RELATIONSHIP BETWEEN PARENTAL PERCEPTION, SUBJECTIVE VITALITY AND DEPRESSION: THE MEDIATING ROLE OF BASIC PSYCHOLOGICAL NEEDS IN A TURKISH SAMPLE

ŞULE KARA

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ŞULE KARA

THESIS ADVISOR: PROF. DR. FALİH KÖKSAL

Master's Exam Jury Members
Prof. Dr. Falih KÖKSAL
Assoc. Prof. Dr. Nevra CEM ERSOY
Assoc. Prof. Dr. Göklem TEKDEMİR

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ETHICAL DECLARATION

I hereby declare that I am the sole author of this thesis and that I have conducted my work in accordance with academic rules and ethical behaviour at every stage from the planning of the thesis to its defence. I confirm that I have cited all ideas, information and findings that are not specific to my study, as required by the code of ethical behaviour, and that all statements not cited are my own.

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ABSTRACT

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Kara, Şule

Master's Program in Clinical Psychology

Advisor: Prof. Dr. Falih KÖKSAL

July, 2024

The aim of this study is to investigate the relationship between parental perceptions and individuals' levels of subjective vitality and depression, mediated by the satisfaction and frustration of basic psychological needs, in a Turkish sample. Data was collected from a total of 257 people aged between 16 and 29. Demographic Information Questionnaire, Perception of Parents Scale, Basic Psychological Need Satisfaction and Frustration Scale, Subjective Vitality Scale and Beck Depression Inventory were used to collect data. In order to measure how basic psychological need satisfaction and need frustration mediates perception of parents and subjective vitality and depression, simple mediation analysis Model 4 was conducted. The results showed that basic psychological need satisfaction directly mediated the relationship between perception of parent and subjective vitality. On the other hand, basic psychological need frustration was found to directly mediate the relationship between mother's perceived parenting and depression and partially mediate the relationship between

father's perceived parenting and depression. In conclusion, when supportive parenting environments are provided for the individual, basic psychological needs are satisfied, as posited by the Basic Psychological Needs Theory. This leads to an increase in the individual's vitality levels. Conversely, when these parental environments are characterized by controlling interventions, these needs are frustrated, which is associated with higher levels of depression in the individual.

Keywords: Subjective Vitality, Need Satisfaction, Need Frustration, Depression, Perception of Parents.

ÖZET

EBEVEYN ALGISI, ÖZNEL CANLILIK VE DEPRESYON ARASINDAKİ İLİŞKİ: TÜRKİYE'DEN BİR ÖRNEKLEMDE TEMEL PSİKOLOJİK İHTİYAÇLARIN ARACI ROLÜ

Kara, Şule

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Bu çalışmanın amacı ebeveyn algısı ile bireylerin öznel canlılık ve depresyon düzeyleri arasındaki ilişkiyi Temel Psikolojik İhtiyaçların Tatmini ve Engellenmesi aracılığıyla Türkiye örnekleminde araştırmaktır. Veriler, yaşları 16 ile 29 arasında değişen toplam 257 kişiden toplanmıştır. Veri toplamak için Demografik Bilgi Formu, Ebeveyn Algısı Ölçeği, Temel Psikolojik İhtiyaç Doyumu ve İhtiyaç Engellenmesi Ölçeği, Öznel Canlılık Ölçeği ve Beck Depresyon Envanteri kullanılmıştır. Temel psikolojik ihtiyaç tatmini ve ihtiyaç engellenmesi'nin, ebeveyn algısı ile öznel canlılık ve depresyona nasıl aracılık ettiğini ölçmek için Model 4 basit mediation analizi kullanılmıştır. Sonuçlar, temel psikolojik ihtiyaç doyumunun ebeveyn algısı ile öznel canlılık arasındaki ilişkiye doğrudan aracılık ettiğini göstermiştir. Diğer taraftan, temel psikolojik ihtiyaç engellenmesinin annenin algılanan ebeveynliği ile depresyon arasındaki ilişkiye doğrudan aracılık ettiği ancak babanın algılanan ebeveynliği ile depresyon arasındaki ilişkiye kısmen aracılık ettiği bulunmuştur. Sonuç olarak, birey

için destekleyici ebeveynlik ortamları sağlandığında, Temel Psikolojik İhtiyaçlar Teorisi'nin öne sürdüğü gibi kişinin temel psikolojik ihtiyaçları karşılanmaktadır. Bu da bireyin canlılık düzeyinde artışı sağlamaktadır. Aksine, bu ebeveyn ortamları kontrolcü müdahalelere dayandığında ihtiyaçlar engellenir, bu durum da kişinin daha depresif olmasıyla ilişkilidir.

Anahtar Kelimeler: Öznel Canlılık, İhtiyaç Doyumu, İhtiyaç Engellenmesi, Depresyon, Ebeveynlik Algısı.

Dedicate to my loved ones who make me feel vital…

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CHAPTER 1: INTRODUCTION

A review of human history reveals that vitality and depression are intrinsic to the human condition. For millennia, humans have sought to understand their existence, adapting to the challenges of life and grappling with various difficulties. In this process, vitality has provided motivation to survive and thrive, while depression has caused distress and led to spiritual turmoil. The concepts of vitality and depression are of significant importance in the field of psychological literature with regard to health and well-being. Vitality is defined as an individual's capacity to sustain daily activities and their energy levels. Depression, on the other hand, is characterised by a reduction in vitality, a loss of interest, hopelessness and feelings of worthlessness. The perception of parenting can be directly related to these critical concepts.

Children develop in an environment of care, love, and support from their parents during their early years. The Satisfaction of Basic Needs theory, a sub-theory of self-determination theory, has investigated the factors affecting an individual's well-being. According to this theory, the three most important factors affecting an individual's well-being are autonomy, competence, and relatedness. The satisfaction and need frustration of these needs are determinants of psychological well-being (Vansteenkiste and Ryan, 2013). Ryan and Deci (2000a) defined this situation as “basic psychological need satisfaction and frustration can substantially account for both the “dark” and “bright” side of people’s functioning”. Therefore, how parents care for their children and how they satisfy their needs may determine children's future experiences in terms of vitality and depression. Adoption of an autonomy-supportive parenting style by parents allows their children to make their own decisions, to express their emotions freely and to develop their personalities. In this manner, children mature with vital energy and may cultivate a more optimistic outlook on life. Nevertheless, parents who adopt a controlling parenting style may impede their children's autonomy and neglect their emotional needs, which may result in the development of depressive symptoms. Parents play a vital role in their children's development by satisfying their needs. This enables children to flourish in a healthy manner. However, when these needs are frustrated, children may become more depressed and withdrawn. Consequently, the support and care that parents provide for their children can nourish their vital energy and, as a consequence, reduce or increase the risk of depression.

1.1.Self Determination Theory

The individual, whose multifaceted development begins in the womb, is engaged in an ongoing process of adaptation to a constantly changing environment until the end of their life. This process of adaptation is characterised as an internal need and is considered to play an important role in the development of individual competences. In this process, the individual makes some choices, which are determined by their own behaviours, independent of external factors, and in which internal stimuli are active (Deci and Ryan, 1985). Self-determination theory sees the individual as an active organism (Deci and Ryan, 2000). The individual exhibits a structure that tends to develop psychologically, strives for integration, seeks solutions in the face of obstacles, and shows consistency. In addition to these structural characteristics, the individual is also influenced by environmental factors while determining his or her behaviour (Deci and Ryan, 1985). In other words, from the perspective of Self-Determination Theory, human nature is not only determined by biological characteristics and temperament. People can be constructive, lazy, active, passive. The social environment influences the development of such characteristics (Ryan and Deci, 2000). Furthermore, individuals tend to integrate themselves within large social structures. In accordance with the self-determination theory, individuals strive to participate in engaging activities, demonstrate their existing capabilities, maintain contact with social groups, and integrate their interpersonal and intrapersonal lives (Deci and Ryan, 2000).

In other words, the individual as an organism is not independent from the external world. Individuals frequently integrate their inner experiences with their outer world experiences. For the individual, interpersonal social relations and inner experience are important for creating a sense of self (Deci and Ryan, 2000; Ryan and Deci, 2017). The innate tendency to integrate functions in harmony with basic psychological needs. In other words, the natural tendencies, integration process and basic needs that lead the individual to behave in a certain way constitute different parts of the developing self (Reis et al., 2000). Consequently, the field of study of the theory is the investigation of the fundamental natural psychological needs and developmental tendencies that are essential for the integration of individuals.

In the theoretical framework, it is presumed that individuals possess three fundamental needs that are inherent and universal. The satisfaction of these needs by social contexts is addressed in terms of motivation, behavior, performance, well-being and personal development (Skinner, Johnson and Snyder, 2005). SDT posits that the human condition is characterised by an inherent drive towards self-development and improvement.

According to the theory, every individual has three fundamental needs for self-determination: Competence, Autonomy and Relatedness. The theory suggests that these basic psychological needs are universal (Coleman, 2000; Deci and Ryan, 1985a; Ryan and Deci, 2000a). Meeting these three needs contributes to psychological well-being, while their frustration disrupts well-being and the development of skills to meet these needs indirectly (Ryan and Deci, 2000a). When individuals feel their need for autonomy is fulfilled, they perceive themselves as being in control of their behavior, acting in line with their own values and desires. Contrary to the traditional definition of autonomy as independence from others, SDT defines it as a sense of control over one's behavior. When autonomy needs are thwarted, individuals experience pressure and coercion (Costa et al., 2015). When the need for relatedness is satisfied, people can develop a sense of genuine and meaningful relationships with those who value them. Lastly, when the need for competence is met, individuals feel capable and effective in their activities. Conversely, when this need is unmet, they may feel inadequate and inferior to others. Additionally, when the need for relatedness is not fulfilled, individuals may experience feelings of social alienation and loneliness. When these basic psychological needs are met, individuals experience greater satisfaction in their lives (Reis et al., 2000) and exhibit fewer symptoms of depression (Wei et al., 2005).

The distinction between the dynamics of individuals freely choosing their actions and accepting them internally, and the dynamics of individuals being forced and coerced by external conditions, is analysed under the concept of self-determination. In other words, self-determination implies that an individual is interested in an activity with intrinsic motivation, makes choices about the activity and accepts the results of their choices, whether positive or negative.

Individuals who are self-determining can adapt and express themselves more easily (Deci, 1992). In summary, within the scope of self-determination theory, the concept of self-determination is separated from every environment and person controlled from outside. Accordingly, strengthening the options by external intervention, any coercion or pressure prevents the individual from making free decisions. The individual should have the capacity to make choices with the determinants of their behaviour and to implement these choices. In contrast to capacity, self-determination is a need. The most basic tendency to be self-determining is that the organism engages in activities that interest it (Deci and Ryan, 1985).

The developmental tendencies of the individual as outlined in the theory emerge naturally, but in order for these tendencies to function effectively, basic needs must be satisfied and support from the social environment is required. The environment in which the individual lives either supports or hinders the natural tendencies towards psychological development. Therefore, the interaction between the active organism and the social environment determines the behaviour, developmental level and experiences of the individual.

SDT was initially developed as a unifying framework for personality theories that had previously been perceived as conflicting (Deci and Ryan, 2002). In this context, SDT posits that human personality is an active structure that is innately prone to continuous psychological development and change, aligning with humanistic and developmental theories. Conversely, in terms of behavioural and cognitive theories, it also asserts that environmental stimuli and conditions play a pivotal role in shaping human personality. In this context, the fundamental tenet of self-determination theory is that individuals are innately predisposed to psychological growth and integration of the self. However, for this growth and integration to occur, environmental conditions must provide the necessary support. A series of studies conducted by Edward Deci and Richard Ryan, the pioneers of the theory (Deci, 1971, 1972a, 1972b; Deci and Ryan, 1985), were inspired by White's (1959) studies on motivation and competence. White (1959) posited that environmental stimuli (e.g. feedback, reward) enhance intrinsic motivation by capturing the individual's interest and curiosity, enabling them to derive intrinsic pleasure through the experience of competence through their actions. Similarly, SDT examines the manner in which individuals internalise and integrate

extrinsic motivation while regulating their behaviours in daily life (Calp, 2013). In this context, the most fundamental distinction between the emergence and maintenance of behaviours can be attributed to the intrinsic and extrinsic motivation of the behaviour in question, as well as the factors that influence this process.

In SDT, the explanation of behaviours is sought by considering human experiences (Ryan and Deci, 2000b). In other words, the theory focuses on a system in which internal and external stimuli that gain meaning and power as a result of the direct and indirect effects of basic psychological needs are interpreted (Ryan and Deci, 2008). Intrinsically motivated behaviours are indicative of autonomy. These behaviours are supported by the natural emotions and behaviours that occur when the individual performs the behaviours in question. Conversely, behaviours motivated by extrinsic structures are performed with the intention of gaining a place in the social structure or profit (Ryan and Connell, 1989). SDT is a motivational and cognitive theory, as it involves the shaping of behaviour and the organisation of cognitive, affective and behavioural variables through the use of motivational structures (Deci and Ryan, 1985a). In this sense, self-determination theory offers a holistic perspective in the explanation of human personality, encompassing a range of psychological theories with different assumptions. It can therefore be considered an organismic meta-theory. The theory is also elucidated through the metaphor of a jigsaw puzzle, with the implication that each study contributes to the theory as a new piece added to the puzzle (Vansteenkiste, Niemiec and Soenens, 2010). The theory has undergone continuous development over time, with the addition of six sub-theories to date. The following paragraphs provide a brief overview of each of the aforementioned theories.

Cognitive evaluation, theory examines the impact of social context on intrinsic motivation.

Organismic integration, theory is concerned with the development of extrinsic motivation.

Causality orientation theory, is concerned with the tendency of individuals to engage in self-determined behaviours and the extent to which they receive support from their environment in this regard.

The basic needs theory, is concerned with the relationship between basic needs and mental health and well-being.

Goal content theory, is derived from the differentiation between intrinsic and extrinsic goals and their influence on motivation and well-being.

The theory of relationship motivation, posits that interpersonal relationships are of critical importance in the fulfilment of basic psychological needs and subjective well-being.

This research will test hypotheses related to the basic psychological need sub-theory of the theory. Hence, the basic psychological needs theory will be discussed in more detail in the following theoretical framework.

1.1.1. Basic Psychological Needs Theory

In SDT, needs are defined as innate psychological nutrients (Deci and Ryan, 2000; Hennesey, 2000; Van Lange, 2000). According to the SDT, basic psychological needs must first be satisfied for well-being (Kasser and Ryan, 1999). A need, whether physical or psychological, gives energy and power. If the needs are satisfied, the individual experiences a positive state of physical and psychological health, and their level of well-being increases. Conversely, if the needs are frustrated, pathological conditions may occur in the individual. This situation can be considered in the same way that a plant needs water, sunlight and specific minerals to survive (Ryan and Deci, 2000a). As previously stated, the theoretical components of SDT emphasise three basic needs. The need for autonomy, the need for competence and the need for relatedness are considered to be of great importance in terms of psychological development and well-being (Ryan, 1995). Furthermore, it is posited that these three basic psychological needs are universal. According to SDT, an individual who is satisficing these needs to an adequate level will be better able to manage their own development and progress. These basic psychological needs are of critical importance in supporting individuals in attaining healthy development, well-being, and life satisfaction. The theory posits that the satisfaction of these needs contributes to individuals experiencing greater happiness, fulfilment, and overall health. Conversely, the neglect or suppression of

these needs can result in emotional distress, a loss of motivation and a decline in overall life satisfaction.

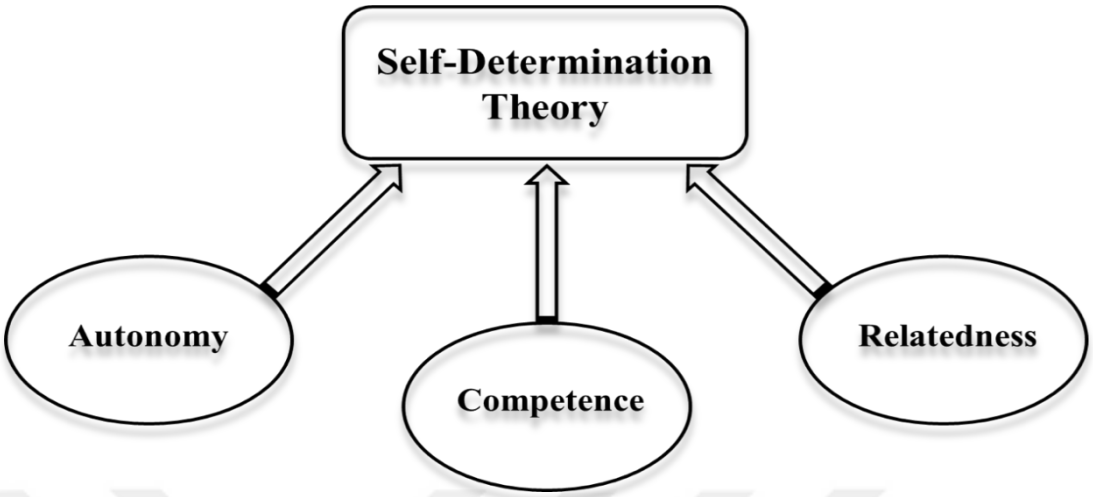

Figure 1. Basic Psychological Needs in Self-Determination Theory

1.1.1.1. Autonomy

The term "autonomy" is used to describe an individual's capacity to choose and control their own behaviour. It is one of the fundamental psychological needs identified in the SDT. In accordance with Ryan and Deci (2017), autonomy may be defined as self-management. This concept is closely related to the notion of human inner freedom, independence and decision-making ability. Autonomy is also defined as decision-making, voluntariness and choice-making when initiating and regulating behaviours (Ryan and Deci, 2000a). This is the capacity to exercise control over one's preferences and decisions. This is the regulation of one's behaviours by oneself, as opposed to external sources. Autonomy can be defined as the individual's desire to act independently from external factors and to shape their life in accordance with their own values, goals and aspirations. This represents a significant stage in the process of self-actualisation, and it is a crucial factor influencing emotional well-being, motivation and overall life satisfaction. A sense of autonomy allows an individual to act as an intrinsic source of motivation and maintain behaviour without external rewards or punishments. However, autonomy is not merely the capacity of the individual to act independently of external influences; it also encompasses the liberty to act in accordance with one's internal attitudes, values and beliefs. Consequently, the sense of autonomy is regarded as a foundational element that facilitates the individual's personal growth and plays a pivotal role in the SDT (Ryan and Deci, 2000a). A number

of studies have demonstrated that autonomy is of greater importance than the other three psychological needs (Deci and Ryan, 1985a; Ryan, 1995).

Furthermore, according to SDT, autonomy should not be conflated with independence. The concept of independence is expressed as the freedom of an individual to act in a manner that is consistent with their own values and beliefs (Chirkov et al., 2003). Autonomy can be defined as self-management and the direction of one's behaviours according to one's own volition (Ryan and Deci, 2017). Once the need for autonomy has been satisfied, the individual is able to exhibit their behaviours in a functional manner, thereby ensuring subjective well-being (Andersen, Chen and Carter, 2000). When developmental evaluation is employed, it is not necessary to separate from the family or experience conflict in order to fulfill the need for autonomy. Conversely, it has been demonstrated that positive family relationships facilitate the satisfaction of the need for autonomy (Ryan and Lynch, 1989).

The capacity for autonomy, defined as the individual's ability to make decisions and direct their own life, is associated with the development of trust in oneself and an appreciation of one's own value (Özdemir, 2012). However, the capacity for autonomy also enables the individual to cultivate enhanced decision-making abilities. The capacity to make independent decisions and assume responsibility enables the individual to make more informed and effective life choices. An autonomous individual is one who is capable of making decisions independently and bearing the consequences of those decisions. This capacity to act independently and assume responsibility for one's actions is a hallmark of adulthood and maturity. This process of assuming responsibility reflects the individual's level of maturity and social competence, indicating their capacity to adapt to social norms (Ryan and Lynch, 1989). Furthermore, autonomy is associated with increased intrinsic motivation in individuals. The experience of freedom and control in making one's own decisions and achieving one's goals has been demonstrated to enhance intrinsic motivation and enjoyment of life (Deci and Ryan, 1987). Moreover, autonomy facilitates the establishment of healthier interpersonal relationships. Those who are self-confident and act in accordance with their own values are more likely to develop more solid and satisfying relationships. Finally, a sense of autonomy enables the individual to cope with stress more effectively and to demonstrate higher levels of success and

performance. Those who possess the capacity to make their own decisions and direct their lives are better equipped to cope with stressful situations and realise their potential. Consequently, autonomy is a significant factor that enhances an individual's quality of life and contributes to their general well-being (Andersen, Chen and Carter, 2000).

The need for autonomy and competence are closely interrelated. The concept of competence encompasses a subjective perception that one will be successful in attaining one's objectives. In autonomy, involves that the individual chooses his/her own activities and goals and that these are compatible with his/her intrinsic values. Autonomy and competence are both important and a higher level of well-being will be experienced when both are together (Sheldon, Ryan and Reis, 1996) The perception of competence is a significant factor in an individual's behaviour, influencing their choices and actions in accordance with their own wishes. However, the perception of autonomy also plays a crucial role in this process. *Autonomy* refers to the experience of volition and willingness. When satisfied, one experiences a sense of integrity as when one's actions, thoughts, and feelings are self-endorsed and authentic. When frustrated, one experiences a sense of pressure and often conflict, such as feeling pushed in an unwanted direction (Vansteenkiste, Ryan and Soenens, 2020).

1.1.1.2. Competence

The need for "competence" can be defined as the effectiveness of the organism in performing a certain activity in the face of changing social and physical environments (Deci and Ryan, 2000; White, 1959). The need for competence depends on the level of control individuals have over their own behaviours. If the individual is able to initiate their own behaviours and the result of these behaviours is accepted by other individuals, the individual's need for competence is satisfied (Ryan and Deci, 2017). It appears that the main task of satisfying basic psychological needs belongs to parents, as each basic psychological need is valuable and the inhibition of one of them negatively affects the functionality of the person. Consequently, it is of paramount importance for parents to fulfil their children's basic psychological needs if they wish to facilitate their development (Deci and Ryan, 1985a; Ryan and Deci, 2000).

White (1959) posits that the need for competence is a natural tendency in humans, whereby they explore and control their environment and actively seek challenges that expand their physical and psychological functioning. The need for competence is a fundamental aspect of human nature, driving our exploratory tendencies and facilitating our growth and adaptation to complex environments. The need for competence enables individuals to seek and overcome challenges that align with their capacity. Consequently, competence is not a skill that can be acquired; rather, it is a sense of confidence that is felt when undertaking any action (Deci and Ryan, 2004). In other words, competence is the capacity of the individual to achieve the objectives they have set for themselves, despite the challenges they face, by utilising the skills they possess (Bandur and Schunk, 1981).

Those who believe and trust in their own competence are able to take action to achieve their goals with greater ease and are better able to overcome difficulties than those who do not (Bandura, 1994). Conversely, individuals who lack a sense of competence are unable to demonstrate their knowledge and skills effectively and are unable to adapt to new situations (Deci and Ryan, 2000).

A sense of competence is developed in children who experience a sense of success in middle childhood and at school, whose efforts are rewarded, and who are supported while performing tasks. As competence is regarded as a psychological need in self-determination, it can be posited that the satisfaction of this need at every period will result in positive outcomes (Cihangir - Çankaya, 2005). Competence entails the sense of efficacy and proficiency. It becomes satisfied as one capably engages in activities and experiences opportunities for using and extending skills and expertise. When frustrated, one experiences a sense of ineffectiveness or even failure and helplessness (Vansteenkiste, Ryan and Soenens, 2020).

1.1.1.3. Relatedness

Another basic psychological need is relatedness. The concept of relatedness has been and continues to be the basis of numerous psychological theories of human nature. Indeed, the majority of theories pertaining to human motivation and development posit the existence of an innate process by which individuals strive to establish and maintain satisfying connections with others (Reis et al., 2000). Baumeister and Leary (1995)

refer to the human tendency to form strong, stable interpersonal bonds as the “need to belong” and review extensive evidence testifying to its fundamental and central role in human motivation (Baumeister and Leary, 1995)

The concept of relatedness encompasses a number of key elements, including sincerity, intimacy, bonding, and interest (Vansteenkiste, Ryan and Soenens, 2020). It also encompasses the experience of having healthy and satisfying social relationships. Individuals need to feel that they are in meaningful interactions with important people around them (Faye and Sharpe, 2008). The individual fulfils this need by establishing connections with others and experiencing a sense of belonging. Failure to satisfy this need can result in feelings of social isolation, exclusion and loneliness (Vansteenkiste, Ryan and Soenens, 2020).

It is not feasible for individuals to survive independently within the social environment in which they reside. The individual's need for others to survive is influenced by a multitude of biological, psychological and social factors. Given this fundamental state of affairs, it is unavoidable to establish relationships with others and to be included in specific social groups. In order to feel securely connected to others, individuals must feel a sense of autonomy and competence in their relationships (Ryan and Deci, 2000). The relationship is supported by the involvement of others, the warmth and care they convey (Ryan et al., 2009). The need for relatedness is fulfilled when individuals demonstrate a high level of interest in each other and experience a sense of closeness (Ryan and Deci, 2017).

The need for relatedness is a fundamental human drive, and as such, individuals are highly motivated to understand, recognise, or love other people (Ryan and Deci, 2006). Accordingly, in order to fulfill the need for relatedness, individuals must perceive that other people occupy a significant position in their lives (Ryan and Deci, 2008). In accordance with self-determination theory, the satisfaction of the need for relatedness facilitates the process of internalisation. Individuals tend to internalise the sense of belonging by being with other people who are close to their own values and experiences (Niemiec and Ryan, 2009).

On the other hand, according to self-determination theory, people tend to internalise values that make them more effective, more successful and more functional (Rigby et

al., 1992). These values are those that enhance an individual's sense of competence. When individuals internalize values that enhance their sense of competence in interpersonal relationships, without external pressure, it is possible for them to achieve a state of overall psychological satisfaction. However, when the social environment imposes certain values on the individual, the individual is unable to fully internalise these values. Consequently, individuals who lack the support and understanding they require in their social relationships are unable to overcome the challenges they encounter and adapt effectively to their environment (Baard, Deci and Ryan, 2004).

1.2. Perception of Parenting

The role of parents in the lives of their children is not merely biological; it encompasses a multitude of aspects, including the spiritual, emotional and social development of children. The process of parenting is a complex and nuanced endeavour, encompassing the shaping of children's character. This shaping is influenced by a multitude of factors, including parents' attitudes, behaviours and perceptions. It is acknowledged that parents have the capacity to impact their children's future success and well-being. However, in order to understand and guide this influence, it is necessary to have an in-depth understanding of parenting perception. Parental perception is defined as the cognitive process by which individuals interpret their parents' emotional states, thoughts, and behaviours towards them. The concept of parental perception is analysed in three dimensions: involvement, autonomy support and warmth (Robbins, 1994).

The relationship between individuals and their families has been demonstrated to influence the nature of their subsequent relationships with other people and society (Gander and Gardiner, 2010; Kuzgun and Eldeleklioğlu, 2005).

The autonomy support provided by parents to their children ensures that parents do not exhibit power and control their children in terms of behaviours, values and interests. Children are free to make their own choices, and their motivation sources are shaped internally (Grolnick et al., 1997). Parents who support autonomy foster intrinsic sources of motivation, employ flexible language when communicating with their children, and provide explanatory rationales for why it may be personally important or beneficial for a child to engage in a behaviour (Reeve, 2009).

It can be observed that the degree of importance attributed by parents to the needs and perspectives of their children is closely correlated with the provision of autonomy support. It has been demonstrated that children who are not provided with autonomy support and who are subjected to psychological control by their families experience a negative impact on their autonomy status (Soenens and Vansteenkiste, 2005).

An environment that supports autonomy is one that enables the individual to make their own decisions and to act in accordance with their own values and beliefs. Self-determination is an internal locus of causality experience (Ryan and Stiller, 1991). An individual who perceives the initiation and regulation of behaviour as originating from within is said to experience an internal locus of causality (Ryan and Connell, 1989). An action, cognition, or regulation is considered autonomous as long as it is carried out of one's own volition. Consequently, autonomy is contingent upon the perception of the available options within the environment. Autonomy support can be conceptualised as the capacity to fulfil these options (Ryan and Connell, 1989).

In the **involvement** dimension of parental perceptions, children should have a sense of competence and for this, parents should provide their children with the opportunity to make connections with the consequences of their actions (Farkas and Grolnick, 2010). Parents assist their children in demonstrating the existence of a relationship between the behaviours of individuals and the outcomes of these behaviours (Grolnick et al., 1997). In cases where parents face difficulties in their children's decision-making and making choices, they understand and value their children's thoughts. By providing logical explanations and guidance, parents facilitate decision-making and choices in a way that supports autonomy. This involvement indicates that parents' participation contributes to the provision of autonomy support (Grolnick et al., 1997).

In the context of **warmth**, which is another area of parental perception, it is recommended that families provide their children with the necessary attention, closeness, and support (Grolnick et al., 1997). The warmth dimension is closely related to the need to be related, which is among the basic psychological needs. It is postulated that the values of children will be internalised by meeting this need (Grolnick, 2009). Parents demonstrate interest in their children in a variety of ways, including through personal, informational, intellectual, emotional, instrumental, and knowledgeable

interactions. These interactions facilitate the establishment of closeness between parents and children (McNeely and Barber, 2010).

1.2.1. Autonomy Support and Psychological Control

In accordance with the findings of Deci and Ryan (1985), it is beneficial to categorise parental behaviours that influence the initiation or regulation of intentional behaviours into two distinct groups: those that are autonomy-supportive and those that are controlling. At this point, behaviours that facilitate autonomy enhance competence, whereas behaviours that are controlling exert pressure on the individual to think, feel and behave in a specific manner. It can be reasonably deduced that the experience of parental autonomy-supportive behaviours fosters self-determination, whereas behaviours perceived as controlling tend to have the opposite effect. In other words, intrinsic motivation (autonomy-supportive behaviours) and the ability to determine one's behaviours with this motivation are indicative of autonomy. However, behaviours determined by extrinsic factors (controlling behaviours) are more likely to occur in order to gain acceptance, to gain a place in the social context and to earn a profit (Deci et al., 1989).

1.2.1.1. Autonomy Supportive Parenting Style

In order for individuals to be able to regulate their behaviours autonomously, that is, to behave autonomously, it is important that the individuals around them behave in an autonomy-supportive manner. Caring about what individuals find interesting, important and their personal ideas is a fundamental aspect of being autonomy supportive. It enables individuals to act in accordance with their own will and personal choices (Williams, Saizow and Ryan, 1999). The provision of environmental support for the individual's autonomy serves to nourish intrinsic motivation, enabling the individual to realise their full potential and to achieve their personal aspirations (Andersen, 2000). Furthermore, autonomy support is associated with a number of positive outcomes, including cognitive flexibility, creativity, better conceptual learning, a positive emotional state, good physical and mental health, and less pressure and tension (Deci and Ryan, 1987). As posited by Kasser and Ryan (1999), factors that impede autonomy are associated with a reduction in natural motivation, creativity, self-confidence, interest, and vitality. The absence of autonomy support is associated with

low self-confidence and motivation, as well as the development of psychological disorders.

The opportunity for choice provided to the individual by the parent through autonomy support enables the process of internalising parental behaviours. For this reason, according to SDT, autonomy support is a parenting practice that approaches the child with empathy, offers choice, and has a minimum level of control behaviours (Grolnick, Deci and Ryan, 1997). The positive effect of autonomy-supportive parenting on the individual's adjustment has been demonstrated on numerous occasions by a multitude of studies. These studies demonstrate the positive effect of autonomy support on individuals from their parents in different life domains (Grolnick and Pomerantz, 2009; Soenens and Vansteenkiste, 2005). Conversely, the perception of control exerted by parents has been found to have negative effects (Joussemet et al., 2008). Indeed, the high level of inverse relationship between psychological control and autonomy support indicates that these two practices should be handled together (Kındap, 2011). It has been demonstrated that parents who utilise psychological control techniques tend to impede the individual's capacity for self-expression, both in terms of ideas and emotional expression (Ryan and Deci, 2017).

1.2.1.2. Controlling Parenting Style

The first conceptualization of psychological control was made by Schaefer (1965). Schaefer (1965) explained psychological control as interfering and overprotective parenting practices when parental control is high, and as expecting obedience and not allowing tolerance when parental rejection is high.

Barber (1996) discussed the concept of control and divided it into two categories: psychological control and behavioral control. Behavioral control is explained as parents' interventions, regulating their children's behaviors and structuring their actions by monitoring them and being knowledgeable about their activities. Psychological control is defined as a parent imposing their own wishes on the child during the socialization process, ignoring the child's emotional and psychological needs by being insensitive, hindering the development of the child's autonomy, and preventing their independence (Barber, 1996).

Psychological control interferes with children's thoughts and feelings rather than regulating behavior. Therefore, it can be said that psychological control is a threat to the self. Interference is a prominent feature of psychological control, where parents attack their children's psychological world, which essentially has detrimental effects on the self (Barber and Harmon, 2002). Furthermore, parents may utilise psychological control when they perceive their child's need for autonomy as a threat to family separation and family unity. Parents often seek to maintain their children's psychological dependence on them, which can result in an intertwined or conflicted relationship. Consequently, psychological control not only controls children's undesirable behaviour but also their psychological and emotional world, thereby disregarding their unique individuality.

The term "psychological control" encompasses a range of parental behaviours. Psychological control of children is achieved through the implementation of manipulative and intrusive strategies. These include the induction of guilt, the establishment of conditional respect, the practice of shaming, and the dismissal of children's thoughts and feelings (Barber, 1996; Barber et al., 2012).

Psychological control and autonomy support represent distinct parenting approaches employed in the socialization of children. In contrast to parents who employ psychological control, which is characterized by a prioritization of the parent's needs and the use of intrusive strategies, parents who are autonomy-supportive exhibit a negative correlation, as they prioritize the needs of their children. However, there is no consensus on whether these constitute opposite ends of a spectrum. Furthermore, parents may integrate elements of both approaches, employing varying degrees of psychological control in conjunction with autonomy support (Costa et al., 2015). It is important to note that low levels of autonomy support are not necessarily associated with high levels of psychological control (Silk et al., 2003).

1.3.Perception of Parents and Basic Psychological Needs

Family is considered as the primary environment where children acquire affective, cognitive, behavioural and social skills (Güneş and Bacanlı, 2020). Self-Determination Theory (SDT), which is a highly effective framework for understanding human motivation and personality, and its sub-theory Basic Psychological Needs Theory

(BPNT) emphasise the vital role of the parent-child relationship in supporting the well-being and optimal development of adolescents by meeting their basic psychological needs (Ryan and Deci, 2000, 2020).

According to Deci and Ryan (2000), the fulfilment of children's basic psychological needs in the BPNT is influenced by the experiences provided by key social contexts such as the family in which the child grows up. If individuals develop in environments where these needs are not met or are actively inhibited, their potential for positive psychological functioning is jeopardised (Cordeiro et al., 2016; Vansteenkiste and Ryan, 2013). In relation to the family, BPNT suggests that the satisfaction and frustration of basic psychological needs are linked to specific parenting behaviours such as psychological control and autonomy support (Ahmad et al., 2013; Costa et al., 2018; Inguglia et al., 2015; Mabbe et al., 2015). In the realm of parenting, the term "psychological control" refers to a dimension in which parents employ subtle and manipulative tactics, such as guilt induction, shame, and the withholding of love, in order to pressure their children to align their actions with their own agenda (Barber and Harmon, 2002; Soenens et al., 2010).

Conversely, parental autonomy support is a dimension characterised by parents who encourage their children to act autonomously and pursue their genuine personal interests and values (Fousiani et al., 2014; Soenens et al., 2007).

The parent-child relationship stands as the cornerstone in the fulfillment of adolescents' basic psychological needs, a principle deeply rooted in both Self-Determination Theory (SDT) and Basic Psychological Needs Theory (BPNT). This pivotal relationship shapes the landscape where adolescents acquire vital skills and competencies crucial for their emotional, cognitive, and social development. Within the family environment, the manner in which these needs are either nurtured or thwarted significantly influences adolescents' overall psychological well-being and their trajectory towards optimal development. Psychological control and autonomy support emerge as two pivotal dimensions within parenting behavior that intricately influence the satisfaction of these fundamental needs. Psychological control, marked by manipulative tactics and a lack of autonomy, stifles adolescents' sense of self-determination and authentic expression. Conversely, autonomy support empowers

adolescents by fostering their independence and encouraging the exploration and pursuit of their genuine personal values.

1.4.Vitality

Understanding the essence of subjective vitality unveils a profound dimension of human existence, where individuals transcend mere existence to embrace a life brimming with energy and purpose. Subjective vitality, as delineated by Ryan and Frederick (1997), embodies a holistic psychological experience characterized by a profound sense of aliveness and enthusiasm. This sensation, intricately intertwined with an individual's psychological and physical states, serves as a pivotal indicator of overall well-being. Rooted in Self-Determination Theory (SDT), subjective vitality emerges as a primary measure for evaluating eudaimonic well-being, transcending the traditional dichotomy between hedonic and eudaimonic aspects of well-being.

The exploration of subjective vitality necessitates a nuanced understanding of well-being, extending beyond mere absence of distress to encompass a state of thriving and flourishing. Deci and Ryan (2000) underscored the importance of fulfilling basic psychological needs—autonomy, competence, and relatedness—for optimal well-being, setting the stage for a vibrant life replete with vitality. Numerous studies corroborate the profound impact of subjective vitality on various dimensions of well-being, including emotional, psychological, and social domains (Derdikman-Eiron et al., 2011; Salama-Younes, 2011).

Subjective vitality not only fuels adaptive functioning but also fosters resilience in the face of adversity. Its association with positive mood states, vigor, and activated positive affect underscores its pivotal role in promoting psychological resilience and adaptive coping strategies (Mouratidis et al., 2011; Ryan and Deci, 2008). Moreover, subjective vitality transcends individual well-being, permeating societal and political realms. Policies and interventions aimed at nurturing subjective vitality can pave the way for a more vibrant and resilient society, where individuals are empowered to pursue meaningful endeavors with zeal and vigor.

In essence, subjective vitality epitomizes a dynamic interplay between individual agency and contextual factors, shaping not only personal well-being but also societal dynamics. As research continues to unveil the multifaceted implications of subjective

vitality, it becomes increasingly apparent that fostering vitality is not merely a pursuit of happiness but a journey towards a life replete with purpose, resilience, and flourishing.

The sensation of feeling fully "alive" is a common yet highly subjective aspect of human existence. Individuals often describe moments of heightened vitality and vigor in specific situations or following certain events, while in other circumstances, they may feel emotionally drained or disconnected. This sense of aliveness transcends mere physical activity or arousal; it encompasses a distinct psychological experience characterised by enthusiasm and vitality, which we refer to as vitality. This experience varies among individuals, influenced not only by physical factors such as health and fatigue but also by psychological factors such as love, purpose, and efficacy. Given its central role in personal experience and its association with both physical and psychological states, the subjective feeling of aliveness and vitality may serve as a significant indicator of overall well-being. (Ryan and Frederick, 1997).

To understand vitality, one must first understand well-being. Deci and Ryan (2000) argued that optimal and healthy development never occurs when basic needs are disregarded, emphasizing that psychological well-being necessitates the fulfillment of all three needs. Numerous studies have demonstrated a strong correlation between the fulfillment of these fundamental psychological needs and overall well-being (Reis et al. 2000; Sheldon et al. 1996). Well-being embodies a sense of vitality and internal harmony that defines a fully functional organism (Ryan and Deci 2001).

When reviewing research on well-being, it becomes clear that the literature primarily concentrates on subjective and psychological dimensions. Subjective and psychological well-being are recognized as crucial psychological attributes associated with mental health (Derdikman-Eiron et al., 2011). While subjective well-being pertains to the hedonic aspect of well-being, psychological well-being encompasses the aspect related to eudaimonia. The hedonic approach, as proposed by Tooby and Cosmides (1992), views the human organism as initially lacking inherent content and therefore susceptible to external influences, shaping its meaning in accordance with societal and cultural norms. Conversely, the eudaimonic approach attributes inherent content to human nature and aims to uncover and understand this content, as well as the factors that promote or inhibit it. According to Self-Determination Theory (SDT),

subjective vitality serves as the primary measure for evaluating eudaimonic well-being. Subjective vitality is defined as an individual's conscious experience of possessing energy and aliveness (Ryan and Deci, 2001; Ryan and Frederick, 1997). Vitality is associated with feelings of positive mood states, vigor, and activated positive affect (Ryan and Deci 2008). Research indicates that vitality is positively associated with the satisfaction of needs and aligns with the perception of oneself as capable of initiating action (Ryan and Frederick 1997). Vitality and well-being are interconnected concepts in research literature. Vitality is identified as a component contributing to overall well-being. However, well-being encompasses comprehensive human functioning beyond simply the absence of mental illness or feelings of happiness. Subjective vitality serves as a fuel for adaptive functioning and is integral to well-being (Nix et al.,1999). Mental vitality is a key factor in evaluating positive experiences and mental wellness. Consequently, individuals with higher vitality levels are more motivated to engage in meaningful activities and adeptly handle challenging and unpredictable circumstances (Mouratidis et al., 2011; Sheerin, 2017). Studies have demonstrated that subjective vitality significantly contributes to self-esteem, life competence, and life satisfaction, ultimately resulting in enhanced well-being (Abolghaseminejad, 2020).

Vitality is not a goal to be achieved; rather, it is a lifelong process that aims to maximise the potential of the individual. It is considered a way of life that encompasses the development and change of the individual in every field. It has a preventive function, as it includes a healthy lifestyle, a change of thought and attitude. Furthermore, subjective vitality ensures that the individual who strives to be functional in the healthy life process is active, open to innovation and not afraid of change (Sulphey, 2014). Previous studies have shown that subjective vitality is positively associated with subjective well-being (Uysal, Sarıçam and Akın, 2014), emotional, psychological, and social well-being, quality of life (Salama-Younes, 2011), and self-esteem (Ryan and Frederick, 1997). On the other hand, it has been found to be negatively associated with depression, anxiety, psychological and physical distress, negative relationships (Ryan and Frederick, 1997) and poor self-control performance (Muraven et al., 2008).

1.4.1. Vitality and Basic Psychological Needs

According to SDT, while attempting to control oneself can deplete psychological energy and vitality, autonomous self-regulation does not have this effect. In other words, self-regulation that is truly voluntary and autonomous does not lead to ego depletion. Additionally, since vitality pertains to the energy available to the self rather than just activation, it is expected that meeting the basic needs of the self will preserve or even increase vitality and support self-regulatory abilities (Ryan and Deci, 2008).

In terms of self-determination theory, vitality is explained by Ryan and Deci (2008) in terms of 3 hypotheses. The first of these is autonomous self-regulation, which does not involve inhibition and control from the environment of the individual. In situations where the individual is not controlled and prevented, their vitality and energy in their actions are much less depleted than in situations where they are controlled and prevented. Secondly, the activities that satisfy the basic psychological needs as outlined in the SDT model provide nourishment to the self. Consequently, the vitality of the nourished self will be maintained or increased. In other words, while activities and events that prevent the fulfilment of autonomy, competence and relatedness needs cause energy depletion, activities that satisfy these needs will nourish the self and ensure the preservation or increase of vitality. Lastly, the adoption of lifestyles that prioritize intrinsic motivations will create an environment conducive to the satisfaction of basic needs, thereby enhancing vitality. In contrast, lifestyles that emphasize extrinsic goals will have the opposite effect, as they tend to divert attention from the satisfaction of needs, which in turn reduces vitality (Ryan and Deci, 2008).

A number of studies have indicated that individuals with elevated levels of subjective vitality exhibit enhanced resilience (Garg, Kumari and Punia, 2022), positive affect (Rodrigues et al., 2022) and overall improved psychological functioning (Miksza et al., 2020). When individuals are fully functioning, they experience a sense of motivation and vitality, a desire to learn new things, the development of new skills, the utilization of these skills in their lives, and the fulfilment of their responsibilities in life. In other words, as a fundamental aspect of human nature, they consistently demonstrate positive characteristics. Those whose development is impeded may occasionally demonstrate a reluctance to evolve and assume accountability. Such individuals may become alienated, insensitive, and irresponsible. Such individuals

may be observed passively watching television, sitting in the back rows of classrooms with vacant expressions, and awaiting the weekend with reluctance (Ryan and Deci, 2000). In the present study, subjective vitality was also used to refer to well-being.

1.4.2. Vitality and Perception of Parents

The Basic Psychological Needs Theory (Deci and Ryan, 2002) defines the need for autonomy as the need for self-determination of one's behaviours and experiences and its compatibility with one's personality; the need for competence as the desire to interact effectively with one's environment; and the need for relatedness as the desire to be in a bond with others, to love the other and to be loved by the other. According to BPNT, psychological well-being will be achieved when BPN is satisfied (Deci and Ryan, 2000; Ryan and Deci, 2017). However, BPNT states that well-being and ill-being are related to the social environment. It considers well-being and ill-being as a result of the potential of the social environment to satisfy the BPNs. The social environment is primarily defined as the family. It can be reasonably assumed that if the family creates a favourable environment for the satisfaction of BPNs – which would be expected to be best achieved when the family exhibits an autonomy-supportive attitude – it will lead to higher levels of vitality. From an eudaimonic perspective, subjective vitality describes a person who is active, ambitious and interested in developing their skills and potential. In other words, vitality equates to optimal growth and development (Ryan and Deci, 2001). Subjective vitality, defined as ‘a positive sense of vitality and energy’ (Ryan and Frederick, 1997), is a variable frequently used as an indicator of eudaimonic well-being. As a result, it is expected that parents, who are the first social environment, create an appropriate supportive environment that will satisfy the BPNs and provide an atmosphere that will facilitate the satisfaction of one's needs, which is expected to contribute to vitality. Conversely, if parents create an oppressive and controlling atmosphere for their children, it may result in a reduction in the vitality of the individual, due to the difficulty or frustration experienced in satisfying their BPNs.

1.5.Depression

Depression stands as a formidable adversary to the vitality of human existence, casting a shadow over the vibrancy and energy that characterize a life lived to its fullest. Unlike vitality, which embodies a sense of aliveness and enthusiasm, depression engulfs individuals in a pervasive sense of lethargy, despair, and emotional desolation. Defined as a complex psychological condition with roots in both biological and physiological realms, depression manifests as a relentless depletion of life energy, sapping individuals of their zest for life and instilling a profound reluctance towards engagement with the world. As elucidated by Ribeiro and Doellinger (2018), the symptoms of depression encompass not only emotional anguish, such as feelings of hopelessness and worthlessness, but also extend to physical manifestations, disrupting sleep patterns, appetite, and cognitive processes. These debilitating symptoms pose formidable challenges to maintaining daily activities, impeding individuals' functionality and eroding their overall quality of life.

Depression is a complex condition that has a wide range of terminology in the field of psychology. It includes biological and physiological conditions. Depression is generally defined as a psychological condition that reduces the life energy of individuals and creates reluctance. The life-energy-reducing effects of depression and its aversive aspects can have a significant impact on the general well-being of individuals. (Ribeiro and Doellinger, 2018). The concept of melancholia, as defined by Freud, represents the initial formulation of psychodynamic understandings of depression. Freud provided a clear description of the symptoms of melancholy; "... a profoundly painful dejection, cessation of interest in the outside world, loss of capacity to love, inhibition of all activity, and lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings and culminates in delusional expectations of punishment (Freud, 1917)." These characteristics bear a striking resemblance to the modern DSM definition of depression. In this context, depression emerges not merely as a transient mood state but as a pervasive state of ill-being and psychopathology, undermining individuals' capacity to experience vitality and impeding their journey towards well-being. Building upon the profound impact of depression on individual vitality and well-being, emerging research sheds light on the potential mitigating influence of environmental factors. Multiple research endeavors

have shown that environmental elements, such as parental encouragement of autonomy, play a favorable role in alleviating personal depressive symptoms (Johannsen et al., 2022; Van der Giessen et al., 2014; Wang et al., 2024). In juxtaposition to the concept of vitality, which propels individuals towards a life brimming with energy and purpose, depression represents its antithesis, casting a pall over the human experience and thwarting the realization of one's full potential. As we delve deeper into the intricacies of depression, it becomes increasingly evident that understanding its mechanisms and alleviating its burden is paramount to fostering resilience and promoting well-being in individuals and society at large. In the present study, depression was also used to refer to ill being and psychopathology.

1.6.Aim of the Study

Subjective vitality serves as a fuel for adaptive functioning and is an integral part of well-being (Nix et al., 1999). Vitality is one of the primary measures of well-being in human life (Ryan and Deci, 2001; Ryan and Frederick, 1997). Despite this importance of the concept of vitality in human life, this concept has not been sufficiently covered in the literature. This research aims to investigate the factors affecting individuals' subjective vitality and depression levels and to examine these factors within the framework of Basic Psychological Needs Theory (BPNT). It aims to contribute to the literature by examining the mediating role of need satisfaction and need frustration in the relationship between vitality and depression by including both need satisfaction and need frustration measures related to parental psychological control and parental autonomy support. In the literature, the mediating role of basic needs in the relationship between parental psychological control and ill-being has been examined in various studies (Ahmad 2013; Costa, 2015). However, the measures of psychological basic needs used in these studies did not distinguish between need satisfaction and need frustration experiences. In addition, it does not include both well-being (vitality) and ill-being (depression) measures. Costa et al. (2016) measured both need satisfaction and need frustration experiences related to parental psychological control and parental autonomy support and examined the mediating role of need satisfaction and need frustration in the relationship with vitality and depression. This study was conducted in Italy, and it is recommended to replicate the research in different cultures to examine the results (Costa et al., 2016). This study aims to

investigate the important variables/factors affecting the vitality levels of individuals. This research was needed because vitality is strongly linked to psychological well-being, especially variables related to Basic Psychological Needs and Parental Perception. This study will be conducted with a Turkish sample.

1.6.1. Hypotheses

The following hypotheses are based on the previously mentioned theoretical framework.

H1: Participants with psychiatric diagnoses are expected to have significantly lower need satisfaction scores and higher need frustration scores compared to those without such diagnoses.

H2: Participants with psychiatric diagnoses are expected to have significantly lower Perception of Parents scores compared to those without such diagnoses.

H3: Participants who had received therapy were expected to have significantly lower need satisfaction scores and higher need frustration scores than those who did not receive therapy.

H4: Participants who had received therapy are expected to have significantly lower Perception of Parents scores compared to those who did not receive therapy.

H5: Subjective vitality is expected to be positively correlated with Perception of Parents Scale values.

H6: Depression is expected to be negatively correlated with Perception of Parents Scale values.

H7: The satisfaction of basic psychological needs is hypothesized to mediate the relationship between a mother's autonomy supportive parenting style and subjective vitality.

H8: The satisfaction of basic psychological needs is hypothesized to mediate the relationship between a father’s autonomy supportive parenting style and subjective vitality.

H9: The frustration of basic psychological needs is hypothesized to mediate the relationship between a mother's controlling parenting style and depression.

H10: The frustration of basic psychological needs is hypothesized to mediate the relationship between a father’s controlling parenting style and depression.

CHAPTER 2: METHOD

2.1. Participants

A total of 257 individuals participated in the study. The participants' ages ranged from 16 to 29 (with a mean age of 21.8, SD= 2.7). Of the participants, 204 were female (79.4%) and 53 were male (20.6%). The distribution of participants' educational backgrounds was as follows: One person was a primary school graduate (0.4%), 36 people were high school graduates (14%), one person was an associate degree graduate (0.4%), 202 people were bachelor's degree graduates (78.6%), and 17 people were postgraduate degree holders (6.6%). 34 participants (13.2%) stated that they live alone, 146 (56.8%) with their families, 5 (1.9%) with relatives, 41 (16.0%) with roommates, and 12 (4.7%) with their spouses. Regarding the participants' relationship statuses, 150 (58.4%) indicated that they are single, 14 (5.4%) are married, and 93 (36.2%) are in a relationship. When examining the parents' living statuses, it was found that 243 participants (94.6%) had both parents alive, 4 participants (1.6%) had their mothers deceased, and 7 participants (2.7%) had their fathers deceased. It was also observed that two participants (0.8%) had both parents deceased. When evaluating who the participants grew up with, it was observed that 222 participants (86.4%) grew up with both parents, 25 participants (9.7%) grew up with only their mothers, and 2 participants (0.8%) grew up with only their fathers. Of the participants in the study 55 participants (21.4%) had a psychiatric diagnosis, and 118 participants (45.9%) stated that they received therapy.

2.2. Measures

In this study, 5 different measures were used. 1) Demographic Questionnaire, 2) Basic Psychological Need Satisfaction and Frustration Scale, 3) Perception of Parent Scale, 4) Subject Vitality Scale, 5) Beck Depression Inventory.

2.2.1. Demographic Questionnaire

A sociodemographic questionnaire was used to collect information on participants' gender, age, education level (primary school, secondary school, high school, undergraduate, postgraduate), employment status (not working, student, working,

other), living arrangements (alone, with family, with relatives, with a roommate, with spouse, with partner, other), relationship status (single, married, in a relationship, other), parental status (both parents alive, mother deceased and father alive, father deceased and mother alive, both parents deceased, other), number of siblings, birth order, socioeconomic status, region of residence, primary caregiver during upbringing (with both parents, with mother, with father, with another caregiver), periods of separation from the family, psychiatric diagnosis, receiving therapy, participation in activities, and frequency of participation in activities (see Appendix-X).

2.2.2. Basic Psychological Need Satisfaction and Frustration Scale (BPNSFS)

The Turkish version of the Basic Psychological Needs Satisfaction and Frustration Scale (BPNSFS) was employed in this study (Chen et al., 2015). The BPNSFS was developed with the intention of measuring satisfaction and frustration with regard to three key psychological needs: autonomy, relatedness, and competence. Six subscales were defined for the fulfilment and non-fulfilment of each need. The following six subscales were defined: Autonomy satisfaction, Autonomy frustration, Relatedness satisfaction, Relatedness frustration, Competence satisfaction, Competence frustration. The responses to the questions were scored on a five-point Likert scale, with 1 representing "completely false" and 5 representing "completely true." A high score on the scale indicates a high level of satisfaction with the satisfaction factor and a high level of frustration with the frustration factor. The scale is divided into two subscales: autonomy satisfaction and autonomy frustration. The former assesses the extent to which individuals feel that they can make choices in the work they undertake and that they are free. The latter assesses the extent to which individuals feel as if they have to do many of the things they do. The relatedness satisfaction factor encompasses the perception of mutual care and belonging, whereas the relatedness frustration factor represents the experience of social exclusion. The competence satisfaction factor encompasses a sense of self-assurance and efficacy, whereas the frustration of competence factor represents a lack of confidence in one's abilities. The Basic Psychological Need Satisfaction and Frustration Scale was translated into Turkish by Mouratidis et al. (2018). In the original validation studies, the scale's six subscales (autonomy, relatedness, competence, each with both satisfaction and frustration components) exhibited adequate internal consistency, with Cronbach's alpha

coefficients varying across different samples. Specifically, for the satisfaction subscales, Cronbach's alpha ranged from .73 to .89, whereas for the frustration subscales, it ranged from .64 to .86 (Chen et al., 2015). In the Turkish version of the scale, internal consistency was found to be .82 for the need satisfaction subscale and .79 for the need frustration subscale. More precisely, the internal consistency values were .76 for autonomy satisfaction, .82 for autonomy frustration, .84 for competence satisfaction, .80 for competence frustration, .64 for relatedness satisfaction, and .76 for relatedness frustration.

2.2.3. Perception of Parent Scale

The "Perceptions of Parents Scale (POPS)" was developed by Robbins (1994) with the objective of determining the relationships of adolescents with their parents. The scale comprises two distinct forms and three sub-dimensions for mothers and fathers. The scale comprises six sub-dimensions, including autonomy support, participation, and warmth, for mothers and fathers. Cohen's alpha internal consistency coefficients for the original scale were reported as .75 for the mother and .84 for the father. The scale is graded as Completely wrong = 1 and Completely right = 7. The scale was adapted into Turkish by Kocayörük (2012). The sub-dimensions of the scale are as follows: maternal involvement, maternal autonomy support, maternal closeness, paternal involvement, paternal autonomy support and paternal closeness. The scale consists of 42 items in total, with 21 items for the mother and 21 items for the father. In POPS, the experiences between parents and adolescents can be quantified through three sub-dimensions (involvement, autonomy support and warmth). The total score of the perceived relationship between parents and adolescents can be obtained by summing the items in these dimensions after reverse coding. The items are reverse scored and included in the total score. As a consequence of the adaptation studies, Cronbach's alpha internal consistency values were .91 for the mother and .93 for the father. (Kocayörük, 2012). A high score on the scale indicates a high level of autonomy support from the mother and father, whereas a low score indicates a perception of control by the mother and father. The mother involvement subscale comprises six items, the mother autonomy support subscale 9 items, the mother warmth subscale 6 items, the father involvement subscale 6 items, the father autonomy support subscale 9 items, and the father warmth subscale 6 items. The reverse-coded items are

three items for the maternal involvement subscale, three items for the maternal autonomy support subscale, and two items for the maternal warmth subscale; three items for the paternal involvement subscale, three items for the paternal autonomy support subscale, and two items for the paternal warmth subscale (Kocayörük, 2012). The internal consistency coefficients calculated on the data collected within the scope of this study are as follows: The Perception of Parent Scale demonstrated an internal consistency of .91 for the mother form and .90 for the father form.

2.2.4. Subjective Vitality Scale

The Subjective Vitality Scale (SVS) is a scale developed by Ryan and Frederick (1997) to measure the vitality of individuals. The Subjective Vitality Scale, which was developed to determine the subjective experiences and vitality levels of individuals to feel lively, energetic and awake, is a measurement tool based on individuals providing information about themselves. The scale consists of 7 items with a 7-point Likert response format. 1= strongly disagree, 7= strongly agree. The individual's total subjective fitness score can be obtained by adding the scores of all items in the scale. The 2. item of the scale is reverse coded. The range of scores on the scale is between 7 and 49. High scores on the scale indicate that the individual's subjective level of vitality is high. In the original study, the Cronbach's alpha internal consistency coefficient was between .84 and .86 (Ryan and Frederick, 1997). The scale was translated into Turkish by Dolunay - Cuğ (2015). The Turkish translation of the Subjective Vitality Scale was carried out using the 'translation retranslation' method.

2.2.5. Beck Depression Inventory

The Beck Depression Inventory (BDI) was developed by Beck (1961) and is a scale for measuring the symptoms and severity of depression in emotional, cognitive, somatic and motivational dimensions in adults. It is widely used in clinical and research settings and its main purpose is to assess the symptoms of depression in detail. In the scale, two items are dedicated to emotions, two to behaviour, eleven to cognitions, one to interpersonal relations and five to somatic symptoms, with a total of 21 self-descriptive sentences (Sorias, 1998). Each item provides a four-point Likert type score of 0, 1, 2, 3 according to the severity of depression. High scores indicate the severity of depression symptoms. The scale is scored over a range of 0-63 points

(Aydemir and Köroğlu 2006). While a score between 0-9 indicates minimal depression, 10-16 points indicate mild depression, 17-24 points indicate moderate depression, and 25 and above points indicate the presence of severe depression (Beck et al., 1961). A score above 17 points indicates symptoms of depression (depressed mood, guilt, pessimistic mood, crying spells, dissatisfaction, sense of failure, anxiety, fatigue, inability to eat, social withdrawal, inability to make decisions, misjudgment of physical perception, sleep disturbance, somatic problems, slowing of work activity and loss of libido) (Hisli, 1988). The validity and reliability study of the Turkish version of the BDI was conducted by Hisli (1988, 1989) and the cut-off score of the scale was found to be 17 (Hisli, 1989). In the reliability study, the internal consistency coefficient was found to be 0.80 and the reliability coefficient was found to be 0.74 (Hisli, 1988). In the standardization study of the scale, the MMPI Depression scale was used as the criterion for the validity method and the Pearson correlation coefficient was found to be r=.50 (Hisli, 1989).

2.3. Procedure

The data collection phase of the research started in January 2024 and ended in March 2024. The evaluation included 257 participants aged 16-29 years from different regions of Turkey. The sample was selected using the convenience sampling method. In this method, people who wanted to participate in the study were selected without any specific criteria, so that each person had an equal chance of participating in the study. Participants were invited using social media tools such as email, WhatsApp and Instagram. The announcements made through social media tools invited individuals of different ages, genders and education levels to participate. Permission for data collection was obtained from the Ethics Committee of Izmir University of Economics (Appendix X). Data were collected through an online survey platform (forms.google.com). To reach participants from various regions of Turkey, social media tools such as email, WhatsApp, and Instagram were utilized. At the beginning of the survey, participants were presented with an informed consent form, which provided information about the research process. The form explained that participation in the study was entirely voluntary and assured that no personal information would be collected. The researcher's email address was also included in the consent form for further inquiries regarding the research process and outcomes. Participation in the

survey took approximately 10 minutes. The survey consisted of four sections: the Sociodemographic Form, the Basic Psychological Need Satisfaction and Frustration Scale (BPNSNF), the Perception of Parent Scale (POPS), the Subjective Vitality Scale, and the Beck Depression Inventory (BDI).

2.4. Statistical Analysis

Categorical data were described using frequencies and percentages, while numerical data were described using mean ± standard deviation. Normality was assessed using skewness and kurtosis values. In this study, all skewness and kurtosis values were within the range of -1.50 to +1.50, indicating that the data met the criteria for normality.

Student's t-test was used for comparing numerical data between two categories, and ANOVA was employed for multiple comparisons. As post hoc tests, the Tukey test was applied when variances were homogeneous, and the Games-Howell test was used when variances were not homogeneous. The relationships between numerical variables were assessed using correlation analysis. The reliability of the scales used in the study was assessed using Cronbach's alpha values.

A mediation analysis was conducted to examine the role of basic psychological need satisfaction in the relationship between parenting style and depression and vitality.

The analyses were conducted using the software "IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp." and PROCESS v3.5 (Hayes, 2013).

CHAPTER 3: RESULTS

This section presents the statistical analysis of the data and the results, which were conducted in order to investigate the research questions. The subsequent chapters will present further analysis of the data, including demographic variables, descriptive statistics, correlations between study variables, analyses about mediation and comparisons.

3.1. Descriptive Features of Samples

A total of 257 individuals participated in the study. The participants' ages ranged from 16 to 29 (with a mean age of 21.8, SD= 2.7). Of the participants, 204 were female (79.4%) and 53 were male (20.6%). The distribution of participants' educational backgrounds was as follows: One person was a primary school graduate (0.4%), 36 people were high school graduates (14%), one person was an associate degree graduate (0.4%), 202 people were bachelor's degree graduates (78.6%), and 17 people were postgraduate degree holders (6.6%). 34 participants (13.2%) stated that they live alone, 146 (56.8%) with their families, 5 (1.9%) with relatives, 41 (16.0%) with roommates, and 12 (4.7%) with their spouses. Regarding the participants' relationship statuses, 150 (58.4%) indicated that they are single, 14 (5.4%) are married, and 93 (36.2%) are in a relationship. When examining the parents' living statuses, it was found that 243 participants (94.6%) had both parents alive, 4 participants (1.6%) had their mothers deceased, and 7 participants (2.7%) had their fathers deceased. It was also observed that two participants (0.8%) had both parents deceased. When evaluating who the participants grew up with, it was observed that 222 participants (86.4%) grew up with both parents, 25 participants (9.7%) grew up with only their mothers, and 2 participants (0.8%) grew up with only their fathers. Of the participants in the study 55 participants (21.4%) had a psychiatric diagnosis, and 118 participants (45.9%) stated that they received therapy.

Table 1. Demographic Characteristic of the Participants

Demographic Characteristics of the Participants. (n=257)	**N (%)**
Age	
Mean ± standard deviation	21,8±2,7
Gender	
Women	204 (79,4)
Men	53 (20,6)
Living with	
Alone	34 (13,2)
With family	146 (56,8)
With relatives	5 (1,9)
With roommates	41 (16)
With spouse	12 (4,7)
Other	19 (7,4)
Relationship status	
Single	150 (58,4)
Married	14 (5,4)
In a relationship	93 (36,2)
Parents' living status	
Both alive	243 (94,6)
Mother deceased	4 (1,6)
Father deceased	7 (2,7)
Both deceased	2 (0,8)
Other	1 (0,4)
Grow up with	
With both parents	222 (86,4)
With my mother	25 (9,7)
With my father	2 (0,8)
Other	8 (3,1)
Psychiatric disorder	
No	202 (78,6)
Yes	55 (21,4)

Table 1. (continued) Demographic Characteristic of the Participants

Receiving therapy	
I did not receive therapy	**139 (54,1)**
I received therapy	**118 (45,9)**
Presence of activity	
I engage in these activities occasionally, although not regularly.	170 (66,1)
I have regular activities like these.	77 (30)
I have never had such activities.	10 (3,9)

3.2. Reliability of the Scales and Subscales

This section presents the reliability results of the sample in the data set of the current study. In order to measure the reliability of the scales used in this study, Cronbach's Alpha values were calculated. All scales had high Cronbach's Alpha values.

3.2.1. Reliability of Perception of Parents Scale

Cronbach's Alpha values of all subscales in the parental perception scale were high. The Cronbach's Alpha value was 0.902 for the mother involvement subscale, 0.866 for the mother autonomy support subscale, 0.854 for the mother warmth subscale, 0.928 for the father involvement subscale, 0.854 for the father autonomy support subscale, and 0.883 for the father warmth subscale as shown in Table X.

Table 2. Cronbach's Alphas for Perception of Parent Scale

	n of items	**Cronbach's Alpha**
Mother Involvement	6	0,902
Mother Autonomy Support	9	0,866
Mother Warmth	6	0,854
Father Involvement	6	0,928
Father Autonomy Support	9	0,854
Father Warmth	6	0,883

3.2.2. Reliability of Basic Psychological Need Satisfaction and Frustration Scale

In the Basic Psychological Need Satisfaction and Frustration scale, the Cronbach's Alpha values of the autonomy frustration subscale, relatedness frustration subscale,

competence satisfaction subscale, and competence frustration subscale were high. The Cronbach's Alpha value was 0.698 for the autonomy satisfaction subscale, 0.753 for the autonomy frustration subscale, 0.623 for the relatedness satisfaction subscale, 0.703 for the relatedness frustration subscale, 0.845 for the competence satisfaction subscale, and 0.747 for the competence frustration subscale as shown in Table X.

Table 3. Cronbach's Alphas for Basic Psychological Need Satisfaction and Frustration Scale

	n of items	**Cronbach's Alpha**
Autonomy Satisfaction	4	0,698
Autonomy Frustration	4	0,753
Relatedness Satisfaction	4	0,623
Relatedness Frustration	4	0,703
Competence Satisfaction	4	0,845
Competence Frustration	4	0,747

3.2.3. Reliability of Subjective Vitality Scale and Beck's Depression Inventory

The Cronbach's Alpha value was 0,882 for Subjective Vitality Scale and 0,901 for Beck's Depression Inventory.

Table 4. Cronbach's Alphas for Subjective Vitality Scale and Beck's Depression Inventory

	n of items	**Cronbach's Alpha**
Subjective vitality	7	0,882
Beck's Depression Inventory	21	0,901

3.3. Correlation Analyses of Variables

Pearson correlation analysis was conducted to investigate the interrelationships between the study variables: Perception of Parent Scale and its subscales, Subjective Vitality Scale, Beck Depression Inventory, Basic Psychological Needs Satisfaction and Frustration Scales. The correlation coefficient results of the Pearson correlation analysis are given in Table 5. The results of Pearson Correlation analysis indicated that there are significant correlations between each scale.

Based on the correlation analysis, a moderate positive correlation between Subjective Vitality Scores and Basic Psychological Needs Satisfaction total scores ($r=0.495$, $p<0.001$) and competence satisfaction scores ($r=0.450$, $p<0.001$). Besides, a weak positive correlation between Subjective Vitality Score and autonomy satisfaction score ($r=0.395$, $p<0.001$), relatedness satisfaction scores ($r=0.299$, $p<0.001$). A moderate negative correlation between Subjective Vitality Score and frustration competence ($r=-0.460$, $p<0.001$) and frustration total scores ($r=-0.445$, $p<0.001$) was found. A weak negative correlation between Subjective Vitality Score and frustration autonomy ($r=-0.394$, $p<0.001$), and frustration relatedness scores ($r=-0.173$, $p=0.005$) was found.

The results of Pearson Correlation showed that there are statistically significant correlations between Perception of Parenting, and Subjective Vitality Scales (see Table 5). Subjective Vitality Scale and maternal perception of parents scores ($r=0.224$, $p<0.001$), maternal warmth scores ($r=0.254$, $p<0.001$), maternal autonomy support scores ($r=0.224$, $p<0.001$), and maternal involvement scores ($r=0.185$, $p=0.004$) .A very weak positive correlation between Subjective Vitality Score and paternal total scores of perception of parenting scale ($r=0.199$, $p=0.001$), paternal involvement ($r=0.188$, $p=0.003$), paternal autonomy support ($r=0.188$, $p=0.003$), , and paternal warmth ($r=0.180$, $p=0.005$).

Pearson correlation analysis between Beck Depression Inventory and Subjective Vitality Score, A strong negative correlation was found ($r=-0.612$, $p<0.001$). A moderate positive correlation was found between the Beck Depression Score and frustration competence ($r=0.580$, $p<0.001$), frustration total ($r=0.565$, $p<0.001$), and frustration autonomy ($r=0.414$, $p<0.001$). Additionally, a weak positive correlation was found between the Depression Score and frustration relatedness scores ($r=0.318$, $p<0.001$). A moderate negative correlation was found between the Beck Depression Score and satisfaction competence scores ($r=-0,578$, $p<0,001$), satisfaction total scores ($r=-0,566$, $p<0,001$), satisfaction autonomy scores ($r=-0,467$, $p<0,001$).

The Pearson Correlation results of Beck Depression Inventory and Perception of Parent Scores are significant negative relationships. A weak negative correlation between Beck Depression Score and paternal total ($r=-0,342$, $p<0,001$), paternal

warmth (r=-0,328, p<0,001), paternal involvement (r=-0,327, p<0,001) and paternal autonomy support (r=-0,326, p<0,001) were found. Additionally, a week negative correlation Beck depression score and maternal warmth (r=-0,324, p<0,001), maternal total (r=-0,244, p<0,001) maternal autonomy support (r=-0,243, p<0,001), and maternal satisfaction relatedness (r=-0,234, p<0,001) were found. A very weak negative correlation between Beck Depression Score and maternal involvement scores (r=-0,196, p=0,002) were found.

Table 5. Correlation Analysis of Study Variables

	SUB_VIT	BDI	aut_sat	aut_fru	rel_sat	rel_fru	com_sat	com_fru	BPNS_TOT	BPNF_TOT	pops_m_inv	pops_m_aut	pops_m_warm	pops_p_inv	pops_p_aut	pops_p_warm	POPS_P_TOT	POPS_M_TOT
SUB_VIT	1																	
BDI	-,612**	1																
aut_sat	,395**	-,467**	1															
aut_fru	-,394**	,414**	-,387**	1														
rel_sat	,299**	-,234**	,409**	-,123*	1													

Table 5. (continued) Correlation Analysis of Study Variables

rel_fru	r	-,173**	,318**	-,212**	,303**	-,407**	1												
com_sat	r	,450**	-,578**	,575**	-,364**	,264**	-,179**	1											
com_fru	r	-,460**	,580**	-,466**	,542**	-,203**	,380**	-,698**	1										
BPNS_TOT	r	,495**	-,566**	,848**	-,387**	,655**	-,321**	,833**	-,614**	1									
BPNF_TOT	r	-,445**	,565**	-,460**	,795**	-,309**	,706**	-,540**	,832**	-,570**	1								
pops_m_inv	r	,185**	-,196**	,183**	-,224**	,236**	-,270**	,146*	-,231**	,233**	-,309**	1							

Table 5. (continued) Correlation Analysis of Study Variables

pops_m_aut	r	,224**	-,243**	,260**	-,211**	,153*	-,103	,227**	-,216**	,276**	-,228**	,720**	1						
pops_m_warm	r	,254**	-,324**	,259**	-,261**	,237**	-,244**	,242**	-,306**	,313**	-,348**	,780**	,817**	1					
pops_p_inv	r	,188**	-,327**	,278**	-,214**	,184**	-,144*	,226**	-,273**	,294**	-,272**	,364**	,312**	,342**	1				
pops_p_aut	r	,188**	-,326**	,279**	-,159*	,161*	-,099	,165*	-,210**	,255**	-,202**	,324**	,326**	,291**	,758**	1			
pops_p_warm	r	,180**	-,328**	,250**	-,194**	,177**	-,120	,198**	-,222**	,266**	-,231**	,293**	,254**	,336**	,839**	,828**	1		
POPS_P_TOT	r	,199**	-,342**	,262**	-,191**	,151*	-,101	,201**	-,248**	,263**	-,233**	,352**	,322**	,344**	,923**	,933**	,945**	1	
POPS_M_TOT	r	,224**	-,244**	,230**	-,226**	,210**	-,211**	,187**	-,232**	,263**	-,286**	,895**	,934**	,931**	,366**	,342**	,314**	,321**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

3.4. Comparison of Basic Psychological Need Satisfaction and Frustration and Perception of Parents by Demographic Variables

This section presents a comparison of the Basic Psychological Needs Satisfaction and Frustration Scale scores and The Perception of Parenting Scale scores of the participants in relation to two variables: receiving therapy and having a psychiatric diagnosis. The variables of receiving therapy and having a psychiatric diagnosis were divided into two groups, with the former categorized as "yes" and the latter as "no." In the event that the variables were divided into two subgroups, an independent sample t-test was conducted.

3.4.1. Comparison of Basic Psychological Need Satisfaction and Frustration and Perception of Parents by Psychiatric Disorder Diagnosis

The Basic Psychological Needs Satisfaction scores in terms of autonomy for those without psychiatric disorder diagnosis (M=14.74, SD=2.75) are higher compared to those with psychiatric diagnosis (M=13.71, SD=3.27); t(255)=2.368, $\eta 2$=0,36, p=0.019, it did represent a small-sized effect. Additionally, the Basic Psychological Needs Satisfaction scores in terms of relatedness for those without psychiatric diagnosis (M=16.44, SD=2.40) are higher compared to those with psychiatric diagnosis (M=15.45, SD=2.56); t(255)=2.650, $\eta 2$=0,41, p=0.009, it did represent a small-sized effect. The Basic Psychological Needs Satisfaction scores in total for those without psychiatric diagnosis (M=45.72, SD=6.52) were higher compared to those with psychiatric diagnosis (M=42.49, SD=8.03); t(255)=2.744, $\eta 2$=0,47, p=0.008, it did represent a small-sized effect. There was no significant difference in satisfaction scores in terms of competence based on whether or not there was a psychiatric diagnosis (p>0.05). (see Table 6).

Table 6. Comparison of the Basic Psychological Needs Satisfaction Scores by Psychiatric Disorder Diagnosis

Psychiatric disorder diagnosis	**N**	**Mean**	**sd**	**t**	**df**	**Sig. (2-tailed)**
		Satisfaction				
Autonomy						
No	**202**	**14,74**	**2,75**	**2,368**	**255**	**0,019**
Yes	**55**	**13,71**	**3,27**			
Relatedness						
No	**202**	**16,44**	**2,40**	**2,650**	**255**	**0,009**
Yes	**55**	**15,45**	**2,56**			
Competence						
No	202	14,54	3,22	1,963	255	0,054
Yes	55	13,33	4,26			
Total						
No	**202**	**45,72**	**6,52**	**2,744**	**255**	**0,008**
Yes	**55**	**42,49**	**8,03**			

In the other hand The Basic Psychological Needs Frustration scores in terms of autonomy for those with psychiatric diagnosis (M=13.96, SD=3.42) were higher compared to those without psychiatric diagnosis (M=11.94, SD=3.74); t(255)=-3.631, $\eta 2$=0,55, $p<0.001$, it did represent a medium-sized effect. Similarly, the frustration scores in terms of relatedness for those with psychiatric diagnosis (M=10.49, SD=3.67) were higher compared to those without psychiatric diagnosis (M=8.60, SD=3.41); t(255)=-3.576, $\eta 2$=0,55, $p<0.001$, it did represent a medium-sized effect. The frustration scores in terms of competence for those with psychiatric diagnosis (M=12.71, SD=4.09) were also higher compared to those without psychiatric diagnosis (M=11.06, SD=3.73); t(255)=-2.850, $\eta 2$=0,43, p=0.005 it did represent a small-sized effect. The frustration scores in total for those with psychiatric diagnosis (M=37.16, SD=8.93) were higher compared to those without psychiatric diagnosis (M=31.60, SD=8.27); t(255)=-4.347, $\eta 2$=0,66, $p<0.001$, it did represent a medium-sized effect. (see Table 7).

Table 7. Comparison of the Basic Psychological Needs Frustration Scores By Psychiatric Disorder Diagnosis

Psychiatric disorder diagnosis	**N**	**Mean**	**sd**	**t**	**df**	**Sig. (2-tailed)**
		Frustration				
Autonomy						
No	**202**	**11,94**	**3,74**	**-3,631**	**255**	**<0,001**
Yes	**55**	**13,96**	**3,42**			
Relatedness						
No	**202**	**8,60**	**3,41**	**-3,576**	**255**	**<0,001**
Yes	**55**	**10,49**	**3,67**			
Competence						
No	**202**	**11,06**	**3,73**	**-2,850**	**255**	**0,005**
Yes	**55**	**12,71**	**4,09**			
Total						
No	**202**	**31,60**	**8,27**	**-4,347**	**255**	**<0,001**
Yes	**55**	**37,16**	**8,93**			

Perceived parenting of the mother was compared according to the status of having psychiatric disorder. The maternal involvement score for those without a psychiatric diagnosis (M=34.53, SD=7.90) was higher compared to those with a psychiatric diagnosis (M=30.92, SD=9.14); t(239)=2.610, $\eta 2$=0,44, p=0.011, it did represent a small-sized effect. The mother autonomy support score for those without a psychiatric diagnosis (M=45,81, SD=10,30) was higher compared to those with a psychiatric diagnosis (M=42.11, SD=12.19); t(239)=2.214, $\eta 2$=0,34 p=0.028, it did represent a small-sized effect. Furthermore, the mother warmth score for those without a psychiatric diagnosis (M=34.78, SD=7.37) was higher compared to those with a psychiatric diagnosis (M=31.26, SD=8.30); t(239)=2.787, $\eta 2$=0,46 p=0.007, it did represent a small-sized effect and the total mother score for those without a psychiatric diagnosis (M=115.16, SD=23.44) was higher compared to those with a psychiatric diagnosis (M=103.93, SD=27.20); t(255)=2.793, $\eta 2$=0,46, p=0.007, it did represent a small-sized effect (see Table 8).

Table 8. Comparison of the Perception of Parents Scores for Maternal By Psychiatric Disorder Diagnosis

Psychiatric disorder diagnosis	N	Mean	sd	t	df	Sig. (2-tailed)
		Mother				
Involvement						
No	188	**34,53**	**7,90**	2,610	239	**0,011**
Yes	53	**30,92**	**9,14**			
Autonomy Support						
No	188	**45,81**	**10,30**	2,214	239	**0,028**
Yes	53	**42,11**	**12,19**			
Warmth						
No	188	**34,78**	**7,37**	2,787	239	**0,007**
Yes	53	**31,26**	**8,30**			
Total						
No	202	**115,16**	**23,44**	2,793	255	**0,007**
Yes	55	**103,93**	**27,20**			

Perceived parenting of the father was compared according to the status of having psychiatric disorder. The paternal involvement score for those without a psychiatric diagnosis (M=29.12, SD=10.24) was higher compared to those with a psychiatric diagnosis (M=24.68, SD=12.11); t(239)=2.436, $\eta 2$=0,42, p=0.017, it did represent a small-sized effect. The paternal autonomy support score for those without a psychiatric diagnosis (M=41.46, SD=11.95) was higher compared to those with a psychiatric diagnosis (M=35.32, SD=13.07); t(239)=3.234, $\eta 2$=0,50, p=0.001, it did represent a medium-sized effect. Additionally, the father warmth score for those without a psychiatric diagnosis (M=31.20, SD=8.96) was higher compared to those with a psychiatric diagnosis (M=27.42, SD=10.90); t(239)=2.318, $\eta 2$=0,40, p=0.023, it did represent a small-sized effect and the total father score for those without a psychiatric diagnosis (M=101.09, SD=29.43) was higher compared to those with a psychiatric diagnosis (M=87.38, SD=32.85); t(255)=2.987, $\eta 2$=0,45, p=0.003 it did represent a small-sized effect (see Table 9).

Table 9. Comparison of the Perception of Parents Scores for Paternal By Psychiatric Disorder Diagnosis

Psychiatric disorder diagnosis	N	Mean	sd	t	df	Sig. (2-tailed)
		Father				
Involvement						
No	188	**29,12**	**10,24**	2,436	239	**0,017**
Yes	53	**24,68**	**12,11**			
Autonomy Support						
No	188	**41,46**	**11,95**	3,234	239	**0,001**
Yes	53	**35,32**	**13,07**			
Warmth						
No	188	**31,20**	**8,96**	2,318	239	**0,023**
Yes	53	**27,42**	**10,90**			
Total						
No	202	**101,09**	**29,43**	2,987	255	**0,003**
Yes	55	**87,38**	**32,85**			

3.4.2. Comparison of Basic Psychological Need Satisfaction and Frustration and Perception of Parents by Receiving Therapy

The Basic Psychological Need Satisfaction scores in terms of autonomy for those who did not receive therapy (M=15.06, SD=2.76) are higher compared to those who received therapy (M=13.89, SD=2.93); t(255)=3.283, η2=0,41, p=0.001, it did represent a small-sized effect The satisfaction scores in terms of relatedness for those who did not receive therapy (M=16.61, SD=2.26) are higher compared to those who received therapy (M=15.77, SD=2.62)); t(255)=2.761, η2=0,35, p=0.006, it did represent a small-sized effect. The satisfaction scores in terms of competence for those who did not receive therapy (M=14.85, SD=3.36) are higher compared to those who received therapy (M=13.61, SD=3.56); t(255)=2.868, η2=0,36, p=0.004, it did represent a small-sized effect. The satisfaction scores in total for those who did not receive therapy (M=46.52, SD=6.58) were higher compared to those who receive

therapy (M=43.27, SD=7.06); t(255)=3.813, η2=0,48, p<0,001, it did represent a small-sized effect (see Table 10).

Table 10. Comparison of the Basic Psychological Needs Satisfaction Scores By Receiving Therapy

Receiving therapy	N	Mean	sd	t	df	Sig. (2-tailed)
		Satisfaction				
Autonomy						
No	139	**15,06**	2,76	3,283	255	**0,001**
Yes	118	**13,89**	2,93			
Relatedness						
No	139	**16,61**	2,26	2,761	255	**0,006**
Yes	118	**15,77**	2,62			
Competence						
No	139	**14,85**	3,36	2,868	255	**0,004**
Yes	118	**13,61**	3,56			
Total						
No	139	**46,52**	6,58	3,813	255	**<0,001**
Yes	118	**43,27**	**7,06**			

The Basic Psychological Needs Frustration scores in terms of competence for those who receive therapy (M=12.19, SD=3.65) are higher compared to those who did not received therapy (M=10.76, SD=3.92)); t(255)=-3.010, η2=0,38, p=0.003, it did represent a small-sized effect. The frustration scores in total for those who receive therapy (M=34.35, SD=7.97) were higher compared to those who did not receive therapy (M=31.47, SD=9.10); t(255)=-2.674 η2=0,33, p=0,008, it did represent a small-sized effect. No significant difference was found in frustration scores in terms of autonomy and relatedness score based on whether or not therapy was received (p>0.05) (see Table 11).

Table 11. Comparison of the Basic Psychological Needs Frustration Scores By Receiving Therapy

Receiving therapy	N	Mean	sd	t	df	Sig. (2-tailed)
		Frustration				
Autonomy						
No	139	12,09	3,99	-1,314	255	0,190
Yes	118	12,70	3,45			
Relatedness						
No	139	8,63	3,60	-1,882	255	0,061
Yes	118	9,46	3,45			
Competence						
No	139	**10,76**	3,92	-3,010	255	**0,003**
Yes	118	**12,19**	3,65			
Total						
No	139	**31,47**	9,10	-2,674	255	**0,008**
Yes	118	**34,35**	7,97			

Perceived parenting of the mother was compared according to the status of receiving therapy. There was no significant difference in terms of maternal involvement, mother autonomy support, mother warmth, and total mother scores based on whether therapy was received (p>0.05) (see Table 12).

Table 12. Comparison of the Perception of Parents Scores for Maternal By Receiving Therapy

Receiving therapy	N	Mean	sd	t	df	Sig. (2-tailed)
		Mother				
Involvement						
No	131	34,1374	7,73579	0,802	239	0,423
Yes	110	33,2636	8,95727			

Table 12. (continued) Comparison of the Perception of Parents Scores for Maternal By Receiving Therapy

Autonomy Support						
No	131	45,3511	10,19798	0,548	239	0,584
Yes	110	44,5818	11,57614			
Warmth						
No	131	34,4504	7,34031	0,981	239	0,327
Yes	110	33,4727	8,11580			
Total						
No	139	114,03	22,784	0,886	239	0,376
Yes	118	111,25	26,744			

Perceived parenting of the father was compared according to the status of receiving therapy. Father involvement score for patients not receiving therapy (M=29.70, SD=9.86) was higher compared to those receiving therapy (M=26.30, SD=11.63); t(255)=2.418, $\eta 2$=0,32, p=0.016, it did represent a small-sized effect. The father autonomy support score for patients not receiving therapy (M=42.86, SD=11.26) was also higher compared to those receiving therapy (M=36.84, SD=13.02); t(255)=3.799, $\eta 2$=0,50,p<0.001, it did represent a medium-sized effect Additionally, the father warmth score for patients not receiving therapy (M=31.86, SD=8.51) was higher compared to those receiving therapy (M=28.59, SD=10.38); t(255)=2.643, $\eta 2$=0,35, p=0.009, it did represent a small-sized effect and the total father score for patients not receiving therapy (M=103.69, SD=28.10) was higher compared to those receiving therapy (M=91.64, SD=32.33); t(255)=3.159, $\eta 2$=0,40, p=0.002, it did represent a small-sized effect.

Table 13. Comparison of the Perception of Parents Scores for Paternal By Receiving Therapy

Receiving therapy	**N**	**Mean**	**sd**	**t**	**df**	**Sig. (2-tailed)**
		Father				
Involvement				2,418	255	**0,016**

Table 13. (continued) Comparison of the Perception of Parents Scores for Paternal By Receiving Therapy

No	**131**	**29,70**	**9,86**			
Yes	110	**26,30**	**11,63**			
Autonomy Support						
No	131	**42,86**	**11,26**	3,799	255	**<0,001**
Yes	110	**36,84**	**13,02**			
Warmth						
No	131	**31,86**	**8,51**	2,643	255	**0,009**
Yes	110	**28,59**	**10,38**			
Total						
No	139	**103,69**	**28,10**	3,159	255	**0,002**
Yes	118	**91,64**	**32,33**			

3.5. Mediation Analyses

A simple mediation analysis was utilized to investigate whether Basic Psychological Needs Satisfaction and Frustration mediate the relationship between perceived parenting and subjective vitality, depression by using model 4 (Baron and Kenny, 1986) for PROCESS macro 4.2 (Hayes, 2022). Mother and father scores of the perceived parenting scale were included in the analysis separately. In this analysis, perceived parenting was a predictor variable, while basic psychological needs satisfaction and frustration was used separately as a mediator variable. In order to test hypotheses, simple models were designed. Firstly, perceived parenting of mother and perceived parenting of father was used as a predictor variable, and subjective vitality was used as an outcome variable, while basic need satisfaction was included as a mediator variable. Secondly, perceived parenting of mother and perceived parenting of father was used as a predictor variable, and depression was used as an outcome variable, while basic need frustration was included as a mediator variable.

3.5.1. Model 1: The Mediating Role of the Basic Psychological Need Satisfaction between Perception of Parents and Subjective Vitality

A mediation analysis was conducted to examine whether BPNSF scale satisfaction score mediated the relationship between perception of parent (Mother) scale and subjective vitality score by using PROCESS. The model explained %26 of the variance in subjective vitality score, R^2 = 0.26, F(2,254) = 43.359, p< 0.001. A statistically significant relationship was found between the perception of parent scale and BPNSNF satisfaction score (β = 0.263, t= 4.361, p < .001). There is a statistically significant relationship between the BPNSNF score and the subjective vitality score (β = 0.468, t = 8.341, p<0,001). Total effect of perception of parent scale on subjective vitality score was found to be significant (β = 0.224, t= 3.676, p < .001). Direct effect of perception of parent scale on subjective vitality score was statistically not significant (B=0,040 [%95 CI: -0.004,0.084],β = 0.101, t = 1.797, p=0,074).

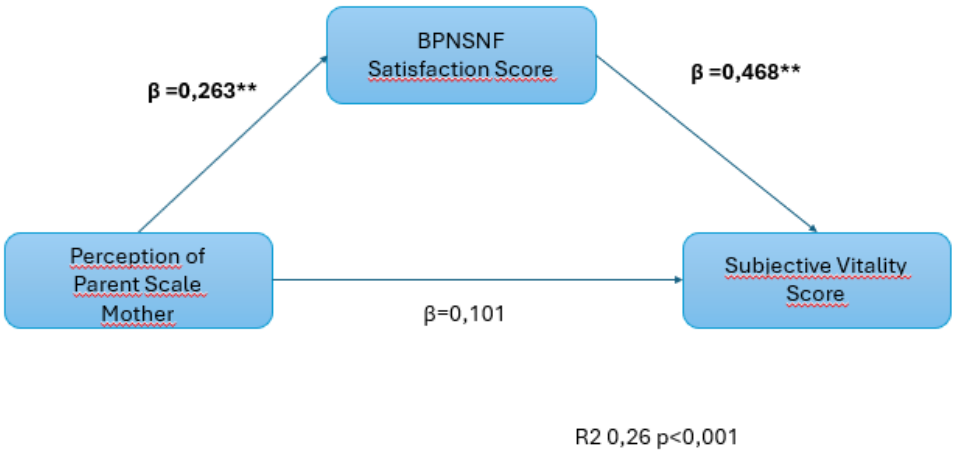

Figure 2. The Mediating Role of Satisfaction of Basic Psychological Needs Between Perception of Motherhood and Subjective Vitality

A mediation analysis was conducted to examine whether BPNSNF scale satisfaction score mediated the relationship between perception of parent (Father) scale and subjective vitality score by using PROCESS. The model explained %25 of the variance in subjective vitality score, R^2 = 0.25, F(2,254) = 42.364, p< 0.001. A statistically significant relationship was found between the perception of parent scale and BPNSNF satisfaction score (β = 0.263, t= 4.354, p < 0.001). There is a statistically significant relationship between the BPNSNF score and the subjective vitality score. (β = 0.476,

t = 8.444, p<0.001). Total effect of perception of parent scale on subjective vitality score was found to be significant (β = 0.199, t= 3.244, p=0.001). Direct effect of perception of parent scale on subjective vitality score was statistically not significant (B=0,024 [%95 CI: -0.012,0.059], β = 0.074, t = 1.314, p=0.190).

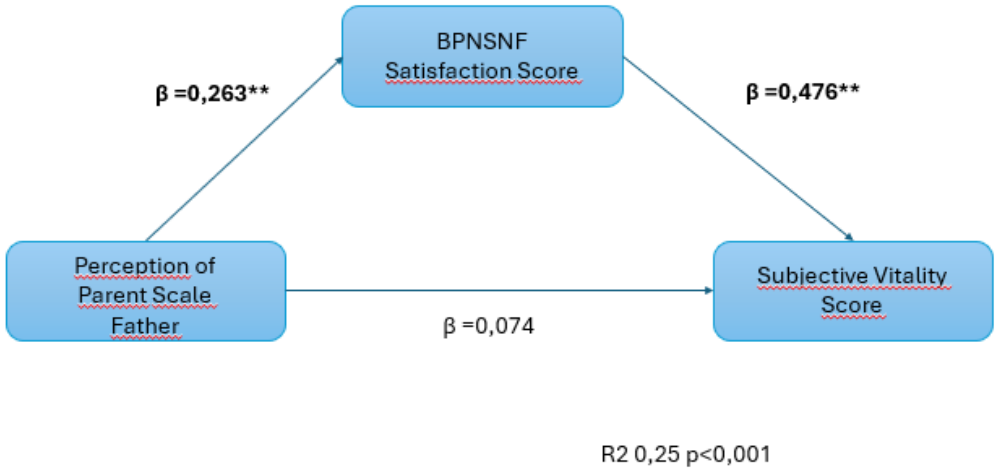

Figure 3. The Mediating Role of Satisfaction of Basic Psychological Needs Between Perception of Fatherhood and Subjective Vitality

3.5.2. Model 2: The Mediating Role of the Basic Psychological Need Frustration between Perception of Parents and Depression

A mediation analysis was conducted to examine whether BPNSNF scale frustration score mediated the relationship between perception of parent (Mother) scale and Beck's Depression inventory score by using PROCESS. The model explained %33 of the variance in subjective vitality score, R^2 = 0.33, F(2,254) = 61.612, p< 0.001. A statistically significant relationship was found between the perception of parent scale and BPNSNF frustration score (β = -0.286, t= -4.768, p < 0.001). There is a statistically significant relationship between the BPNSNF score and the Beck's Depression inventory score. (β = 0.539, t = 10.040, p<0.001). Total effect of perception of parent scale on Beck's Depression inventory score was found to be significant (β = -0.244, t=-4.015, p<0.001). Direct effect of perception of parent scale on Beck's Depression inventory score was statistically not significant (B=-0,038 [%95 CI: -0.082,0.007], β = -0.089, t = -1.665, p=0.097).

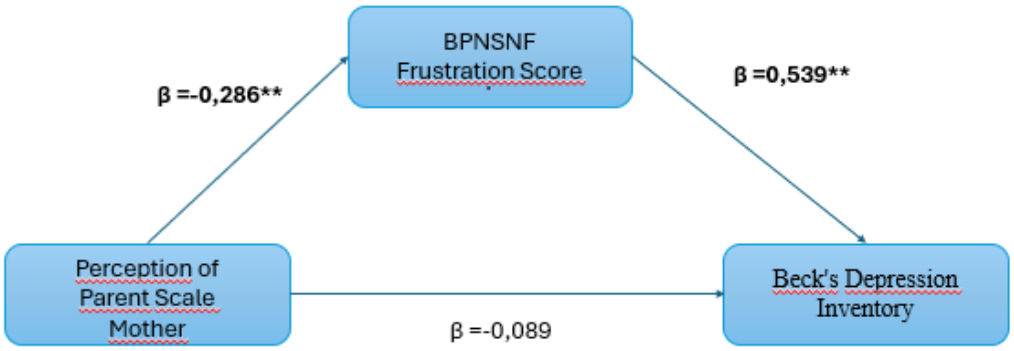

Figure 4. The Mediating Role of Frustration of Basic Psychological Needs Between Perception of Motherhood and Depression

A mediation analysis was conducted to examine whether BPNSNF scale frustration score mediated the relationship between perception of parent (Father) scale and Beck's Depression inventory score by using PROCESS. The model explained %37 of the variance in subjective vitality score, R^2 = 0.337 F(2,254) = 73.337, p< 0.001. A statistically significant relationship was found between the perception of parent scale and BPNSNF frustration score (β = -0.233, t= -3.832, p < 0.001). There is a statistically significant relationship between the BPNSNF score and the Beck's Depression inventory score (β = 0.513, t = 9.989, p<0.001). Total effect of perception of parent scale on Beck's Depression inventory score was found to be significant (β = -0.342, t=-5.819, p<0.001) Direct effect of perception of parent scale on Beck's Depression inventory score was also found statistically significant (B=-0,075 [%95 CI: -0.109,-0.041],β = -0.223, t = -4.335, p<0.001).

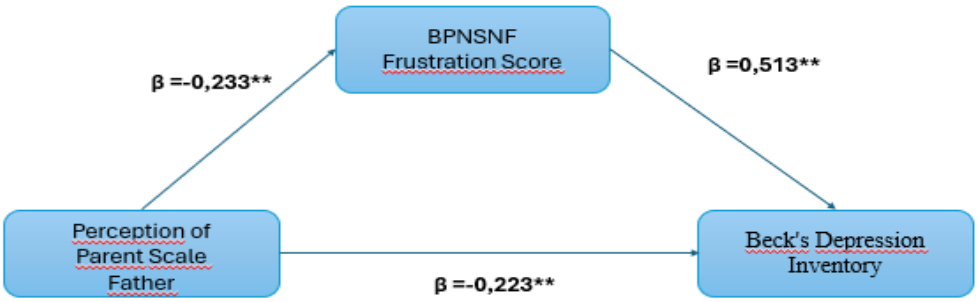

Figure 5. The Mediating Role of Frustration of Basic Psychological Needs Between Perception of Fatherhood and Depression

CHAPTER 4: DISCUSSION

In this study, the effects of perceived parental psychological control and autonomy support on depression and vitality were investigated with the mediating role of basic psychological need satisfaction and frustration. A research model was established in which basic psychological needs serve as mediators, autonomy-supportive and controlling parenting styles as independent variables, and depression and subjective vitality as dependent variables. Within the scope of this study, the relations of the variables with each other by correlation analysis were examined. Subsequently, a comparison was made of perceptions of parents, basic psychological need satisfaction, and frustration at different levels of receiving therapy and the psychiatric disorder diagnosis. Lastly, the effect of perceived parenting on depression and subjective vitality was analyzed using a Model 4 mediation analysis through basic psychological need satisfaction and frustration. In this chapter, the results are discussed in relation to the hypotheses developed based on the research objectives and interpreted in the context of the relevant literature.

4.1. Comparison of Basic Psychological Need Satisfaction and Frustration and Perception of Parents by Demographic Variables

4.1.1. Comparison of Basic Psychological Need Satisfaction and Frustration and Perception of Parents by Psychiatric Disorder Diagnosis

H1: Participants with psychiatric diagnoses are expected to have significantly lower need satisfaction scores and higher need frustration scores compared to those without such diagnoses.

The results supported the hypothesis, revealing that individuals with psychiatric diagnoses reported significantly lower scores in basic psychological need satisfaction and higher scores in need frustration compared to those without such diagnoses. This suggests a marked difference in the fulfillment of essential psychological needs between the two groups. These findings align with Self-Determination Theory, which posits that the satisfaction of the needs for autonomy, competence, and relatedness is fundamental to psychological well-being.

In accordance with the tenets of Basic Psychological Needs Theory, each of the fundamental needs serves as a vital source of nourishment for psychological health and well-being. Consequently, it is imperative that each of these needs be satisfied in order to achieve the aforementioned positive outcomes (Deci and Ryan, 2000; 2008). In this regard, numerous studies have demonstrated a clear association between the satisfaction of these needs and a number of indicators of well-being, psychological health and optimal human functioning, including positive affect, vitality, self-esteem, task engagement, and low anxiety levels (Chen et al., 2015; Cihangir-Çankaya, 2009; Deci et al., 2001; Reis et al, 2000). Furthermore, studies have indicated that satisfaction of the needs is associated with indicators of well-being, psychological health and optimal human functioning, including positive affect, vitality, self-esteem, task-engagement, low anxiety levels, life satisfaction, work performance and low depression, somatization (Chen et al., 2015; Cihangir-Çankaya, 2009; Leversen et al., 2004; Uzman, 2014). Vansteenkiste and Ryan (2013) argue that when needs are frustrated, it leads to emotional distress. Moreover, the impact of basic needs frustration on mental health issues encompasses symptoms such as eating disorders (Boone et al., 2014), anxiety and somatization (Cordeiro et al., 2016), and sleep deprivation (Campbell et al., 2017).

Existing literature suggests that unmet psychological needs can lead to negative mental health outcomes, exacerbating symptoms of psychiatric disorders. In this context, numerous studies have demonstrated a clear association between needs frustration and negative affect and depression (Bartholomew et al., 2011; Chen et al., 2015; Nishimura et al, 2013; Nishimura and Suzuki, 2016), physical symptoms (Bartholomew et al., 2011) and suicidal behaviours (Britton et al, 2014). Besides needs frustration are associated with unhealthy weight control behaviours (Ng et al, 2013; Thogersen-Ntoumani et al., 2010), social anxiety (Thogersen-Ntoumani et al, 2011) binge eating behaviours (Schüler and Kuster, 2011;), bulimia nervosa and anorexia nervosa (Froreich et al, 2017).

These findings underscore the critical importance of addressing basic psychological needs in individuals with psychiatric diagnoses. Ensuring that these needs are met can play a vital role in mitigating the severity of psychiatric symptoms and improving overall mental health.

H2: Participants with psychiatric diagnoses are expected to have significantly lower Perception of Parents scores compared to those without such diagnoses.

The results of the study supported the hypothesis, indicating that individuals with and without psychiatric diagnoses exhibited significant differences in their perceptions of parents. Those without a psychiatric diagnosis reported higher scores in various dimensions of parental perception, including involvement, autonomy support, and warmth, for both maternal and paternal figures. High scores on the Perception of Parents scale indicate autonomy-supportive parenting, low scores on the Perception of Parents scale indicate controlling parenting. Controlling parenting styles, characterized by high levels of control and low levels of warmth and autonomy support, are often associated with negative mental health outcomes. In contrast, autonomy-supportive parenting, which involves providing warmth, involvement, and support for independence, is linked to positive mental health outcomes. Our findings are consistent with existing theories (Deci and Ryan, 2000; Grolnick et al., 2002; Jousemet et al, 2008; Locke et al.,2012). Individuals with psychiatric diagnoses may perceive their parents as less supportive and more controlling, which could contribute to their mental health problems. Previous research suggests that perceptions of parental support and control are critical factors in the development and maintenance of psychiatric symptoms, such as depression (Neale et al., 1994), addiction, alcoholism (Holmes and Robins, 1987), personality disorders (Enns, Cox and Larsen, 2000), social anxiety (Liebowitz et al., 1992), eating disorders (Froreich et al, 2017; Schüler and Kuster, 2011).

Robbins (1994) presented significant findings on the relationship between perceived parental autonomy support and self-esteem, self-regulation, mental health and causality orientations. These findings are also consistent with our study. Participants who perceived their parents as more supportive received less psychiatric diagnoses.

The present study highlights the significant impact of perceived parenting on an individual's mental health. In alignment with existing literature, our findings indicate that individuals who perceive their parents as controlling tend to exhibit a higher prevalence of psychiatric diagnoses. Conversely, autonomy-supportive parenting is associated with enhanced mental health and a reduced incidence of psychiatric diagnosis. These observations underscore the pivotal role of fostering supportive and

autonomy-promoting environments within the family to optimize mental health outcomes.

4.1.2. Comparison of Basic Psychological Need Satisfaction and Frustration and Perception of Parents by Receiving Therapy

H3: Participants who had received therapy were expected to have significantly lower need satisfaction scores and higher need frustration scores than those who did not receive therapy.

The results largely supported the hypothesis and revealed significant differences in Basic Psychological Need Satisfaction and Need Frustration scores between individuals who received therapy and those who did not. Specifically, individuals who did not receive therapy reported higher satisfaction scores for autonomy, relatedness, and competence. Conversely, those who received therapy exhibited higher frustration scores for competence and total needs frustration, but no significant difference in frustration scores for autonomy and relatedness.

The higher satisfaction scores for autonomy, relatedness, and competence among those who did not receive therapy suggest that individuals perceiving their psychological needs as fulfillment are less likely to seek therapeutic help. However, there is no existing research directly investigating the relationship between basic psychological needs and receiving psychotherapy. Nevertheless, when individuals have low need satisfaction, the risk of developing psychopathology, mental ill-being, low life satisfaction, depression, and anxiety is high (Adie et al., 2008; Inguglia et al., 2018; Quested and Duda, 2010; Ryan et al., 1995). These problems may have led individuals to seek more psychotherapy. In our study, consistent with the literature, those with low need satisfaction and high need frustration received more psychiatric diagnoses (H1).

A low level of need satisfaction does not equate to need frustration, as the effects of low need satisfaction and need frustration differ (Bartholomew et al., 2018; Chen et al., 2015a; Haerens et al., 2015; Jang et al., 2016). Therefore, in our study, they were measured and interpreted separately. According to the results obtained, individuals with low need satisfaction (across all sub-dimensions) sought more therapy. However, no significant difference was found in the autonomy and relatedness sub-dimensions for individuals with high need frustration.

To explain this differentiation in sub-dimensions, we can refer to a study conducted by Inguglia et al. (2018) with Italian adolescents, which investigated the relationship between autonomy and relatedness need satisfaction and frustration with parenting dimensions and psychological functioning. The framework of the research was established using Basic Psychological Need Theory (Ryan and Deci, 2000) and Kağıtçıbaşı's Autonomous-Related Self Theory (Kağıtçıbaşı, 2005). In light of Autonomous-Related Self Theory, only autonomy and relatedness were included in the study. The results showed no significant relationship between high need frustration and anxiety in these sub-dimensions. This finding was explained by considering the dominant cultural model in Southern Italy, where the study was conducted. This model, referred to as 'autonomous relationality' (Kağıtçıbaşı, 2005), integrates the promotion of autonomy with strong family bonds and mutual dependence (Inguglia et al., 2018).

Considering that similar cultural structures exist in Turkey, a Mediterranean country, it is possible that individuals with high need frustration in these two sub-dimensions may experience fewer problems and seek therapy less frequently because they attribute their situation to 'autonomous relationality'.

The results show that low need satisfaction drives individuals to seek therapeutic help and emphasise the critical role of need satisfaction in mental health. The results regarding the frustration of needs are analysed and explained in a cultural context, particularly in relation to autonomy and relatedness needs.

H4: Participants who had received therapy are expected to have significantly lower Perception of Parents scores compared to those who did not receive therapy.

The findings of this study provide insightful data on the role of parental involvement, autonomy support, and warmth in the context of participants' perceptions of their parents and their therapy-seeking behaviors. Contrary to our hypothesis, no significant difference was found in terms of maternal involvement, maternal autonomy support, maternal warmth, and total maternal scores according to the status of receiving therapy. In contrast, significant differences were observed in the paternal influence variables. Specifically, father involvement, father autonomy support, and father warmth scores were all significantly higher among participants who did not receive therapy compared to those who did.

When examining young adults' perceptions of parenting, the literature predominantly considers the parenting perceptions of both parents together. However, in our study, separate measurements were taken for each parent and interpreted accordingly. High scores on the Perception of Parents scale indicate autonomy-supportive parenting. The results suggest that whether the mother is more supportive or controlling does not significantly affect participants' therapy-seeking behavior, which will be discussed in light of several studies conducted on mother-adolescent relationships. Maternal control is associated with ill-being (Barber, 1996; Barber et al., 1994; Oliva et al., 2014; Lansford et al., 2013). Adolescents subjected to psychological control may internalize their struggles and develop depressive symptoms, realizing that their psychological autonomy is unaccepted (Barber et al., 1994). In the study conducted by Werner et al. (2016), the relationship between controlling mothers and depression was consistently found among boys aged 13 to 18. However, while girls' depressive symptoms were predicted by maternal psychological control only up to age 17, they continued to experience higher levels of depressive symptoms and psychological control than boys at this age. Researchers interpreted this to mean that despite ongoing psychological control and depressive symptoms in girls, maternal psychological control no longer influenced their depressive symptoms beyond age 17. This situation might be explained by the fact that girls generally start their transition to independence and adult roles earlier than boys (Cohen et al., 2003). As a result, by the age of 17, girls are no longer influenced by their mothers' psychological control, while this relationship continues to exist for boys (Werner et al., 2016). In our study, approximately 80% of the participants are girls, aged 16-29. Therefore, the female participants in this age group might be less negatively affected by their relationships with their mothers and, hence, have lower therapy-seeking rates. Considering the characteristics of our participants, we can assert that our results are consistent with the literature.

Another dimension of the results indicates that participants who perceive their fathers as more controlling are significantly more likely to have received therapy. Parenting characterized by psychological control, which includes invasive and coercive parental behaviors, has been demonstrated to have negative effects on adolescents' growth and psychological well-being (Scharf and Goldner, 2018). Therefore, it can be inferred that participants who perceive their fathers as controlling are more likely to seek therapy.

Limited research examining the connections between paternal values and child outcomes has revealed that young women who view their fathers as being focused on appearance (a more extrinsic value) tend to report higher levels of extrinsic aspirations (Henderson-King and Brooks, 2009). The term ‘extrinsic aspirations’ refers to goals for which individuals strive for external rewards or approval. Such goals are based on external factors rather than on one's own internal fulfilment or personal development. Examples of extrinsic goals include material success (making money), social status (becoming famous), physical appearance (looking attractive), or gaining the approval of other people. In this context, ‘intrinsic aspirations’ are goals that are directed towards an individual's own intrinsic values, personal growth, and self-satisfaction. Examples of intrinsic aspirations include building meaningful relationships, personal growth, health, and self-awareness (Henderson-King and Brooks, 2009). This suggests that individuals with extrinsic aspirations might require more therapy. The results of our study might also be related to the fact that the majority of participants are young women.

In conclusion, our findings suggest that while maternal control does not significantly influence therapy-seeking behaviors in young adults, paternal control does, particularly among young women. This highlights the importance of considering both parents' roles separately in understanding the dynamics of psychological control and its impact on mental health. Cultural and societal norms, as well as gender roles, may contribute to these differences, emphasizing the need for further research to explore these influences in greater depth.

4.2. Correlation Analyses of Variables

In line with the hypotheses, the correlation analyses of perception of parents, basic psychological need satisfaction and frustration, subjective vitality and depression values with each other were conducted.

H5: Subjective vitality is expected to be positively correlated with Perception of Parents Scale values.

The results indicate a positive correlation between subjective vitality values and the Perception of Parents Scale values. An increase in the Perception of Parent Scale score indicates that the parent is more autonomy supportive. For both maternal and paternal,

involvement, autonomy and warmth are positively correlated with subjective vitality. No studies have been conducted that directly examine the relationship between subjective vitality and perceived parenting. Nevertheless, it is established that subjective vitality is associated with variables such as motivation, vitality and life satisfaction, which are influenced by autonomy-supportive parenting. (Costa et al., 2016; Kocayürük, 2012). The willingness of parents to engage in daily activities with their children and to follow their children's interests, rather than imposing pressure or coercion, is a key factor in their children's development (Cheung et al., 2016; Distefano et al., 2018; Soenens et al., 2015). Autonomy - supportive parents facilitate children's volitional actions (Grolnick and Pomerantz, 2009) and encourage self-acquaintance (Mabbe et al., 2018). These parents demonstrate a proactiveness with regard to their children's perspective, affording them the autonomy to make decisions and to experience the consequences of their actions (Grolnick, 2003; Mabbe et al., 2018). This approach minimises the use of power and control, thereby facilitating the children's capacity to discern their genuine personal values and interests (Grolnick, 2003). Furthermore, it employs techniques that facilitate children's capacity to resolve issues independently, make decisions, and engage in decision-making processes (Grolnick and Ryan, 1989). A body of research indicates that autonomy-supportive parenting is associated with higher well-being, self-esteem, and life satisfaction in adolescence (Kocayörük, Altıntaş and İçbay, 2015; Lekes et al., 2010). Those who receive autonomy-supportive parenting exhibit increased life satisfaction, and this situation plays an active role in increasing subjective vitality (Çivitci, 2012). Subjective vitality is a term derived from self-determination theory (Deci and Ryan, 2000) and is defined as the state of feeling alive and alert (Ryan and Deci, 2001) or having physical and mental energy (Ryan et al., 2010). In the current literature, subjective vitality is associated with a number of positive outcomes, including self-actualization, self-esteem, motivation, and self-determination (Ryan and Frederick, 1997), and autonomy (Deci and Ryan, 1991). Autonomy-supportive parenting is associated with a greater emphasis on intrinsic life goals, which in turn is linked to higher well-being in adolescents (Lekes et al., 2010). Furthermore, emerging adults who were raised with autonomy-supportive parents are more likely to have high self-efficacy and better physical health (Reed et al., 2016). The maintenance of physical and mental well-being is a key factor in fostering motivation for participation

in life. This motivation, which is largely driven by internal factors, has a positive effect on the subjective vitality of the individual (Çelik and Topçuoğlu, 2017).

In summary, the evidence underscores the critical role of autonomy-supportive parenting in enhancing subjective vitality. By fostering an environment that emphasizes intrinsic motivation, self-determination, and personal autonomy, parents can significantly contribute to their children's overall well-being and life satisfaction. This supportive approach not only aids in the development of a robust sense of self but also promotes physical and mental health, thereby sustaining high levels of subjective vitality. Consequently, nurturing parenting practices that prioritize autonomy and understanding can serve as a foundation for thriving, well-adjusted individuals.

H6: Depression is expected to be negatively correlated with Perception of Parents Scale values.

The results reveal a negative correlation between depression scores and Perception of Parents Scale values. A lower score on the Perception of Parents Scale signifies that the parent is perceived as more controlling. This is a result consistent with the literature (Barber, 1996; Barber et al., 2012; Costa, 2015; Hong and Cui, 2020; Schiffrin et al., 2014). Depression is a mood disorder that involves a slowing of thinking, movement, speech, and physiological functions. It is also a common syndrome characterized by feelings and thoughts of worthlessness, powerlessness, low self-esteem, inadequacy, pessimism, and aversion (Öztürk and Uluşahin, 2014). Controlling parents often impose rigid expectations and limit the child's sense of autonomy, contributing to feelings of helplessness and low self-esteem, which are precursors to depression (Barber, 1996; Soenens and Vansteenkiste, 2010). Parental autonomy support and controlling behavior have been found to be negatively and positively associated with risk for mental illness in adolescence, respectively (see Vasquez et al., 2016), including depressive symptoms (Tanaka et al., 2023). Controlling parenting is marked by a lack of warmth and genuine involvement. These parents may focus more on compliance and control rather than understanding and supporting their children's individual needs and desires. The absence of parental warmth can lead to feelings of rejection and worthlessness in children (Enns, Cox and Larsen, 2000). Furthermore, controlling parents often undermine their children's autonomy by making decisions for them, setting strict rules, and discouraging independent thought and action. This

approach can stifle the child's ability to develop a sense of self-efficacy and personal competence. Autonomy supportive parents has been found to correlate with reduced depressive symptoms, as demonstrated by studies such as Reed et al. (2016) and Chirkov and Ryan (2001). Likewise, Kouros et al. (2017) found that young adults raised by parents who encourage autonomy tend to experience lower levels of social anxiety and show fewer signs of depression, including reduced emotional and cognitive symptoms. Concurrently, increased controlling parenting is associated with increased depressive symptoms.

4.3. Mediation Analyses

4.3.1. The Mediating Role of the Basic Psychological Need Satisfaction between Perception of Parents and Subjective Vitality

H7: The satisfaction of basic psychological needs is hypothesized to mediate the relationship between a mother's autonomy supportive parenting style and subjective vitality.

H8: The satisfaction of basic psychological needs is hypothesized to mediate the relationship between a father’s autonomy supportive parenting style and subjective vitality.

Our research confirmed both of these hypotheses. The perceived autonomy-supportive parenting style had a significant correlation with vitality through its positive relationship with the satisfaction of basic psychological needs. These results are strikingly consistent with the literature (Ahmad et al., 2013; Costa et al., 2015; Costa et al., 2016).

The findings indicate that when parents provide a supportive environment for their children, it creates an appropriate setting for the satisfaction of basic psychological needs (autonomy, relatedness, competence). According to the Basic Psychological Need Theory (Deci and Ryan, 2000), the satisfaction of a child's basic psychological needs is significantly influenced by their social environment, including family, school, and culture. These fundamental psychological needs are universal, and while the tendency to grow and develop is inherent from birth, the effective realization of this growth requires the satisfaction of these needs within a supportive environment.

Parental autonomy support refers to a parenting style where parents encourage their children to act based on their own volition and pursue their genuine personal interests and values (Fousiani et al., 2014; Soenens et al., 2007). This support allows individuals to make decisions according to their own desires, take responsibility for their choices and behaviors, and prioritize and express their needs (Niemiec et al., 2006; Ryan and Deci, 2000, 2001; Reis et al., 2000). All these components of self-determination also mediate well-being (Cihangir-Çankaya, 2005).

Satisfaction of all psychological needs is essential for achieving emotional well-being. Numerous studies have demonstrated a link between positive outcomes and need satisfaction, showing that meeting psychological needs is associated with feelings of vitality and energy (Chen et al., 2015b; Pinquart, 2016), increased life satisfaction (DeHaan et al., 2016), and greater positive effects (Sheldon and Bettencourt, 2002).

Vitality, defined as a sense of aliveness and energy, goes beyond merely being active or having stored energy. It encompasses a specific psychological experience of enthusiasm and spirit, influenced by both physical factors like illness and fatigue and psychological factors such as love, purpose, or feeling effective. Given its central role in our experiences and its relationship with both physical and psychological conditions, vitality is a significant indicator of personal well-being (Ryan and Frederick, 1997). However, this crucial aspect of vitality has received limited direct attention in research so far.

In the realm of productivity, vitality plays a pivotal role. Individuals with a high sense of vitality are more likely to demonstrate increased productivity and efficiency in their tasks. This is because vitality provides the necessary energy and enthusiasm to sustain focus and effort over extended periods. In the workplace, employees with higher vitality levels tend to exhibit greater job satisfaction, creativity, and resilience, which in turn can lead to enhanced performance and reduced turnover rates. Their ability to stay motivated and driven can foster a more dynamic and innovative work environment (Busque-Carrier, Ratelle and Le Corff, 2022; Jiang and Wei, 2024).

In educational settings, vitality is equally significant. Students who experience a high sense of vitality are more likely to be actively engaged in their learning processes. This engagement manifests as curiosity, persistence, and sustained effort in their academic

pursuits. Vitality fuels students' intrinsic motivation, driving them to take initiative and overcome academic challenges. Consequently, educational institutions that promote environments supporting physical health and psychological well-being can enhance students' vitality, leading to improved academic outcomes and personal development (Mouratidis et al., 2011; Ratelle et al., 2021).

From a societal perspective, vitality contributes to overall quality of life. Individuals with higher levels of vitality are better equipped to engage positively with their communities, fostering stronger social bonds and contributing to social cohesion. Vitality in community members can lead to more vibrant and active neighborhoods, where individuals support and inspire each other. This collective sense of energy and enthusiasm can drive communal initiatives and enhance the overall well-being of society (Nix et al., 1999; Ryan and Frederick, 1997; Sheerin, 2017; Sheikholeslami, 2015).

In conclusion, the provision of autonomy-supportive practices by the community and family creates an environment conducive to meeting individuals' needs, thereby enhancing vitality. Vitality is a multifaceted construct that significantly impacts productivity, motivation, and engagement across various domains such as work, education, and society (Van Doorn, 2015). Despite its importance, vitality remains underexplored in research. Further investigation into the determinants and effects of vitality could provide valuable insights into promoting well-being and optimizing performance in different life areas.

In our study, the results for both mothers and fathers in Model 1 were similar. This finding suggests that positive parenting behaviors adopted by one parent can influence the other parent, leading to a process of social learning about behaviors that affect their relationship with their adolescent (Pleck and Hofferth, 2008). Through this social learning, both parents may adopt similar behaviors and attitudes towards their adolescent.

In summary, our research underscores the crucial role of autonomy-supportive parenting in fostering the satisfaction of basic psychological needs, which in turn enhances subjective vitality. This study reaffirms existing literature, highlighting the universal importance of supportive environments provided by parents in promoting

well-being. Given the significant implications for productivity, motivation, and social cohesion, it is essential to further explore and promote parenting practices that support autonomy and fulfill psychological needs. Future research should continue to investigate the multifaceted impact of vitality on various aspects of life to provide deeper insights into optimizing individual and societal well-being.

4.3.2. Model 2: The Mediating Role of the Basic Psychological Need Frustration between Perception of Parents and Depression

H9: The frustration of basic psychological needs is hypothesized to mediate the relationship between a mother's controlling parenting style and depression.

H10: The frustration of basic psychological needs is hypothesized to mediate the relationship between a father's controlling parenting style and depression.

Both of these hypotheses were confirmed in our study. Perceived controlling parenting style has a significant correlation with depression through its positive relationship with unmet basic psychological needs. (Perceived autonomy supportive parenting style has a significant correlation with vitality through its positive relationship with satisfaction of basic psychological needs). These results are consistent with the findings in the literature along with the results of hypotheses H9 and H10. (Ahmad et al., 2013; Costa et al., 2015; Costa et al., 2016). When parents apply controlling behaviours towards their children, there is no suitable environment for individuals to meet their basic psychological needs (autonomy, relatedness, competence). Because controlling parents pressurise their children to make decisions, behave and feel according to their own wishes. In other words, they neglect their children's wishes and perspectives. Thus, controlling parenting frustrates the basic psychological needs of individuals (Grolnick 2003; Ryan and Deci 2006). Psychologically controlling parents are characterised by the use of intrusive and manipulative techniques such as as guilt induction, shaming, and love withdrawal, many studies have demonstrated this relationship (Barber, 1996; Barber and Harmon, 2002; Barber and Xia, 2013; Soenens et al., 2010). According to Self-Determination Theory (SDT), psychologically controlling parenting is detrimental to children's development not only because it fails to fulfill their fundamental psychological needs but also because it actively obstructs these needs (Joussemet et al., 2008; Soenens and Vansteenkiste, 2010).

Acknowledging that the absence of need satisfaction does not merely equate to the frustration of psychological needs (Bartholomew et al., 2011), the presence of controlling parenting is more than just the absence of autonomy-supportive parenting (Silk et al., 2003). Compared to the mere lack of autonomy support, controlling parenting exerts a more direct and detrimental impact on children's needs, leading not only to feelings of low need satisfaction but also to need frustration. Research consistently indicates that psychologically controlling parenting is associated with numerous maladaptive developmental outcomes, including internalizing and externalizing problems (see Barber and Xia, 2013), and that need frustration plays a mediating role in these relationships (Ahmad, Vansteenkiste and Soenens, 2013; Mabbe et al., 2016). In our study, frustration of basic needs fully mediated the relationship between mother's controlling parenting style and depression as predicted in hypothesis H11. However, in hypothesis H12, frustration of basic needs partially mediated the relationship between father's controlling parenting style and depression. In other words, when the mediating variable of basic needs frustration was included in the model, the relationship between father's controlling parenting style and depression continued, albeit attenuated. This may explain why stronger emotional bonds and expectations traditionally associated with maternal roles may lead to more pronounced need frustration when mothers exhibit controlling behaviours (Lansford et al., 2013; La Guardia et al., 2000).

In hypothesis H12, some predictions will be shared about the reasons for the continuation of the relationship between the father's controlling parenting style and depression. It may be possible to explain this differentiation between mother and father in the controlling parenting style dimension with the gender characteristics of the participants. It was stated that the majority of the participants (approximately 80%) were female. Young girls may internalize controlling behaviors exhibited by their fathers. Cultural norms and societal gender roles often dictate that girls should be more obedient, dependent, and in need of protection, leading parents to adopt a more controlling approach towards them. These beliefs can result in parents closely monitoring their daughters' social and academic lives, contributing to the notion that girls require more protection from external dangers. This controlling behavior can negatively impact girls' self-confidence and autonomy development, as they are deprived of opportunities to make their own decisions and act independently.

Furthermore, the expectation that girls' educational and social lives should be more tightly controlled can lead to parental interference in their academic and social activities, limiting their ability to explore personal interests and develop independent decision-making skills. This lack of autonomy and constant parental control can contribute to feelings of helplessness and frustration, which are known factors in the development of depression (Barber, 1996; Chao and Tseng, 2002; Kagitcibasi, 2007; Soenens and Vansteenkiste, 2010; Wall and Arnold, 2007).

These cultural norms may be more embraced by fathers. In our study, the persistence of the association between the father's controlling parenting style and depression may be explained by fathers exerting more control over their daughters, strengthening the link between controlling parenting and depressive symptoms. Despite the inclusion of need frustration in the model, ingrained cultural expectations and the resulting controlling behaviours are likely to continue to exert a significant influence on depression. Thus, while need frustration may explain part of the mechanism, the impact of controlling father behaviours shaped by cultural norms may continue to influence daughters' mental health outcomes.

The controlling behaviour of the parent causes depression through the frustration of the individual's needs. In our research, depression was used to mean the opposite of vitality. In other words, individuals who are exposed to controlling parenting practices will not be able to express their own wants and needs, make decisions with their own intrinsic motivation and take responsibility for their own behaviours. This will negatively affect the self-confidence of the individual and prevent him/her from feeling adequate. These feelings of insecurity and inadequacy will be experienced in a generalised way in the individual's life (Soenens and Vansteenkiste 2010). This may cause the person to become far from spontaneity, expecting commands and decreased creativity.

In addition, controlling parents may reject their children and show conditional love when their children do not fulfil their wishes. This will have a negative effect on the attachment between child and parent. When the child does not fulfil the parent's expectation, the child may perceive the parent as rejected and unwanted. This situation will damage the closeness between the child and the parent over time, however, this situation may cause the individual to feel unloved and isolated in the family and

society. Our research findings are also consistent with attachment theory. La Guardia et al. (2000) demonstrated that individuals raised in an environment where their basic psychological needs are met are more likely to develop secure attachments. Furthermore, they found that the satisfaction of these needs significantly mediates the relationship between attachment security and well-being (La Guardia and Patrick, 2008). These results indicate that attachment is influenced by the extent to which parents create an environment that either satisfies or hinders their children's basic psychological needs (La Guardia and Patrick, 2008).

4.4. Limitations and Further Suggestions

This study has a number of limitations that can be addressed in future research. A primary limitation is the gender distribution is not balanced. The cross-sectional nature of the data, which made it impossible to disentangle the causal order of the variables considered. Possibly, experiences of need frustration not only followed from parental psychological control, but also contributed to it; similarly feelings of need satisfaction could promote an autonomy supportive behaviour of the parents. Parents may act more intrusively with adolescents who feel incompetent, pressured, and lonely, while more supportively with children that seem more satisfied in their needs. Most likely, there are reciprocal associations between all of the constructs in the model tested here; this issue needs to be addressed in future longitudinal research. Future longitudinal studies should investigate how autonomy support needs would change from childhood, adolescence, and adulthood, and how application of this information would vary. Another limitation of this study is that there is not a direct measure of socioeconomic status. Moreover, the variables in the current study were based on self-reports only. Future research would do well to include multi-informant assessments to provide a more valid and more conservative test of the hypothesised model. Future research could use more differentiated instruments to assess well- and ill-being.

CHAPTER 5: CONCLUSION

This study aimed to explore the relationship between parental perceptions and individuals' levels of subjective vitality and depression, with a focus on the mediating role of basic psychological need satisfaction and frustration. The findings revealed significant insights into the dynamics of how parenting styles influence psychological well-being and mental health outcomes in a Turkish sample. Firstly, the results demonstrated that basic psychological need satisfaction directly mediates the relationship between perception of parents and subjective vitality. This finding aligns with the Basic Psychological Needs Theory, suggesting that when individuals perceive their parents as supportive, their fundamental psychological needs are met, thereby enhancing their vitality levels. This highlights the critical role of autonomy-supportive parenting in fostering psychological well-being among adolescents and young adults. Secondly, the study found that basic psychological need frustration directly mediates the relationship between perceived maternal parenting and depression, and partially mediates the relationship between perceived paternal parenting and depression. These results indicate that controlling and less supportive parental behaviors contribute to the frustration of basic psychological needs, which in turn leads to increased depressive symptoms. This emphasizes the detrimental impact of controlling parenting practices on mental health and underscores the importance of fostering a supportive and autonomy-encouraging parenting environment. Additionally, the study confirmed that the presence of psychological control and need frustration should not be considered merely the absence of autonomy support and need satisfaction. Specifically, need satisfaction mediated the relationship between autonomy support and well-being, fostering an adaptive process. Conversely, need frustration mediated the relationship between psychological control and ill-being, fostering a maladaptive process. These findings suggest that both support and thwarting of psychological needs simultaneously influence children's functioning. Explicit assessment of both aspects could better address the multiple impacts on well-being and ill-being. This highlights the potential benefits of assessing interpersonal control and need thwarting for targeted screening and intervention in various social contexts, such as education, work, healthcare, psychotherapy, and personal relationships. In summary, this study provides robust evidence supporting the significance of parental perceptions in influencing subjective vitality through the mediation of basic psychological need satisfaction. The

findings underscore the importance of fostering supportive parenting environments to enhance subjective vitality, which is a key indicator of psychological well-being. High levels of subjective vitality are associated with increased energy, enthusiasm, and overall mental health, which are crucial for the optimal development of young individuals. Furthermore, reducing the risk of depression through supportive parenting practices can lead to improved long-term mental health outcomes.

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APPENDICES

APPENDIX – A: INFORMED CONSENT FORM

Katılımcı Onay Formu

Bu çalışma, İzmir Ekonomi Üniversitesi bünyesinde, Klinik Psikoloji Yüksek Lisans programı kapsamında, Prof. Dr. Falih Köksal danışmanlığında Şule Kara tarafından yürütülmektedir. Bu form sizi çalışma koşulları hakkında bilgilendirmek için hazırlanmıştır.

18-23 yaş arasındaki genç yetişkinlerde algılanan ebeveylik tarzlarının (özerklik destekleyici & kontrolcü), canlılığa ve depresyona etkisini, ihtiyaçların karşılanması ve karşılanmaması aracı rolü ile araştırmaktır.

Bu amaçla size cevaplamanız üzere birtakım sorular sorulacaktır. Katılmayı kabul edersiniz toplamda yaklaşık 15 dakika sürecek bu çalışmada sizden anketteki soruları yanıtlamanız istenecek. Her bir soruyu okuyup, kendiniz için en doğru cevabı verecek şekilde yanıtlamanız araştırmanın geçerlilik ve güvenirliği için gereklidir. Araştırmada sizden kimlik bilgilerinizi ortaya çıkaracak hiçbir bilgi istenmeyecektir. Verdiğiniz yanıtlar gizli tutulacak, bu bilgilere sadece araştırmacılar ulaşabilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek, bilimsel yayınlar ve akademik amaçlar için kullanılacaktır. Çalışmaya katılım tamamen gönüllülük esasına dayanmaktadır. Çalışma kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz çalışmaya katılmayı reddedebilir veya cevaplamayı yarıda bırakabilirsiniz. Çalışmaya katılımınız için teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak isterseniz Şule Kara ile iletişime geçebilirsiniz. Bu çalışmaya tamamen gönüllü olarak katılmayı kabul ediyor ve istediğim zaman çalışmadan çıkabileceğimi biliyorum.

Verdiğim bilgilerin bilimsel amaçlı
Yayınlarda kullanılmasını kabul ediyorum.

Evet ☐ Hayır ☐

APPENDIX B – SOCIODEMOGRAPHIC QUESTIONNAIRE

Cinsiyetiniz:

- Erkek
- Kadın
- Diğer (belirtiniz)

Yaşınız:

Eğitim düzeyiniz:

- İlköğretim
- Lise
- Lisans
- Yüksek lisans
- Diğer (belirtiniz)

Çalışma durumunuz:

- Çalışmıyor
- Öğrenci
- Çalışıyor
- Diğer (Belirtiniz)

Kiminle yaşıyorsunuz:

- Tek Başıma
- Ailemle
- Akrabalarımla
- Ev Arkadaşımla
- Eşimle
- Partnerimle
- Diğer (Belirtiniz)

İlişki durumunuz:

- Bekar
- Evli
- İlişkisi Var
- Diğer (Belirtiniz)

Ebeveyn durumunuz:

- Ebeveynlerimin ikisi de hayatta
- Annem vefat etti babam hayatta
- Babam vefat etti annem hayatta
- Ebeveynlerimin ikisi de vefat etti
- Diğer(belirtiniz)

Kardeş sayınız:

Kaçıncı çocuksunuz (1 = en büyük çocuk) :

Sizin bakış açınıza göre sosyoekonomik durumunuz nedir?

- Alt
- Orta alt
- Orta
- Orta üst
- Üst

Yaşamınızın büyük bölümünün geçtiği bölgeyi işaretleyiniz.

- Ege Bölgesi
- Marmara Bölgesi
- Akdeniz Bölgesi
- İç Anadolu Bölgesi
- Karadeniz Bölgesi
- Güneydoğu Anadolu Bölgesi
- Doğu Anadolu Bölgesi

Kiminle büyüdünüz?

- Anne ve babamla
- Annemle
- Babamla
- Başka bir bakım verenle (belirtiniz)

Çocukluğunuzda ailenizden ayrı kaldığınız bir dönem oldu mu? (Örn. Yatılı okul, babanne- dede yanı vb.)

- Hayır
- Evet (ne kadar süre ile belirtiniz)

Herhangi bir psikiyatrik tanı aldınız mı?

- Hayır
- Evet (biliyorsanız tanıyı yazınız)

Terapi aldınız mı?

- Hayır
- Evet 1-15 seans
- Evet 15 ve üzeri seans

Yaşamınızda keyif aldığınız aktiviteler var mı? (Hobiler, spor ve sanat faaliyetleri vb)

- Düzenli olmasa da zaman zaman böyle uğraşlarım olur
- Hayatımda düzenli olarak böyle uğraşlarım var
- Hayatım boyunca hiç böyle uğraşlarım olmadı

Hobiler, spor ve sanat faaliyetleri vb. hayatınızda varsa haftada kaç saat bununla meşgul oluyorsunuz?

- Bu tarz faaliyetlerde bulunmuyorum
- Haftada 1-3 saat
- Haftada 4 saat ve üzeri

APPENDIX C - THE BASIC PSYCHOLOGICAL NEED SATISFACTION AND FRUSTRATION SCALE (BPNSFS)

Aşağıda yaşamınızdaki deneyimleri göz önünde bulundurarak cevaplayacağınız bazı ifadeler bulunmakta. Lütfen dikkatlice okuyunuz ve 1'den 5'e kadar ifadelerin sizin için uygunluğunu belirtin.

1 = Hiç doğru değil

5 = Tamamen doğru

1. Önemsediğim insanların da beni önemsediğini hissederim.	1	2	3	4	5
2. Kararlarımın gerçekten ne istediğimi yansıttığını hissederim.	1	2	3	4	5
3. Yaptığım şeylerin çoğunda hayal kırıklığına uğradığımı hissederim.	1	2	3	4	5
4. Çok fazla şey yapma konusunda baskı hissederim.	1	2	3	4	5
5. Yeteneklerim konusunda güvensizlik hissederim.	1	2	3	4	5
6. Birlikte zaman gecirdigim insanlarla samimi duygular içindeyim.	1	2	3	4	5
7. Zor görevleri başarıyla tamamlayabileceğimi hissederim.	1	2	3	4	5
8. Üstlendiğim şeyleri özgürce seçebildiğimi hissederim.	1	2	3	4	5
9. Bir şeyleri iyi yapabileceğim konusunda kendime güvenirim.	1	2	3	4	5
10. Benim için önemli olan insanların bana karşı soğuk ve mesafeli olduğunu hissederim.	1	2	3	4	5
11. Hedeflerime ulaşmak için yeterli olduğumu hissederim.	1	2	3	4	5
12. Gerçekten ilgimi çeken şeyleri yaptığımı hissederim.	1	2	3	4	5
13. Kurduğum ilişkilerin yüzeysel olduğunu hissederim.	1	2	3	4	5

14. Yaptığım seylerin çoğunu "yapmak zorundaymışım" gibi hissederim.	1	2	3	4	5
15. Bir şeyleri iyi yapıp yapamayacağım konusunda ciddi kuşkularım var.	1	2	3	4	5
16. Önemsediğim ve beni önemseyen insanlara bağlı olduğumu hissederim.	1	2	3	4	5
17. Tercih ettiğim şeyler gerçekten kim olduğumu gösterir.	1	2	3	4	5
18. Zaman geçirdiğim insanların beni sevmedikleri izlenimine sahibim.	1	2	3	4	5
19. Gündelik işlerim art arda gelen zorunluluklarmış gibi hissettiriyor.	1	2	3	4	5
20. Yaptigim hatalar yüzünden kendimi başarısız biri gibi hissederim.	1	2	3	4	5
21. İçinde olmak istediğim gruptan dışlandığımı hissederim.	1	2	3	4	5
22. Yapmak istemeyecegim pek cok seyi yapmak zorundaymisim gibi hissederim.	1	2	3	4	5
23. Yaptigim seylerde kendimi yeterli hissederim.	1	2	3	4	5
24. Benim için önemli olan diğer insanlara yakın ve bağlı hissederim.	1	2	3	4	5

APPENDIX D – SUBJECTIVE VITALITY SCALE

Aşağıdaki ifadelerin sizin için ne kadar doğru olduğunu her maddenin yanındaki ölçek üzerinde belirtiniz
Hiç doğru değil Biraz doğru Çok Doğru
1_____2_____3_____4_____5_____6_____7

1. Kendimi canlı ve yaşam dolu hissediyorum. 1__2__3__4__5__6__7
2. Kendimi pek zinde hissetmiyorum. 1__2__3__4__5__6__7
3. Bazen kendimi o kadar canlı hissediyorum ki coşup taşmak istiyorum. 1__2__3__4__5__6__7
4. Enerjik ve canlıyım. 1__2__3__4__5__6__7
5. Her yeni günü iple çekerim. 1__2__3__4__5__6__7
6. Hemen hemen her zaman tetikte ve uyanık hissediyorum 1__2__3__4__5__6__7
7. Kendimi enerji yüklenmiş hissediyorum. 1__2__3__4__5__6__7

APPENDIX E – PERCEPTION OF PARENT SCALE

AÇIKLAMA: Yaşamınızda önemli yere sahip olan anne ve babanızla ilişkilerinize yönelik aşağıda bir takım ifadeler verilmiştir. I. Bölümde annenizle ilgili, II. Bölümde babanızla ilgili ifadeler bulunmaktadır. Lütfen her bir bölümü dikkatle okuyarak cevaplayınız.

Okul: Sınıf: No: Yaş:

ANNENİZ İLE İLİŞKİNİZ

1- Tamamen Yanlış 2- Nadiren Yanlış 3- Kısmen Yanlış 4- Ne Doğru Ne Yanlış 5- Nadiren Doğru 6- Kısmen Doğru 7- Tamamen Doğru

Bölüm I

01. Annem, herhangi bir konuda benim neler hissettiğimi anlar.
1__2__3__4__5__6__7

02. Annem, bana sıklıkla nasıl bir yaşam sürdürmem gerektiğini anlatır.
1__2__3__4__5__6__7

03. Annem benimle konuşmak için zaman ayırır. 1__2__3__4__5__6__7

04. Annem beni olduğum gibi kabul eder ve sever. 1__2__3__4__5__6__7

05. Annem mümkün oldukça kendi seçimlerimi yapmama izin verir.
1__2__3__4__5__6__7

06. Annemin beni çok fazla düşünmediği kanısındayım. 1__2__3__4__5__6__7

07. Annem bana olan sevgisini açıkça ifade eder. 1__2__3__4__5__6__7

08. Herhangi bir sorun yaşadığımda annem benim düşüncelerimi ve görüşlerimi dinler. 1__2__3__4__5__6__7

09. Annem benimle birlikte olmak için yeterince zaman ayırır.
1__2__3__4__5__6__7

10. Annem bana kendimi özel hissettirir. 1__2__3__4__5__6__7

11. Annem kendim için kararlar almama izin verir. 1__2__3__4__5__6__7

12. Annem genellikle benimle ilgilenmeyecek kadar meşguldür.
1__2__3__4__5__6__7

13. Annem, genellikle benim düşünceleri mi kabul etmez ve onaylamaz.

1__2__3__4__5__6__7

14. Annem, bir şeyi onun istediği şekilde yapmam konusunda ısrarcı davranır.

1__2__3__4__5__6__7

15. Annem, yaşadığım sorunlarla pek ilgili değildir. 1__2__3__4__5__6__7

16. Annem, genellikle beni gördüğünde mutlu olur. 1__2__3__4__5__6__7

17. Annem, genellikle benim bakış açımdan olaylara bakmaya çalışır.

1__2__3__4__5__6__7

18. Annem, bana yardımcı olmak için zaman ve enerji harcar.

1__2__3__4__5__6__7

19. Annem, kendi kararlarımı almamda bana yardımcı olur. 1__2__3__4__5__6__7

20. Annemin benimle ilgili hayal kırıklığı yaşadığını düşünüyorum.

1__2__3__4__5__6__7

21. Annem, benim birçok ihtiyacıma yeterince duyarlı değildir.

1__2__3__4__5__6__7

BABANIZ İLE İLİŞKİNİZ

1- Tamamen Yanlış 2- Nadiren Yanlış 3- Kısmen Yanlış 4- Ne Doğru Ne Yanlış 5- Nadiren Doğru 6- Kısmen Doğru 7- Tamamen Doğru

Bölüm II

01. Babam, herhangi bir konuda benim neler hissettiğimi anlar.

1__2__3__4__5__6__7

02. Babam, bana sıklıkla nasıl bir yaşam sürdürmem gerektiğini anlatır.

1__2__3__4__5__6__7

03. Babam benimle konuşmak için zaman ayırır. 1__2__3__4__5__6__7

04. Babam beni olduğum gibi kabul eder ve sever. 1__2__3__4__5__6__7

05. Babam mümkün oldukça kendi seçimlerimi yapmama izin verir.

1__2__3__4__5__6__7

06. Babamın beni çok fazla düşünmediği kanısındayım. 1__2__3__4__5__6__7

07. Babam bana olan sevgisini açıkça ifade eder. 1__2__3__4__5__6__7

08. Herhangi bir sorun yaşadığımda babam benim düşüncelerimi ve görüşlerimi

dinler. 1__2__3__4__5__6__7

09. Babam benimle birlikte olmak için yeterince zaman ayırır.

1__2__3__4__5__6__7

10. Babam bana kendimi özel hissettirir. 1__2__3__4__5__6__7

11. Babam kendim için kararlar almama izin verir. 1__2__3__4__5__6__7

12. Babam genellikle benimle ilgilenmeyecek kadar meşguldür.

1__2__3__4__5__6__7

13. Babam, genellikle benim düşünceleri mi kabul etmez ve onaylamaz.

1__2__3__4__5__6__7

14. Babam, bir şeyi onun istediği şekilde yapmam konusunda ısrarcı davranır.

1__2__3__4__5__6__7

15. Babam, yaşadığım sorunlarla pek ilgili değildir. 1__2__3__4__5__6__7

16. Babam, genellikle beni gördüğünde mutlu olur. 1__2__3__4__5__6__7

17. Babam, genellikle benim bakış açımdan olaylara bakmaya çalışır.

1__2__3__4__5__6__7

18. Babam bana yardımcı olmak için zaman ve enerji harcar.

1__2__3__4__5__6__7

19. Babam, kendi kararlarımı almamda bana yardımcı olur. 1__2__3__4__5__6__7

20. Babamın benimle ilgili hayal kırıklığı yaşadığını düşünüyorum.

1__2__3__4__5__6__7

21. Babam, benim birçok ihtiyacıma yeterince duyarlı değildir.

1__2__3__4__5__6__7

APPENDIX F – BECK DEPPRESSION INVENTORY

1. Üzgün ve sıkıntılı değilim. 0

   Kendimi üzüntülü ve sıkıntılı hissediyorum. 1

   Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum. 2

   O kadar üzgün ve sıkıntılıyım ki, artık dayanamıyorum. 3

2. Gelecek hakkında umutsuz ve karamsar değilim. 0

   Gelecek için karamsarım. 1

   Gelecekten beklediğim hiçbir şey yok. 2

   Gelecek hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor. 3

3. Kendimi başarısız biri olarak görmüyorum. 0

   Başkalarından daha başarısız olduğumu hissediyorum. 1

   Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum. 2

   Kendimi tümüyle başarısız bir insan olarak görüyorum. 3

4. Her şeyden eskisi kadar zevk alıyorum. 0

   Birçok şeyden eskiden olduğu gibi zevk alamıyorum. 1

   Artık hiçbir şey bana tam anlamıyla zevk vermiyor. 2

   Her şeyden sıkılıyorum. 3

5. Kendimi herhangi bir biçimde suçlu hissetmiyorum. 0

   Kendimi zaman zaman suçlu hissediyorum. 1

   Çoğu zaman kendimi suçlu hissediyorum. 2

   Kendimi her zaman suçlu hissediyorum. 3

6. Kendimden memnunum. 0

   Kendimden pek memnun değilim. 1

   Kendime kızgınım. 2

   Kendimden nefret ediyorum. 3

7. Başkalarından daha kötü olduğumu sanmıyorum. 0

Hatalarım ve zayıf taraflarım olduğunu düşünmüyorum. 1

Hatalarımdan dolayı kendimden utanıyorum. 2

Her şeyi yanlış yapıyormuşum gibi geliyor ve hep kendimi kabahatli buluyorum. 3

8. Kendimi öldürmek gibi düşüncülerim yok. 0

   Kimi zaman kendimi öldürmeyi düşündüğüm oluyor ama yapmıyorum. 1

   Kendimi öldürmek isterdim. 2

   Fırsatını bulsam kendimi öldürürüm. 3

9. İçimden ağlamak geldiği pek olmuyor. 0

   Zaman zaman içimden ağlamak geliyor. 1

   Çoğu zaman ağlıyorum. 2

   Eskiden ağlayabilirdim ama şimdi istesem de ağlayamıyorum. 3

10. Her zaman olduğumdan daha canı sıkkın ve sinirli değilim. 0

    Eskisine oranla daha kolay canım sıkılıyor ve kızıyorum. 1

    Her şey canımı sıkıyor ve kendimi hep sinirli hissediyorum. 2

    Canımı sıkan şeylere bile artık kızamıyorum. 3

11. Başkalarıyla görüşme, konuşma isteğimi kaybetmedim. 0

    Eskisi kadar insanlarla birlikte olmak istemiyorum. 1

    Birileriyle görüşüp konuşmak hiç içimden gelmiyor. 2

    Artık çevremde hiç kimseyi istemiyorum. 3

12. Karar verirken eskisinden fazla güçlük çekmiyorum. 0
    Eskiden olduğu kadar kolay karar veremiyorum. 1
    Eskiye kıyasla karar vermekte çok güçlük çekiyorum. 2
    Artık hiçbir konuda karar veremiyorum. 3

13. Her zamankinden farklı göründüğümü sanmıyorum. 0

    Aynada kendime her zamankinden kötü görünüyorum. 1

    Aynaya baktığımda kendimi yaşlanmış ve çirkinleşmiş buluyorum. 2

    Kendimi çok çirkin buluyorum. 3

14. Eskisi kadar iyi iş güç yapabiliyorum. 0

    Her zaman yaptığım işler şimdi gözümde büyüyor. 1

    Ufacık bir işi bile kendimi çok zorlayarak yapabiliyorum. 2

    Artık hiçbir iş yapamıyorum. 3

15. Uykum her zamanki gibi. 0

    Eskisi gibi uyuyamıyorum. 1

    Her zamankinden 1-2 saat önce uyanıyorum ve kolay kolay tekrar uykuya dalamıyorum. 2 Sabahları çok erken uyanıyorum ve bir daha uyuyamıyorum. 3

16. Kendimi her zamankinden yorgun hissetmiyorum. 0

    Eskiye oranla daha çabuk yoruluyorum. 1

    Her şey beni yoruyor. 2

    Kendimi hiçbir şey yapamayacak kadar yorgun ve bitkin hissediyorum. 3

17. İştahım her zamanki gibi. 0

    Eskisinden daha iştahsızım. 1

    İştahım çok azaldı. 2

    Hiçbir şey yiyemiyorum. 3

18. Son zamanlarda zayıflamadım. 0

    Zayıflamaya çalışmadığım halde en az 2 Kg verdim. 1

    Zayıflamaya çalışmadığım halde en az 4 Kg verdim. 2

    Zayıflamaya çalışmadığım halde en az 6 Kg verdim. 3

19. Sağlığımla ilgili kaygılarım yok. 0

    Ağrılar, mide sancıları, kabızlık gibi şikayetlerim oluyor ve bunlar beni tasalandırıyor. 1 Sağlığımın bozulmasından çok kaygılanıyorum ve kafamı başka şeylere vermekte zorlanıyorum.2

Sağlık durumum kafama o kadar takılıyor ki, başka hiçbir şey düşünemiyorum. 3

20. Sekse karşı ilgimde herhangi bir değişiklik yok. 0
    Eskisine oranla sekse ilgim az. 1
    Cinsel isteğim çok azaldı. 2
    Hiç cinsel istek duymuyorum. 3

21. Cezalandırılması gereken şeyler yapığımı sanmıyorum. 0
    Yaptıklarımdan dolayı cezalandırılabileceğimi düşünüyorum. 1
    Cezamı çekmeyi bekliyorum. 2
    Sanki cezamı bulmuşum gibi geliyor. 3

APPENDIX G – ETHICS COMMITTEE APPROVAL

SAYI: B.30.2.İEÜ.0.05.05-**020**-*356* 19.02.2024

KONU : Etik Kurul Kararı hk.

Sayın Prof. Dr. Falih Köksal ve Şule Kara,

"Algılanan ebeveynlik tarzlarının, canlılığa ve depresyona olan etkisinin, ihtiyaçların karşılanması ve karşılanmaması aracı rolüyle incelenmesi" başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 29.01.2024 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve Etik Kurul üyeleri projeleri incelemiştir.

Sonuçta 29.01.2024 tarihinde **"Algılanan ebeveynlik tarzlarının, canlılığa ve depresyona olan etkisinin, ihtiyaçların karşılanması ve karşılanmaması aracı rolüyle incelenmesi"** konulu projenizin etik açıdan uygun olduğuna oy birliğiyle karar verilmiştir.

Gereği için bilgilerinize sunarım.

Saygılarımla,

Prof. Dr. Murat Bengisu

Etik Kurul Başkanı