eğitim düzeyi:
 İlkokul Ortaokul Lise Lisans Yüksek Lisans Doktora
7. Babanızın eğitim düzeyi:
 İlkokul Ortaokul Lise Lisans Yüksek Lisans Doktora
8. Şu anda devam etmekte olan duygusal ilişkiniz var mı?
 Evet ise a) ___ Flört ___ Sözlü ___ Nişanlı ___ Evli ___ Diğer
b) Ne kadar süredir devam ediyor? ___ yıl ___ ay
 Hayır

9. Aşağıdaki seçeneklerden sizin için uygun olanı işaretleyiniz.

Ailemle birlikte yaşıyorum.

Evde tek başıma yaşıyorum.

Evde arkadaşlarımla birlikte yaşıyorum.

Yurtta yaşıyorum.

10. Sosyo-ekonomik düzeyinizi nasıl tanımlarsınız?

Düşük Orta Yüksek

11. En uzun süre yaşadığınız yeri nasıl tanımlarsınız?

Büyükşehir İl İlçe Kasaba Köy



APPENDIX B

Aşağıda çocukluk yaşantılarınızla ilgili cümleler vardır. Her cümleyi dikkatlice okuyup, **7 yaşınız ve önceki çocukluk döneminizi düşünerek** bu cümlede yazanlarla ilgili size en uygun olan seçeneği işaretleyiniz. Sorulardan bazıları özel yaşamınızla ilgilidir; lütfen elinizden geldiğince gerçeğe uygun yanıt veriniz. Yanıtlarınız gizli tutulacaktır.

	Hiçbir zaman (1)	Nadiren (2)	Kimi zaman (3)	Sıklıkla (4)	Çok sık (5)
7 yaşım ve öncesinde;					
1- Evde yeterli yemek olmadığından aç kalırdım.					
2- Benim bakımı ve güvenliğimi üstlenen birinin olduğunu biliyordum.					
3- Ailedekiler bana "salak", "beceriksiz" ya da "tipsiz" gibi sıfatlarla seslenirlerdi.					
4- Anne ve babam ailelerine bakamayacak kadar sıklıkla sarhoş olur ya da uyuşturucu alırlardı.					
bilirdim.					
5- Ailemde önemli ve özel biri olduğum duygusunu hissetmeme yardımcı olan biri vardı.					
6- Yırtık, sökükle ya da kirli giysiler içersinde dolaşmak zorunda kalırdım.					
gördüm.					
7- Sevildiğimi hissediyordum.					
8- Anne ve babamın benim doğmuş olmamı istemediklerini düşünüyordum.					
9- Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.					
10- Ailemde başka türlü olmasını istediğim bir şey yoktu.					
11- Ailedekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu.					
12- Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.					
13- Ailedekiler birbirlerine ilgi gösterirlerdi.					
14- Ailedekiler bana kırıcı ya da saldırganca sözler söylerlerdi.					
15- Fiziksel olarak ihmal edilmiş olduğuma (dövülme, itilip kakılma vb.) inanıyorum.					

	Hiçbirzaman	Nadiren (2)	Kimizaman (3)	Sıklıkla (4)	Çok sık (5)
7 yaşımdan önce;					
16- Çocukluğum mükemmeldi.					
17- Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu farketdiği oluyordu.					
18- Ailemde birisi benden nefret ederdi.					
19- Ailemdekiler kendilerini birbirlerine yakın hissederlerdi.					
20- Birisi bana cinsel amaçla dokundu ya da kendisine dokunmamı istedi.					
21- Kendisi ile cinsel temas kurmadığım takdirde beni yaralamakla ya da benim hakkımda yalanlar söylemekle tehdit eden birisi vardı.					
23- Ben çocukken, evde bana bakan ve benim sorumluluğumu üstlenen bir kişi vardı.					
22- Benim ailem dünyanın en iyisiydi.					
23- Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı.					
26- Ben çocukken, ailemdeki kişiler beni okula devam etmem ve eğitimimi sürdürmem için yüreklendirdi.					
24- Birisi bana cinsel tacizde bulundu.					
25- Duygusal bakımdan kötüye kullanılmış olduğuma (hakaret, aşağılama vb.) inanıyorum.					
26- İhtiyacım olduğunda beni doktora götürecek birisi vardı.					
27- Cinsel bakımdan kötüye kullanılmış olduğuma inanıyorum.					
28- Ailem benim için bir güç ve destek kaynağı idi.					

APPENDIX C

Bu ölçek sizin yakın ilişkilerinize ilişkin düşüncelerinizi anlamak amacıyla kullanılacaktır. Her bir maddenin çocukluğunuzda (7 yaş ve öncesinde) ebeveynlerinizle ilişkinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılardaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

Lütfen aşağıdaki 10 soruyu **annenizi** düşünerek cevaplayınız.

Hiç
katılmıyorum

Tamamen
katılıyorum

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

1. Zor zamanlarımda, annemin desteğini istemek bana iyi gelir.	1	2	3	4	5	6	7
2. Sorunlarımı ve endişelerimi genellikle annemle konuşurum.	1	2	3	4	5	6	7
3. Olup bitenler hakkında annemle konuşurum.	1	2	3	4	5	6	7
4. Anneme rahatlıkla güven duyarım.	1	2	3	4	5	6	7
5. Anneme kendimi açma konusunda rahat hissetmem.	1	2	3	4	5	6	7
6. Gerçekte ne hissettiğimi anneme göstermemeyi tercih ederim.	1	2	3	4	5	6	7
7. Sıklıkla, annemin beni gerçekten umursamadığından endişe ederim.	1	2	3	4	5	6	7
8. Annemin beni terkedebileceğinden korkarım.	1	2	3	4	5	6	7
9. Annemin benim onu önemsemiğim kadar beni önemsemiğine dair endişelerim var.	1	2	3	4	5	6	7

Lütfen aşağıdaki 10 soruyu **babanızı** düşünerek cevaplayınız.

Hiç
katılmıyorum

Tamamen
katılıyorum

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

1. Zor zamanlarımda, babamın desteğini istemek bana iyi gelir.	1	2	3	4	5	6	7
2. Sorunlarımı ve endişelerimi genellikle babamla konuşurum.	1	2	3	4	5	6	7
3. Olup bitenler hakkında babamla konuşurum.	1	2	3	4	5	6	7
4. Babama rahatlıkla güven duyarım.	1	2	3	4	5	6	7
5. Babama kendimi açma konusunda rahat hissetmem.	1	2	3	4	5	6	7
6. Gerçekte ne hissettiğimi babama göstermemeyi tercih ederim.	1	2	3	4	5	6	7
7. Sıklıkla, babamın beni gerçekten umursamadığından endişe ederim.	1	2	3	4	5	6	7
8. Babamın beni terkedebileceğinden korkarım.	1	2	3	4	5	6	7
9. Babamın benim onu önemsemiğim kadar beni önemsemiğine dair endişelerim var.	1	2	3	4	5	6	7

APPENDIX D

Aşağıda insanların karşılaşılabileceği travmatik ya da zorlayıcı yaşantıların bir listesi verilmiştir. Bu yaşantılar arasından sizin başınıza gelmiş olanların yanındaki kutucuğa çarpı koyunuz. Birden fazla olayı işaretleyebilirsiniz. Bu olayı yaşadığınızda kaç yaşında olduğunuzu belirtiniz. Olayın hayatınızı ne derecede etkilediğini de yanındaki ölçekte değerlendiriniz.

		1-----2-----3-----4-----5								
		Hiç etkisi olmadı			Çok fazla etkiledi					
		OLAY		YA Ş	ETKİ DERECESİ					
1	Bir afet yaşamak (deprem, sel, heyelan, çığ, yangın, patlama vb).	<input type="checkbox"/>			1	2	3	4	5	
2	Askeri bir çarpışma ya da savaş alanında bulunmak	<input type="checkbox"/>			1	2	3	4	5	
3	Çatışmaya girmek	<input type="checkbox"/>			1	2	3	4	5	
4	Bir terör eylemine şahit olmak ya da terör eyleminden zarar görme	<input type="checkbox"/>			1	2	3	4	5	
5	Silahlı saldırıya uğrama	<input type="checkbox"/>			1	2	3	4	5	
6	Fiziksel saldırıya uğrama	<input type="checkbox"/>			1	2	3	4	5	
7	Ciddi bir kaza yaşama	<input type="checkbox"/>			1	2	3	4	5	
8	Tutuklanmak veya hapse girmek	<input type="checkbox"/>			1	2	3	4	5	
9	Sevilen ya da yakın birinin ani ve beklenmedik ölümü	<input type="checkbox"/>			1	2	3	4	5	
10	Sevilen ya da yakın birinin ciddi bir kaza geçirmesi, hastalığı ya da sağlık sorunu yaşaması	<input type="checkbox"/>			1	2	3	4	5	
11	Fiziksel ya da cinsel şiddet veya saldırı olayına şahit olma	<input type="checkbox"/>			1	2	3	4	5	
12	Bir kaza ya da şiddet olayında bir yakınını kaybetme	<input type="checkbox"/>			1	2	3	4	5	
13	Kaçırılmak ya da zorla alıkonmak	<input type="checkbox"/>			1	2	3	4	5	

14	İşkence görmek	<input type="checkbox"/>		1	2	3	4	5
15	Birinin öldürüldüğüne şahit olmak	<input type="checkbox"/>		1	2	3	4	5
16	Yakın hissedilen birinin kendini öldürmesi veya intihar girişimi	<input type="checkbox"/>		1	2	3	4	5
17	Yaşamı tehdit eden bir hastalık ya da sağlık sorunu yaşama	<input type="checkbox"/>		1	2	3	4	5
18	Cinsel bir saldırıya maruz kalma (taciz veya zorla cinsel ilişkiye zorlanma)	<input type="checkbox"/>		1	2	3	4	5
19	Bunların dışında bir olay (kısaca yazınız):	<input type="checkbox"/>		1	2	3	4	5

APPENDIX E

Lütfen, aşağıdaki ölçekte yer alan her bir ifadeyi okuduktan sonra, o ifadeye ne kadar katıldığınızı ya da karşı olduğunuzu, yanında yer alan bölmedeki uygun rakamı seçerek işaretleyiniz.

		Kesinlikle katılmıyorum			Tamamen katılıyorum		
		1-----	2-----	3-----	4-----	5-----	6---
Aşağıdaki ifadeye ne kadar katılıyorsunuz?							
1	İnsanlar doğaları gereği arkadaşlık ve nezaketten uzaktır.	(1)	(2)	(3)	(4)	(5)	(6)
2	Kötü olaylar insanlara tesadüfi olarak denk gelir.	(1)	(2)	(3)	(4)	(5)	(6)
3	İnsan doğası temelde iyidir.	(1)	(2)	(3)	(4)	(5)	(6)
4	Bu dünyada kötü olaylardan çok daha fazla iyi şey yaşanır.	(1)	(2)	(3)	(4)	(5)	(6)
5	Hayatımızın gidişatı büyük ölçüde tesadüflere bağlıdır.	(1)	(2)	(3)	(4)	(5)	(6)
6	İnsanlar genellikle yaşadıklarını hak ederler.	(1)	(2)	(3)	(4)	(5)	(6)
7	Sık sık, aslında iyi bir insan olmadığımı düşünürüm.	(1)	(2)	(3)	(4)	(5)	(6)
8	Dünyada kötülükten çok iyilik vardır.	(1)	(2)	(3)	(4)	(5)	(6)
9	Temelde şanslı bir insanımdır.	(1)	(2)	(3)	(4)	(5)	(6)
10	Yaşam, tesadüflere bağlı belirsizliklerle doludur.	(1)	(2)	(3)	(4)	(5)	(6)
11	İnsanlar, bir başka insana ne olduğunu umursamazlar.	(1)	(2)	(3)	(4)	(5)	(6)
12	Genellikle, benim yararına olan sonuçları çoğaltacak şekilde davranırım.	(1)	(2)	(3)	(4)	(5)	(6)
13	İnsanlar, eğer kendileri de iyiye iyi bir talihe sahip olurlar.	(1)	(2)	(3)	(4)	(5)	(6)
14	Yaşam, tesadüflere bağlı belirsizliklerle doludur.	(1)	(2)	(3)	(4)	(5)	(6)
15	Çok şanslı bir insan olduğumu düşünürüm.	(1)	(2)	(3)	(4)	(5)	(6)

16	Hemen her zaman başıma kötü şeylerin gelmesini engellemek için çaba harcarım.	(1)	(2)	(3)	(4)	(5)	(6)
17	Kendime ilişkin olumsuz düşüncelere sahibim.	(1)	(2)	(3)	(4)	(5)	(6)
18	İyi insanlar, bu dünyada hak ettiklerini yaşarlar.	(1)	(2)	(3)	(4)	(5)	(6)
19	Kendi davranışlarımızla, başımıza kötü şeylerin gelmesini engelleyebiliriz.	(1)	(2)	(3)	(4)	(5)	(6)
20	Hayatıma baktığımda, şansın yüzüme güldüğünü fark ediyorum.	(1)	(2)	(3)	(4)	(5)	(6)
21	Eğer insanlar tedbirli davranırlarsa, pek çok talihsizliğin önüne geçilebilir.	(1)	(2)	(3)	(4)	(5)	(6)
22	Kendimi talihsizliklerden korumak için gerekli olan önlemleri alırım.	(1)	(2)	(3)	(4)	(5)	(6)
23	Genel olarak yaşam bir kumardır.	(1)	(2)	(3)	(4)	(5)	(6)
24	Dünya iyi bir yerdir.	(1)	(2)	(3)	(4)	(5)	(6)
25	İnsanlar temelde nazik ve yardımseverdir.	(1)	(2)	(3)	(4)	(5)	(6)
26	Genellikle, benim için en iyisi olacak şekilde davranırım.	(1)	(2)	(3)	(4)	(5)	(6)
27	Kendim olmaktan son derece memnunum.	(1)	(2)	(3)	(4)	(5)	(6)
28	Kötü şeyler olduğunda, bunun nedeni, tipik olarak insanların kendilerini korumak için gerekenleri yapmamasıdır.	(1)	(2)	(3)	(4)	(5)	(6)
29	Eğer yeterince yakından bakarsan, dünyanın iyiliklerle dolu olduğunu görürsün.	(1)	(2)	(3)	(4)	(5)	(6)
30	Kişisel özelliklerimden utanmak için nedenim var.	(1)	(2)	(3)	(4)	(5)	(6)
31	Pek çok insandan daha şanslıyım.	(1)	(2)	(3)	(4)	(5)	(6)

APPENDIX F

<p>Aşağıda insanların zorlayıcı, stresli veya üzücü durumlar karşısında gösterdikleri çeşitli davranış biçimleri listelenmiştir. Aşağıdaki ifadelerin doğru veya yanlış cevabı yoktur. Zorlayıcı, stresli veya üzücü durumlar karşısında aşağıda listelenen davranış biçimlerini ne ölçüde gösterdiğinizi lütfen belirtiniz.</p> <p>Aşağıdaki her maddenin karşısında yer alan puanlardan size en uygun olanını puanlama yönergesine göre işaretleyiniz.</p>					
	Kesinlikle bana uygun değil	Bana biraz uygun	Bana orta düzeyde uygun	Çoğunlukla bana uygun	Tamamıyla bana uygun
1. Bir süreliğine ara verir, durumdan uzaklaşıyorum.	(1)	(2)	(3)	(4)	(5)
2. Probleme odaklanıp, nasıl çözebileceğime bakarım.	(1)	(2)	(3)	(4)	(5)
3. Bu duruma düştüğüm için kendi kendimi suçlarım.	(1)	(2)	(3)	(4)	(5)
4. Kendime, sevdiğim bir yiyecek veya atıştırarak bir şeyler alırım.	(1)	(2)	(3)	(4)	(5)
5. Baş edemeyeceğim kaygısını yaşıyorum.	(1)	(2)	(3)	(4)	(5)
6. Benzer problemleri nasıl çözdüğümü düşünürüm.	(1)	(2)	(3)	(4)	(5)
7. Bir arkadaşı ziyaret ederim.	(1)	(2)	(3)	(4)	(5)
8. Bir eylem planı yapıp, bu planı uygularım.	(1)	(2)	(3)	(4)	(5)
9. Kendime bir şeyler satın alırım.	(1)	(2)	(3)	(4)	(5)
10. Bu durum karşısında çok duygusal davrandığım için kendimi suçlarım.	(1)	(2)	(3)	(4)	(5)
11. Durumu anlamaya çalışırım.	(1)	(2)	(3)	(4)	(5)
12. Çok üzülürüm.	(1)	(2)	(3)	(4)	(5)
13. Derhal durumu düzeltecek bir davranışta bulunurum.	(1)	(2)	(3)	(4)	(5)
14. Ne yapacağımı bilemediğim için kendimi suçlarım.	(1)	(2)	(3)	(4)	(5)
15. Benim için özel olan bir kişiyle zaman geçiririm.	(1)	(2)	(3)	(4)	(5)
16. Olay hakkında düşünürüm ve hatalarımdan ders çıkarırım.	(1)	(2)	(3)	(4)	(5)

17. Olanları ya da hissettiklerimi değiştirebilmiş olmayı isterim.	(1)	(2)	(3)	(4)	(5)
18. Bir şeyler atıştırmak veya yemek yemek için dışarı çıkarım.	(1)	(2)	(3)	(4)	(5)
19. Tepki vermeden önce problemi analiz ederim.	(1)	(2)	(3)	(4)	(5)
20. Kendi yetersizliklerime odaklanırım.	(1)	(2)	(3)	(4)	(5)
21. Bir arkadaşla telefon ederim.	(1)	(2)	(3)	(4)	(5)



APPENDIX G

Aşağıda, kişilerin içinde buldukları ruhsal durumu ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruhsal durumu anlatmaktadır. Her maddede o ruhsal durumun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatle okuyunuz. **Son bir hafta içindeki** (şu an dahil) kendi ruhsal durumunuzu göz önünde bulundurarak, her bir madde için size en uygun olan seçeneğin yanına (x) işareti koyunuz.

1. () Kendimi üzüntülü hissetmiyorum.
() Kendimi üzüntülü hissediyorum.
() Her zaman üzüntülü ve kendimi bu duygudan kurtaramıyorum.
() Öylesine üzüntülü ve mutsuzum ki buna dayanamıyorum.
2. () Gelecek hakkında belirgin bir ümitsizliğim yok.
() Gelecek hakkında ümitsizim.
() Gelecekte beklediğim hiçbir şey yok.
() Geleceğin umutsuz olduğunu ve birşeylerin düzelmeyeceğini hissediyorum.
3. () Kendimi başarısız olarak hissetmiyorum.
() Kendimi ortalama bir kişiye göre daha başarısız hissediyorum.
() Yaşamımı gözden geçirdiğimde görebildiğim sadece birçok başarısızlıklar.
() Kişi olarak tam bir başarısızlık örneği olduğumu düşünüyorum.
4. () Daha önce olduğu kadar şimdi de birşeylerden zevk almaktayım.
() Birşeylerden eskiden olduğu kadar zevk almıyorum.
() Artık hiçbir şeyden gerçek tat almıyorum.
() Herşeyden sıkılıyor veya hoşnutsuz oluyorum.
5. () Belirgin bir suçluluk duymuyorum.
() Bazı zaman suçluluk hissederim.
() Çoğu zaman suçluluk hissederim.
() Her zaman suçluluk hissederim.
6. () Cezalandırılıyor gibi hissetmiyorum.
() Cezalandırılabilceğimi düşünüyorum.
() Cezalandırılmayı bekliyorum.
() Cezalandırıldığımı hissediyorum.
7. () Kendimden hoşnutsuz değilim.
() Kendimden hoşnut değilim.
() Kendimden tiksiniyorum.
() Kendimden nefret ediyorum.

8. () Kendimi herhangi bir kişiden daha değersiz hissetmiyorum.
() Zayıflığım veya yanlışlarım için kendimi eleştiriyorum.
() Hatalarım nedeniyle kendimi her zaman suçlarım.
() Kötü giden herşey için kendimi suçlarım.
9. () Hiç kendimi öldürmek gibi düşüncelerim yoktur.
Kendimi öldürmek gibi düşüncelerim var ama onları
() gerçekleştiremeyeceğim.
() Kendimi öldürmeyi isterdim.
Fırsat olsa kendimi
() öldürürdüm.
10. Her zamankinden daha fazla ağlıyor
() değilim.
() Eskisiye göre şimdi daha çok ağlıyorum.
() Şimdi sürekli ağlıyorum.
() Eskiden ağlayabilirdim, ama şimdi istesem de ağlayamıyorum.
11. () Şimdi her zamankinden daha tedirgin değilim.
() Her zamankine göre daha kolay kızıyor veya tedirgin oluyorum.
() Şimdi hep tedirginlik hissediyorum.
() Şimdiye kadar beni hep tedirgin etmiş şeylerden şimdi hiç tedirgin olmuyorum.
12. () Diğer insanlara karşı ilgimi kaybetmiş değilim.
() Eskisine göre diğer insanlara karşı daha az ilgiliyim.
() İnsanlara karşı olan ilgimin çoğunu kaybettim.
() İnsanlara karşı olan ilgimin hepsini kaybettim.
13. () Her zaman olduğu gibi kararlar veriyorum.
() Eskisine göre kararlar vermeyi ertelemekteyim.
() Eskisine göre kararlar vermekte daha çok güçlük çekmekteyim.
() Artık hiç karar veremiyorum.
14. Daha önce olduğumdan daha kötü görüldüğümü
() düşünmüyorum.
() Yaşlı ve itici görüldüğümünden endişe ediyorum.
() Görünüşümde beni itici gösteren kalıcı değişiklikler olduğunu hissediyorum.
() Çirkin görüldüğüme inanıyorum.
15. () Önceden olduğu kadar iyi çalışabiliyorum.
() Birşey yapmaya başlayabilmek için daha çok çaba göstermem gerekiyor.
() Herhangi birşey yapmak için kendimi çok zorlamam gerekiyor.
() Hiçbir iş yapamıyorum.

16. () Herzamanki kadar iyi uyuyabiliyorum.
() Herzamanki kadar iyi uyumuyorum.
() Herzamankinden 1-2 saat erken uyanıyorum ve tekrar uykuya dalmam zor oluyor.
() Herzamankinden birkaç saat erken uyanıyorum ve tekrar uykuya dalamıyorum.
17. () Herzamankinden daha çok yoruluyor değilim.
() Eskiden olduğundan daha kolay yoruluyorum.
() Hemen hemen her şey beni yoruyor.
Herhangi birşey yapmak için çok
() yorgunum.
18. () İştahım herzamankinden daha kötü değil.
() İştahım eskiden olduğu kadar iyi değil.
() İştahım şimdi çok daha kötü.
Artık hiç iştahım
() yok.
19. () Son zamanlarda fazla kilo kaybım olmadı.
() 2.5 kilodan fazla kaybettim.
() 5 kilodan fazla kaybettim.
() 7.5 kilodan fazla kaybettim.
Az yiyerek kilo vermeye çalışıyorum. Evet () Hayır ()
20. () Sağlığım hakkında herzamankinden daha endişeli değilim.
Ağrı ve sancılar, mide bulantısı veya kabızlık gibi bedensel sorunlar nedeniyle
() endişeliyim.
() Bedensel sorunlarım hakkında çok endişeleniyorum ve başka birşey düşünmek zor oluyor.
() Bedensel sorunlarım hakkında öyle çok endişeliyim ki başka hiçbir şey düşünmüyorum.
21. () Cinsellik konusundaki ilgimde son zamanlarda hiç değişiklik farketmedim.
() Eskiden olduğuna göre cinsellik daha az ilgimi çekiyor.
() Şimdi cinsellikle çok daha az ilgiliiyim.
() Cinselliğe ilgimi tamamen kaybettim.

APPENDIX H

Aşağıda zorlayıcı / travmatik bir olaya bağlı olarak yoğun bir stres yaşamış kişilerin zaman zaman yaşadığı bazı durumlar sıralanmıştır. Yaşamış olduğunuz zorlayıcı / travmatik bir olayı düşünerek listedeki her bir maddeyi dikkatle okuyun ve **geçtiğimiz ay içinde** o maddede sözü edilen durumun, sizin için ne kadar geçerli olduğunu, yandaki ölçek üzerinde işaretleyiniz.

Soruları yanıtlamaya başlamadan önce lütfen yaşadığınız zorlayıcı / travmatik olayın ne olduğunu çok kısa olarak belirtiniz:

.....

.....

.....

		Hiç (1)	Biraz (2)	Orta düzeyde (3)	Çok fazla (4)
1	Olayla ilgili bazı rahatsızlık verici görüntüler, düşünceler ve anılar tekrar tekrar aklıma geliyor.				
2	Tekrar tekrar olayla ilgili rahatsız edici rüyalar görüyorum.				
3	Olayla ilgili konuları konuşmaktan kaçınıyorum.				
4	Arada sırada olay sanki yeniden oluyor sanıyorum ve bununla ilişkili bazı davranışlarda bulunuyorum.				
5	Herhangi bir şey ya da konu yaşadığım o olayı hatırlattığında rahatsız oluyorum.				
6	Herhangi bir şey bana o olayı hatırlattığında bedenimde değişimler oluyor (kalp çarpıntısı, nefes almada güçlük, terleme, vb.).				
7	Olayı düşünmekten kaçınıyorum.				
8	Yaşadığım olayı hatırlatır düşüncesiyle bazı etkinliklerden ya da durumlardan kaçınıyorum.				
9	Olayla ilgili bazı önemli ayrıntıları hatırlayamıyorum.				

10	Eskiden yapmaktan hoşlandığım şeylere artık ilgi duymuyorum.				
11	Kendimi diğer insanlardan uzak ve kopuk hissediyorum.				
12	Bana yakın insanlara karşı sevgi hissetmiyorum, sanki duygusal olarak "robot"laşmış gibiyim.				
13	Sanki artık bir geleceğim yokmuş gibi hissediyorum.				
14	Uykuya dalmada ve uykuyu sürdürmede güçlük çekiyorum.				
15	Kendimi eskiye kıyasla gergin hissediyorum.				
16	Eskisine kıyasla öfkeli hissediyorum ve öfke patlamaları yaşıyorum.				
17	Dikkatimi yaptığım işe vermekte güçlük çekiyorum.				
18	Hep bir tehlike beklentisi içindeyim ve sürekli tetikteyim.				
19	En ufak bir ses ya da harekette kolayca yerimden sığıyorum.				
20	Bir otobüs ya da arabayla giderken birdenbire yol boyu olan hiç bir şeyi hatırlamadığımı fark ettiğim zamanlar oluyor.				
21	Biriyle konuşurken birdenbire karşımdakinin söylediklerinin hiçbirini duymadığımı fark ettiğim zamanlar oluyor.				
22	Kendimi birdenbire nasıl geldiğimi bilmediğim bir yerde bulduğum oluyor.				
23	Bazen kendimi dışarıdan seyrediyormuş gibi hissettiğim ya da kendime bir başkasıymışçasına dışarıdan bakıyor gibi olduğum zamanlar oluyor.				
24	Yaşamımdaki çok önemli bazı olayları hiç hatırlamadığım zamanlar oluyor.				
25	Çevremdeki insanların, nesnelerin ve diğer şeylerin gerçek olmadığı duygusuna kapıldığım oluyor.				
26	Arada sırada bedenim sanki bana ait değilmiş gibi hissediyorum.				
27	Geçmişteki bazı olayları sanki şimdi oluyormuşçasına canlı bir şekilde hatırladığım zamanlar oluyor.				

28	Hatırladığım bazı şeylerin gerçek mi yoksa hayal mi olduğundan arada sırada emin olamıyorum.				
29	Hayal kurduğumda kendimi kaptırıp, sanki gerçekmiş gibi yaşıyorum.				
30	Arada sırada kendimi gözlerimi boşluğa dikmiş hiçbir şey düşünmez ve zamanın nasıl geçtiğini fark etmez bir halde buluyorum.				
31	Arada sırada kafamda bana neler yapmam gerektiğini söyleyen ya da yaptıklarım ilişkin eleştirilerde bulunan sesler duyuyorum.				
32	Arada sırada dünyaya bir sis perdesi arkasından bakıyormuş gibi hissettiğim, insanlar ve nesnelere uzaktaymışçasına, çok belirsiz şekilde gördüğüm zamanlar oluyor.				
33	Olayla ilgili bazı anıları belleğimden silmek için çaba gösteriyorum.				
34	Arada sırada dalga dalga gelen yoğun ve olumsuz duygular hissediyorum.				
35	Bazı kişi, yer, nesne ya da olaylar bana yaşadığım o zor olayı hatırlatıyor.				
36	Zaman zaman, hiç istemediğim halde kendimi olayı düşünmekten alıkoyamıyorum.				

APPENDIX I

Gönüllü Katılım Formu

Bu çalışma, Yrd. Doç. Dr. Ilgın Gökler Danışman danışmanlığında Bahçeşehir Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Kübra Çetin'in bitirme tezi kapsamında yürütülmektedir. Araştırmanın amacı, yaşamın çeşitli dönemlerinde karşılaşılan zorlayıcı ve stresli olayların duygu, davranış ve düşünceler üzerindeki etkisini anlamaktır.

Sizden, anketleri eksiksiz ve dikkatle doldurmanız istenmektedir. Lütfen yönergeleri dikkatlice okuyunuz. Bu anketteki sorulara vereceğiniz yanıtlar son derece önemli olduğundan, lütfen her soruyu dikkatle okuyup sizi en iyi yansıtan yanıtı yönergeleri dikkate alarak veriniz. Ankette yer alan soruların doğru veya yanlış yanıtı yoktur. Anketlerde kimlik bilgilerinize dair hiçbir soru yer almamaktadır. Yanıtlarınız tamamen gizli tutulacak ve yalnızca araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel amaçlı kullanılacaktır.

Anketi doldurmanız ortalama 30 dakikalık bir sürenizi alacaktır. Katılım tamamen gönüllülük esasına dayanmaktadır. Katılmayı reddedebilir, sizi rahatsız eden herhangi bir soruyla karşılaşırsanız ya da ankete devam etmek istemezseniz bu durumda anketi yarıda bırakabilirsiniz.

Çalışma hakkında daha fazla bilgi almak ya da soru sormak istediğinizde Kübra Çetin ile iletişim kurabilirsiniz (e-mail: kubracetin@yahoo.com)

Bu çalışmaya olan katkınız ve verdiğiniz yanıtlardaki samimiyetinizden dolayı şimdiden teşekkür ederiz.

Lütfen anketi doldurmaya başlamadan önce, aşağıdaki kutucukta uygun olanı işaretleyiniz. **Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.**

Tarih

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Kabul ediyorum	<input type="checkbox"/>
Kabul etmiyorum	<input type="checkbox"/>