EMOTIONAL WELL-BEING OF FIRST-YEAR
UNIVERSITY STUDENTS: FAMILY FUNCTIONING AND
ATTACHMENT STYLES

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ABSTRACT

EMOTIONAL WELL-BEING OF FIRST-YEAR UNIVERSITY STUDENTS:
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The present study aimed to reveal the effect of family functioning, attachment styles in romantic relationships, and city of origin on the emotional well-being of first year university students. 286 first-year university students from the Department of Basic English at Middle East Technical University participated in the study. They completed a demographic information sheet, the McMaster Family Assessment Device, the short-form Version of Experiences in Close Relationships Scale, the Beck Depression Inventory, the Beck Anxiety Inventory, and the Hopelessness Scale. ANOVAs were run to find out if there are significant differences in the emotional well-being of participants with different cities of origin and gender. To assess if there are significant differences in the emotional well-being between participants with different attachment styles and cities of origin, ANCOVAs (Gender as the covariate factor) were conducted. Finally, regressions were run to find out the relationship between demographic variables, attachment styles, family functioning, and emotional well-being of first-year university students. The participants who moved to Ankara when they started university were found to report more depressive symptoms than the participants who had been living in Ankara. Further significant differences were observed in the depression and hopelessness levels of participants with different attachment styles. In general, those participants having fearful attachment styles tended to hve more depressive symptoms and hopelessness as compared to those having secure and preoccupied attachment styles. Regression analyses revealed that absence of secure attachment

style, fearful attachment style, and problems in affective responsiveness in the family were associated with symptoms of depression. Gender, fearful attachment style, and communication problems in the family were found to be associated with symptoms of anxiety; and fearful attachment style, communication problems in the family and inappropriate family roles were found to associate with hopelessness. These findings were discussed with reference to relevant literature. Future research topics were suggested and thereupatic implications of the study were stated.

Keywords: College Adjustment, Family Functioning, Attachment Styles in Close Relationships, Symptoms of Depression, Anxiety, Hopelessness

ÖZ

ÜNİVERSİTEDE İLK YILINDA OLAN ÖĞRENCİLERİN DUYGUSAL
SAĞLIĞI: AİLE İŞLEVSELLİĞİ VE BAĞLANMA STİLLERİ

Amado, Suzi

Yüksek Lisans, Psikoloji Bölümü

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Bu çalışmanın amacı aile işlevselliğinin, romantik ilişkilerde bağlanma stillerinin ve devam ettiği üniversite ile aynı şehirde yaşıyor olmanın veya burada yaşamaya başlamanın, üniversiteye yeni başlayan öğrencilerin duygusal sağlığına etkisini araştırmaktır. Orta Doğu Teknik Üniversitesi Temel İngilizce Bölümünden 286 öğrenci bu çalışmaya katılmıştır. Her katılımcı demografik bilgi formunu, Aile Değerlendirme Ölçeğini, Yakın İlişkilerde Yaşantılar Anketini, Beck Depresyon Envanterini, Beck Kaygı Envanterini ve Beck Umutsuzluk Ölçeğini doldurmuştur. Cinsiyet ve şehir farklılıklarının duygusal sağlığa etkisini gözleyebilmek için ANOVA, farklı bağlanma stillerinin ve şehir farklılıklarının duygusal sağlığa etkisini araştırmak için ise ANCOVA (Cinsiyet kovaryant faktor) kullanılmıştır. Demografik özelliklerin, üniversiteye başlayana kadar yaşanan şehrin, ailenin işlevselliğini ve romantik ilişkilerde bağlanma stilinin duygusal sağlığı ne kadar yordadığını ölçmek için hiyerarşik regresyon analizleri yapılmıştır. Tüm bu analizlerin sonucunda, üniversiteye başladıkları zaman Ankara'ya gelen katılımcıların, o zamana kadar Ankara'da yaşayan katılımcılardan anlamlı olarak daha fazla depresyon yakınmaları gösterdikleri bulunmuştur. Bunun yanı sıra farklı bağlanma stilleri olan katılımcıların depresyon ve umutsuzluk düzeylerinde anlamlı farklar gözlenmiştir. Genel olarak, korkulu bağlanma stili olan katılımcıların, güvenli ve saplantılı bağlanma stili olan katılımcılara kıyasla daha fazla depresyon yakınmaları ve umutsuzluk sergiledikleri gözlenmiştir. Regresyon analizleri

güvenli bağlanmanın eksikliğinin, korkulu bağlanmanın ve aile içinde duygusal tepkileri vermekle ilgili sorunların depresyon belirtileriyle eşleştiğini, cinsiyetin, korkulu bağlanma stilinin ve aile içindeki iletişim sorunlarının kaygı belirtileriyle eşleştiğini ve korkulu bağlanma stili, aile içindeki iletişim sorunları ve ailede rollerle ilişkili sorunların umutsuzlukla eşleştiğini göstermiştir. Bu sonuçlar literatür desteğiyle tartışılmış, ileride yapılabilecek araştırma konuları önerilmiş ve bu çalışmanın sonuçlarının terapi sürecine katkıları tartışılmıştır.

Anahtar Kelimeler: Üniversiteye Uyum Süreci, Ailenin İşlevselliği, Bağlanma Stilleri, Depresyon Yakınmaları, Kaygı, Umutsuzluk.

To my Parents...

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Last but not least, I want to thank my parents **Eti and Nisim Amado** whom I perceive to be the best ever. They provided me with love, support, and encouragement in the last two years as well as throughout my life. I want to thank them for being such great individuals and a great team at the same time. Although I wrote this thesis I believe that they also deserve a degree. That is why I dedicate this work to my parents.

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CHAPTER I

1. INTRODUCTION

Beginning college is a significant event in the life of a young adult; it provides the young adult with a lifestyle that is different from high school. College life is not only associated with a good deal of opportunities and a climate for learning, but also difficulties and challenges related to adjustment. Crespy and Becker (1999) state in a study that students experience more stress in their transition to college and are more likely to receive counseling than any other time in their prior academic experiences.

College students are assumed to face two developmental tasks: adjustment to the demands associated with being an adult, and psychological separation from their family (Golan, 1981). Separation-individuation involves changes in family relationships. However, this does not necessarily mean that the close familial ties have to weaken or be broken. The young adult strives to achieve independence and autonomy, and retain close familial ties. The aim of the young adult, then, is to accomplish a "relational autonomy" (Josselson, 1988). This is in line with the conceptualization of an "autonomous-relational self "(Kağıtçıbaşı, 1996). In this conceptualization, autonomy is not equated to separateness, but is regarded as agency. It is taken as a dimension independent from interpersonal distance. The two-dimensional model suggests that the healthy self is "autonomous-relational," indicating the co-existence of autonomy and close familial relationships (Kağıtçıbaşı, 1996).

Adjustment can be regarded as an interactive process that occurs between the individual and the environment (Anderson, 1994). If it is taken into consideration that the college environment is novel and the young adult is in a developmental transition process, it can be concluded that emotional well being of a first year student is prone to fluctuations. A longitudinal study (Andrews & Wilding, 2004) conducted in the United Kingdom provides support for this view: It was found that 29 % of symptom free students developed depression and anxiety, whereas 36 % of

students with prior problems recovered in the transition process from high school to college (Andrews & Wilding, 2004). Relationship difficulties appear to predict anxiety, whereas financial difficulties appear to associate with depression (Andrews & Wilding, 2004).

Most research on college adjustment was conducted in the United States of America, where most young adults leave home to start college. However, in Turkey, many students remain in their city of origin and continue living with their family when their college life starts, though there are some others who leave their city of origin when they start college. As both groups face various difficulties, research can focus on differences in their adjustment process. The way students perceive the distance between themselves and their home may also be critical. A study on college adjustment of female students who moved out of their homes reveals that perceived distance from home rather than real distance is associated with college adjustment (Mooney et al., 1991).

A comparison of students who left home in the process of college transition and students who remained with their parents when they began college reveals that the former group's perceived security to their parents increased. However, they experienced higher levels of social anxiety and loneliness (Larose & Boivin, 1998). This may indicate that these students regarded their parents as a secure base as they were dealing with problems related to transition (Larose & Boivin, 1998). Studies conducted in Turkey suggest that students living with their families exhibit higher levels of academic adjustment (Orhon, 1985; Güney, 1985) and less depressive symptoms (Aydın & Demir, 1989; Güney, 1989) than their counterparts who don't live with their parents.

Several factors contribute to the emotional well being of first year university students. Family functioning is especially important because the effect of family on the development of a person cannot be denied. Less supportive and more conflictual interactions in a family are associated with problems in college adjustment (Hoffman & Weiss, 1987; Rice, Cole, & Lapsley, 1990). This is in line with the finding that social support from the father and mother, as well as a non-conflictual relationship between them, contributed to an adaptive transition in a college freshmen sample (Holahan et al., 1994) Further research indicates that

family conflicts (Hoffman & Weiss, 1987; Schwarz & Zuroff, 1979) and parent-child role reversals (Held & Bellows, 1983) associate with poor college adjustment.

A study conducted in China reveals that higher levels of paternal education are associated with decreasing symptoms of anxiety and depression among students. This can indicate that fathers with higher levels of education can provide for their children an environment that reduces their anxiety and depression (Tao et al., 2002). Paternal control is found to be related to college adjustment in two ways: Psychological control interferes with social and emotional adjustment whereas behavioral control contributes to social adjustment (Soucy & Larose, 2000).

Another important factor in college adjustment is the way a person relates to significant others in his/her life. Thus, attachment style in romantic relationships also deserves attention because a secure attachment style is likely to make this transition a smoother process. In Kenny's (1987) view, a young adult with a secure attachment style is likely to regard college transition as a chance to exercise control and environmental mastery. According to her, leaving home for college resembles the "strange situation" developed by Ainsworth and colleagues (1978) to assess attachment styles of infants. Attachment to parents and peers is found to predict academic and personal-emotional adjustment of freshmen (Lapsley et al., 1990).

Insecure attachment styles in adult romantic relationships are found to be linked to depression, anxiety, and physical symptoms (Carnelly, Pietromonaco, & Jaffe, 1994). Further research also suggests the association between attachment styles and experiences of worry in addition to depression and anxiety (Simonelli, Ray, & Pincus, 2004). Research in which attachment was assessed on the basis of close relationships suggests that securely attached university students are more likely to demonstrate social and emotional adjustment, whereas university students with preoccupied or fearful attachment styles tend to show poorer college adjustment (Lapsley & Edgerton, 2002).

In the first section of this chapter, three models of family functioning will be described: the Beavers Systems Model, the Process Model, and the McMaster Model. In the next section, attachment theory in two domains will be explained. Specifically, these are attachment in infancy and romantic adult attachment. Afterwards, emotional well-being will be addressed; in this section, depression and

its relationship with anxiety and hopelessness will be explored. Finally, the aim and hypotheses of this study will be stated.

1.1. Family Functioning

In this section, Beavers Systems Model of Family Functioning, Process Model of Family Functioning, and the Mc Master Model of Family Functioning will be explained.

1.1.1. Beavers Systems Model of Family Functioning

In the Beavers Systems Model of Family Functioning two dimensions are identified: family competence and family style. Family competence is the horizontal axis in the model and it refers to the structure, adaptive flexibility, and available information in the family system. High competent families have a flexible structure which enables them to negotiate, function better, and more successfully cope with stressful incidents. Family style is the vertical axis of the model and it refers to the families' view of the origin of satisfaction in relationships. It is a curvilinear construct and varies between centripetal and centrifugal family style. In centripetal families, it is believed that all relationship satisfactions originate from within the family, whereas in centrifugal families it is believed that relationship satisfactions originate from the outside world rather than from within the family. As the family style is a curvilinear construct, families that are extremely centripetal or centrifugal are regarded as functioning poorly. In the Beavers Systems Model of Family Functioning, extreme centripetal and centrifugal styles weaken as family competence increases. Competent families' structure changes with time so that individual needs of family members are fulfilled. They are expected to be more centripetal while they have little children, and show a more centrifugal pattern as their children become adolescents (Beavers & Hampson, 2000).

Beavers and Hampson (2000) defined nine family groupings based on competence and style dimensions. These definitions are based not only on the clinical observations of the authors but also on empirical research (Beavers, 1977,

1981a, 1981b, 1982, 1985, 1989; Beavers & Hampson, 1990, 1993; Hampson & Beavers, 1996a, 1996b; Lewis et al., 1977; cited in Beavers & Hampson, 2000).

The first family group is optimal families. These are families that are regarded as functioning effectively. They recognize that interactions of causes produce results. They also realize the interchangeable nature of causes and effects (e. g., harsh discipline causes aggression, and aggression leads to harsh discipline). In these families, intimacy is evident. Family members respect each others' different view points, choices and perceptions. There is space for capable negotiation and they perform well in group problem solving and conflict resolution. Finally, members' individuation is reinforced and there are clear boundaries between members (Beavers & Hampson, 2000).

The second family group is adequate families. These families are more control oriented than optimal families. If conflict arises it is likely to be resolved by using direct force or intimidation. This indicates that family members seek more overt power than family members of optimal families. Parental coalition is effective, but not as emotionally rewarding as in optimal families. Compared to optimal families there is less intimacy, trust, joy, and spontaneity. However, these are adequate. Usually, in these families role stereotyping is evident, especially, gender role stereotyping (Beavers & Hampson, 2000).

The third, fourth, and fifth groups are dysfunctional families and they are called mid-range families. It is common that children in these families are functional but vulnerable. Children as well as parents in these families are likely to be at risk to psychological problems. In these families, overt control plays an important role and negotiations in discipline and power control are unlikely. Favorite children are common. Either one child is the favorite of one parent, and the other child is the favorite of the other parent, or one child is the favorite of the parents and other one is the scapegoat of the family. There are centripetal, centrifugal, and mixed mid-range families (Beavers & Hampson, 2000).

In mid-range centripetal families it is believed that overt and authoritarian control is effective. Members are concerned with rules and authority and spontaneity is not common. Indirect control or parental manipulation is rare. Hostility is expressed in a covert way rather than openly. However, there is space

for family members to express their caring for each other. Gender stereotyping is clearly evident in these families; men are likely to be silent and strong whereas women are likely to be childlike (Beavers & Hampson, 2000).

In midrange centrifugal families, intimidation is used as a means to achieve control. However, they do not expect this strategy to be successful. Attacks, open expressions of hostility, and blaming are common in these families. If members express warmth or caring, it provokes anxiety. Neither parents nor children spend much time at home. Children are likely to leave home for neighborhoods or streets earlier than they are expected to, and parents do not spend a lot of time at home. The parental coalition is weak and the relationship of parents is likely to involve unsolved power issues (Beavers & Hampson, 2000).

In midrange mixed families there are centripetal as well as centrifugal characteristics that alternate and compete. Thus the family can neither be labeled as centripetal nor as centrifugal (Beavers & Hampson, 2000).

The sixth and seventh family groups are called borderline families. Constant efforts to set up dominance and overt power struggles are common in these families. Members cannot meet their own emotional needs as well as emotional needs of other family members. There are centripetal and centrifugal borderline families. In borderline centripetal families, there is chaos and covert control battles. In borderline centrifugal families, anger is expressed more openly than in centripetal borderline families. Parental coalition is likely to be poor and battles between parents are common (Beavers & Hampson, 2000).

The eighth and ninth family groups are called severely dysfunctional families. The main problematic area in the severely dysfunctional families is communication. There is a lack of communicational coherence. These families have difficulties in resolving ambivalence, and choosing and following goals. A shared focus in discussions is not likely to be accomplished and there is an emotional distance between family members that prohibits satisfactory relationships. These families keep control by using indirect and covert means. This leads to chaos in family functioning. There are centripetal and centrifugal severely dysfunctional families. Severely dysfunctional centripetal families have a solid external boundary. It is likely that neighbors regard these families as strange. In these families, children's

emotional development can be delayed. Conflicts arise between separation-individuation and family loyalty. In severely dysfunctional centrifugal families, dependency, vulnerability, warmth, and tenderness are not respected. These families have low levels of adaptability and children may experience limitations in their social-emotional development.

1.1.2. Process Model of Family Functioning

In the Process Model of Family Functioning, families are regarded as ever-changing, complex systems. According to this model, families aim to accomplish several basic, developmental, and crisis tasks. To accomplish each demanding task, the family has to organize itself. The process of task accomplishment determines if a family achieves or fails its fundamental objectives. The family intends to allow the continued development of each family member, to provide family members with security, to make sure that there is family cohesion and to function efficiently in the society. In the process of task accomplishment, the problem or task is first identified, then alternative solutions are explored, next the selected solution is applied, and finally, effects of this application are evaluated (Skinner et al., 2000).

The process of task accomplishment takes place in interrelation with role performance, communication, affective expression, involvement, control, and values and norms. Roles must be well differentiated and performed so that a task can be accomplished in a family. For the differentiation and performance process of roles, each family member must be assigned a specific task; the members have to be eager to carry out these tasks and finally to perform them. Communication is crucial in the role performance process. The critical aspect in communication is that the message that a family member intends to convey is received by another family member accurately. To accomplish this, the message that is being conveyed must be sufficient, clear, and direct; and the receiver of the message has to be available and open. Affective expression is an essential aspect of communication. Its intensity, timing, and content of feelings that are expressed can hold back or promote task accomplishment. In stressful times it can become harder to express affections in a functional way (Skinner et al., 2000).

Affective involvement, the way family members are involved with each other, can promote or prohibit task accomplishment. It reveals to what extent family members have interest in each other. It involves not only the degree, but also the quality of this interest. Five family types that can be derived from degree and quality of interest are the uninvolved family, the narcissistic family, a family that is interested in the absence of feelings, the enmeshed family, and the empathic family. If a family has healthy affective involvement, it is expected to be able meet the security needs as well as the emotional needs of its members (Skinner et al., 2000).

Control is another process that contributes to family functioning. Through control, family members can have an influence on each other. Families are expected to be competent in adapting to changes in task demands. Control in a family also refers to aspects of family management style. The family can be either predictable or inconsistent, either constructive or destructive, and either responsible or irresponsible. Finally, it should be taken into account that all these processes occur in the context of values and norms that are embedded in the culture the family lives in, as well as in the family background. Another issue that deserves attention is that according to the Process Model of Family Functioning these processes can occur at the intra-psychic, interpersonal, and family systems level (Skinner et al., 2000).

1.1.3. The Mc Master Model of Family Functioning

The Mc Master Model of Family Functioning is founded on a systems theory. Five assumptions of systems theory underlie the Mc Master Family Model. These are:

> (1) All parts of the family are interrelated; (2) One part of the family cannot be understood in isolation from the rest of the family system; (3) Family functioning cannot be understood by simply understanding each of the individual family members or subgroups; (4) A family's structure and organization are important factors that strongly influence and determine the behavior of family members; (5) The transactional patterns of the family system strongly shape the behavior of family members. (Miller et al., 2000, p. 169).

The Mc Master Model identifies dimensions of family functioning. These dimensions do not represent all features of family functioning. However, they have

been found significant in working with families in clinical settings. Families are evaluated based on their effective functioning in each dimension. These dimensions are problem solving, communication, roles affective responsiveness, affective involvement, and behavior control (Miller et al., 2000).

Problem-solving refers to a family's ability to work out problems in a way that preserves effective family functioning. An issue is regarded as a problem if family members have difficulty resolving it and if it provides a threat for the functional capacity and integrity of the family. Problems are categorized as instrumental and affective. Instrumental problems refer to practical problems of daily life like money management or choosing a place to live. Affective problems refer to problems that are associated with emotional experiences and feelings (Miller et al., 2000).

Communication refers to verbal exchange of information within the family. Similar to the problem-solving dimension, communication is also categorized as affective and instrumental communication. These categories can partly cover the same things. However, there are families in which instrumental communication is very successful, although they have great difficulties in affective communication. Communication dimension also involves clear vs. masked communication and direct vs. indirect communication. These refer to how clear the message is conveyed and if the message is directly conveyed to the person that needs to receive the message (Miller et al., 2000).

Roles refer to patterns of behavior that family members exhibit recurringly to fulfill family functions. These functions are also categorized as affective and instrumental. In this dimension, a further distinction is made between necessary and other family functions. Necessary functions refer to instrumental affective or combined functions the family has to fulfill to operate efficiently. Other functions do not constitute necessity for family functioning, but come up in varying degree in every family (Miller et al., 2000).

Affective responsiveness refers to "the ability of the family to respond to a range of stimuli with the appropriate quality and quantity of feelings" (Miller et al., 2000, p.171). The qualitative aspect of this dimension is concerned with two issues. The first issue is whether or not family members respond to stimuli with the full

range of potential emotions that people can experience. The second issue concerns whether or not the emotion and the situational context in which the emotional response is given are consistent. The quantitative aspect of this dimension is concerned with its degree. It ranges between non responsiveness or under-responsiveness and over-responsiveness. If in a family, a full range of emotions are experienced in an appropriate quality and quantity, the family can be regarded as functioning effectively on this dimension (Miller et al., 2000).

Affective involvement refers to the extent to which a family is interested in and values the interests and activities of its members. This dimension is concerned with the extent to which family members involve themselves in each other's lives (Miller et al., 2000).

Behavior control refers to the way a family handles the behavior of its members in "physically dangerous situations", in "situations which involve meeting and expressing psychobiological needs or drives" and in "situations involving interpersonal socializing behavior." Families set standards for acceptable behaviors in these kinds of situations. Behavior control is determined by the standards the family sets, and to what extent these standards are flexible (Miller et al., 2000).

The present study will employ the McMaster Model of Family Functioning. Compared to the Beavers Systems Model and the Process Model of Family Functioning, it appears more straightforward. It does not categorize families into groups, but identifies dimensions on which families may or may not function efficiently. It provides a broader range of information because various dimensions are assessed and the combination of various dimensions can be found to be dysfunctional. This does not only provide a good deal of information, but also enriches the therapist's or counselor's knowledge about possible and useful intervention areas.

The Family Assessment Device was found to be a valid and reliable measure of family functioning in the United States (Epstein et al., 1983) and Italy (Roncone et al., 1998) which are considered as Western cultures. In a study conducted in Hong Kong with Chinese participants in a non Western culture, the general functioning subscale of Family Assessment Device was found to be a valid and reliable measure (Shek, 2001). Turkey can be regarded as a combination of the

Western and non-Western cultures. A theory gains in strength if its device is found to be suitable for different cultures. As the Family Assessment Device was adapted to Turkish and was also found to be a reliable and valid measure of family functioning in the Turkish culture (Bulut, 1990), it was chosen to be used in the present study.

There is evidence that families with a depressed member were found to report poorer family functioning than their counterparts which did not have a member with any psychiatric disorder (Keitner et al., 1986, 1987a). Families of adult patients who are in an acute episode of major depression encountered difficulties in their functioning, especially in problem solving and communication (Keitner & Miller, 1990). When families with a depressed member were compared with control families, the former group reported to have more difficulties than the latter group, even after the depressed family member recovered from depression (Keitner et al., 1987). When families of depressed adolescents were compared with families of control adolescents, a significant difference was found in all dimensions of the McMaster Model of Family Functioning (Tamplin et al., 1998).

A longitudinal study conducted with adolescents in Hong Kong explored the relationship between family functioning and adolescents' psychological well-being. It was found that negative family functioning predicted lower level of well being among adolescents over time. However, the observed relationship was found to be bi-directional; adolescent psychological well-being also predicted family functioning over time (Shek, 1998). In another study, Shek (1997) found that adolescents with better functioning families showed lower levels of symptoms than their counterparts whose families were not functioning as good as theirs (Shek, 1997).

Research suggests that there is some relation between family functioning and psychopathology as well as family functioning and emotional well-being. The McMaster Model appears to cover all important aspects of family functioning and it is a reliable and valid measure. Additional research on family functioning should be encouraged, because there is more to be learned about it and its effects on family members.

1.2. Attachment Styles

Attachment is a concept that is part of each human being's life from infancy to late adulthood. Each infant has an urge to attach to a caregiver, and the quality of this attachment is likely to have important effects on the infant and his/her relationships in the short and long term. It is even hypothesized that an individual's attachment dynamics and functions remain the same throughout his/her life, because it is assumed that the neural basis of the attachment system does not change with time (Hazan & Shaver, 1994a).

Attachment research is a broad and diverse field. Some researchers focus on infant-caregiver attachment, others focus on adult attachment styles that are assessed in a retrospective way, and there is some research focusing on how attachment theory can be conceptualized within close relationships with peers and romantic partners. In this section, first a summary of the original infant-caregiver attachment theory will be provided, and then the conceptualization of attachment in romantic relationships will be discussed.

1.2.1. Infant-Caregiver Attachment

Bowlby can be regarded as the father of attachment theory. The starting point for him was the time when the World Health Organization asked him to report on the mental health of homeless children in London in 1950 (Hazan & Shaver, 1994a). In his report, he stated that maternal deprivation, particularly from birth until the age of three increases the risk for physical and mental illnesses in children (Bowlby, 1951). The report provided this valuable information, but lacked any possible reasons for this outcome, and Bowlby started to search for the causes (Hazan & Shaver, 1994a). According to the attachment theory, a newborn infant can only survive if there is an adult who is willing to provide him/her with the necessary care and protection (Hazan & Shaver, 1994).

In the first six weeks of their lives, infants stay with caregivers who provide them with comfort and food. They don't appear to get distressed when they are alone with someone not familiar to them. This can be regarded as the "pre-attachment phase." This phase is followed by the "attachment in the making" phase

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in which infants start to show that they can differentiate familiar people from unfamiliar ones. Near the end of this phase (in the sixth or seventh month), they begin to display signs of wariness when they encounter unfamiliar people or objects. In the "clear-cut attachment" phase, infants start to experience and show separation anxiety, which refers to becoming upset when the attachment figure leaves the room. In this phase, both the infant and the attachment figure experience distress when the distance between them increases. The infant perceives the caregiver, who is likely to be the mother, in many cases as a "secure base." Infants keep coming back to this secure base as they explore their environment and the world. Finally, "the phase of reciprocal relationships" is reached. In this phase, the child starts to spend more time away from the caregiver due to his/her mobility, and both the child and the caregiver share the responsibility to renew contact now and then. This phase begins some time between 18 and 24 months of age, and takes several years (Cole & Cole, 2001).

Ainsworth et al. developed a procedure to assess the attachment styles of infants. The procedure is called "the Strange Situation." The procedure takes place in a play room in which there are several toys which provide the infant with material to explore. The infant, the caregiver and their interaction are observed in several situations. These include when they are alone, in the presence of a stranger when the stranger and the infant are alone, when the infant is alone, and when the infant and caregiver reunite. Both the reactions of the infant and the caregiver are observed throughout the procedure. The extent to which the caregiver is responsive and available to the infant, and the extent to which the infant can explore in the presence of the caregiver are of particular importance (Ainsworth et al., 1978; Ainsworth & Wittig, 1969).

Based on several "Strange Situation" observations, Ainsworth and colleagues categorized three attachment styles; secure, anxious/ambivalent, and anxious/avoidant. Securely attached infants want to maintain proximity to their caregiver, they seek comfort in their caregiver, and they use their caregiver as a secure base for exploration. They explore the toys in the presence of their caregiver. When their caregiver leaves the room, they experience distress, and are comforted

when she comes back. Observations in the homes of these infants revealed that their caregivers were consistently responsive and available (Ainsworth et al., 1978).

Infants with anxious/ambivalent attachment style appear very anxious and angry throughout the "Strange Situation," and they are so preoccupied with their caregiver that they cannot explore the toys and the room. Observations in the homes of these infants revealed that their caregivers were inconsistent in responding to and being available for them. Sometimes they were unresponsive, and sometimes they were pushy (Ainsworth et al., 1978).

Infants with avoidant attachment style don't seem to be distressed when their caregiver leaves the room. They stay away from their caregiver. They focus on the toys. However, they don't display the same enthusiasm and interest for the toys as their securely attached counterparts. Observations in the homes of these infants revealed that their caregivers regularly ignored the infant's request for affection, particularly for bodily contact (Ainsworth et al., 1978).

In attachment theory, infants with different attachment styles develop different internal "working models" (Bowlby, 1988) that are based on to what extent the infant expects the caregiver to be accessible and responsive, and to what extent the infant believes that s/he can generate responses from the caregiver (Ainsworth, 1989, Bowlby, 1988).

Confidence that an attachment figure is, apart from being accessible, likely to be responsive can be seen to turn on at least two variables: (a) whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection; [and] (b) whether or not the self is judged to be the sort of person towards whom anyone, and the attachment figure in particular, is likely to respond in a helpful way. Logically these variables are independent. In practice they are apt to be confounded. As a result the model of the attachment figure and the model of self are likely to develop so as to be complementary and mutually confirming (Bowlby, 1973, p.238).

Research indicates that the caregiver's response to an infant in distress appears to determine internal working models the infant develops (Isabella, Belsky, & von Eye, 1989).

According to Sroufe and Waters (1977), people who have a secure attachment relationship at some point in their lives have the basis for future relationships with

secure attachment. In Hazan and Shaver's (1994a) view, attachment is transferred to adult peers as they start to provide the security and the emotional support that the individual needs and to fulfill the functions that were once fulfilled by parents. This transfer does not occur as a total shift from attachment to parents to attachment to peers (Hazan et al., 1991). It takes place gradually. First, proximity maintenance is transferred to peers; individuals start to seek proximity with their peers. Then peers become the safe haven for individuals; individuals seek support from their peers. Finally, as individuals receive comfort from their peers and peers start to respond to the individual in distress, peers become a secure base for individuals. Parents do not cease to be attachment figures for individuals. However, they move in the attachment hierarchy of individuals to a different position (Hazan et al., 1991). In the next section, the conceptualization of attachment in romantic relationships, which is another focus of attachment research, will be discussed.

1.2.2. Attachment in Romantic Relationships

Hazan and Shaver (1987) came up with the idea that infant-caregiver attachment theory can be used to gain a point-of-view about adult romantic relationships. In their conceptualization of attachment in romantic relationships, they intended to draw a parallel between Ainsworth's classification and Bowlby's theory (Hazan & Shaver, 1987).

They conducted two studies in testing their hypotheses. In the first study, they developed a "love quiz," and asked the readers of a local newspaper to complete the love quiz and send it to them. The love quiz involved questions and statements about the most important romantic relationship the person has had. Additionally, the person's relationship to his/her father and mother in his/her childhood was assessed as well as the quality of the parents' relationship (Hazan & Shaver, 1987).

In this study, they found that individuals with secure attachment style regard their most important relationship as trusting, friendly, and happy. Their relationships last longer than their anxious/ambivalent and avoidant counterparts and they highlight that they could support and accept their partners although they

may have some faults. Fear of intimacy, jealousy, and emotional highs and lows are common features of individuals with avoidant attachment style. In the view of ambivalent/anxious individuals, love entails obsessions, emotional highs and lows, sexual attraction, jealousy, and desire for union and reciprocation. The quality of the individual's relationship with his/her mother and father, and the quality of the relationship between father and mother are found to predict adult attachment style (Hazan & Shaver, 1987).

In the second study, the participants were undergraduate university students. In this study, participants completed measures that assessed their levels of loneliness and their mental models, in addition to the measures in the first study. The way participants with different attachment styles described their relationships was inline with the way their counterparts in the first study described their relationships (Hazan & Shaver, 1987).

Participants with different attachment styles are found to have different views on the trustworthiness and availability of a romantic partner and on themselves as love worthy individuals. Secure participants view themselves as "easy to get to know" and likable, and they regard most people as usually good-hearted and well-intentioned. Participants with anxious/ambivalent attachment style state that they have more self-doubt, and that they are underappreciated and misunderstood. They believe that other people commit less in relationships than themselves. Although the participants with avoidant attachment style do not view themselves and the world from such extreme perspectives as those with either secure or anxious/ambivalent attachment styles, they do, nevertheless, tend to be closer to their anxious/ambivalent counterparts (Hazan & Shaver, 1987).

According to Shaver and his colleagues (1988), romantic love has three components: attachment, care-giving, and sexual mating. Research on romantic attachment emphasizes the attachment component rather than the care giving and the sexual mating components (Fraley & Shaver, 2000). An attachment relationship is formed in the presence of physical proximity (Hazan & Shaver, 1994a). According to Hazan and Shaver (1994a), proximity seeking can be the result of desire for attachment, care giving, and sexual mating in adult romantic attachment. This can be seen as the first phase in the formation of an attachment; "initial

attraction" (Hazan & Shaver, 1994a). Both infants and adults are influenced by the way the potential attachment figure responds. If the attachment figure is responsive, the adult individual is likely to experience joy and security, whereas s/he experiences anxiety and distress if the attachment figure is not responsive (Ainsworth et al., 1978; Tennov, 1979). In the next phase, "established relationship," adults involved in a romantic relationship provide each other with security and comfort. Thus, partners become a "haven of safety" for each other (Hazan & Shaver, 1994a). As time passes, this phase is followed by another phase, "goal-corrected partnership," in which partners become secure bases for each other (Hazan & Shaver, 1994a). In a romantic relationship, the significance of needs alter as time passes. If a relationship has been triggered with sexual attraction, it is likely to end after a while if other needs that gain importance with time are not satisfied (Hazan & Shaver, 1994a).

Individuals develop models of attachment figures on the bases of the frequency and predictability of responses, as well as on the basis of the context in which these responses occur (Hazan & Shaver, 1994b). Bartholomew's (1990) model of attachment is founded on models that individuals develop about themselves and others. According to Bartholomew (1990), individuals develop either positive or negative models of themselves and others. This implies that individuals can view themselves either as worthy to be supported and loved, or as not worthy to be supported and loved. Further, individuals can view others as available and trustworthy, or unreliable and rejecting (Bartholomew, 1990). Combinations of these models (of self and other) yield four attachment styles, which are secure, preoccupied, fearful-avoidant, and dismissive-avoidant. Securely attached individuals view themselves as worthy and believe that others will usually be responsive and accessible (Bartholomew, 1990). Secure attachment style in this model is inline with secure attachment style that was identified in research on infant and adult attachment (Ainsworth et al., 1978; Hazan & Shaver, 1987). Individuals with preoccupied attachment style regard themselves as unworthy, but have positive view of others. People who have a fearful-avoidant attachment style view themselves as unworthy and expect that other people will be rejecting and untrustworthy. Individuals with dismissive avoidant attachment style see

themselves as worthy. However, they regard others as rejecting and untrustworthy (Bartholomew, 1990).

Table 1. Attachment Styles based on Bartholomew's Model (1990)

	Worthy Self	Unworthy Self
Responsive and Accessible Others	Secure Attachment Style	Preoccupied Attachment Style
Untrustworthy and Rejecting Others	Dismissive-Avoidant Attachment Style	Fearful-Avoidant Attachment Style

Brennan, Clark, and Shaver (1998) analyzed measures that assess romantic attachment and came up with a two dimensional conceptualization of attachment; anxiety and avoidance. Anxiety refers to alertness and anxiety associated with abandonment and rejection. Avoidance refers to the discomfort individuals experience when they are close to others or dependent on others, as well as to individuals' being reluctant to intimacy (Brennan, Clark, & Shaver, 1998).

As it was stated in the beginning of this section, attachment research is a broad and diverse field. This section focused mainly on two areas of attachment; infant-caregiver attachment and attachment in romantic relationships. Research suggests that attachment in close relationships has an influence on emotional well-being. In this study, Brennan and his colleagues' model of attachment in close relationships, which is based on Hazan and Shaver's, as well as Bartholomew's model, will be employed to assess adult attachment styles. Adult attachment styles in romantic relationships deserve further attention, because for many people, romantic relationships receive priority over other relationships and have a direct effect on their lives.

1.3. Emotional Well Being

In this section, diagnostic criteria and the cognitive model of depression will be described. Then depression's relation to hopelessness and anxiety will be explored.

1.3.1. Depression

Depression is found to be the second most frequently encountered psychiatric problem in Turkey (Erol, Kılıç, Ulusoy, Keçeci, & Şimşek, 1998). It is stated that the age of first onset of depression is usually in adolescence or young adulthood, and in this age group, as in older groups, depression is more common among females than among males (Weissman & Schaffer, 1998). A study conducted in China with university students suggests that females exhibit higher levels of depression than males. The study also indicates that education level of the father is associated with low levels of depression and anxiety. Fathers with a high education level may be providing the environment that prohibits and/or lessens depression and anxiety of their children (Tao et al., 2002).

According to fourth edition of Diagnostic and Statistical Manual of Mental disorders (DSM-IV, American Psychiatric Association, 1994), to be diagnosed to have major depression, a person has to experience at least five symptoms of depression for at least two weeks. One of the symptoms has to be either loss of pleasure or interest or depressed mood. Other symptoms of depression include insomnia or hypersomnia, significant weight loss or weight gain, psychomotor retardation or agitation, loss of energy or fatigue, feeling guilty or worthlessness, problems associated with concentration or indecisiveness, and suicidal thoughts. These symptoms must not be the result of another illness the person suffers or medication the person has to take or the bereavement process the person is in. Moreover, symptoms have to impair his/her functioning in a significant way.

The Cognitive Model of Depression (Beck et al., 1979) proposes that negative thinking in depression occurs at three levels. These levels are negative automatic thoughts, thinking biases or errors, and underlying assumptions or beliefs. At the level of negative automatic thoughts, people with depression experience the

negative cognitive triad, which refers to a negative view of the self, the world, and the future. The self is regarded as defective, the world appears to only offer difficulties, and the future is viewed in a pessimistic, even hopeless manner. Some people with depression exhibit a tendency to commit suicide. Negative automatic thoughts can either trigger or intensify negative emotions and low mood which in turn reinforce negative automatic thoughts. Both of them contribute to reduction of activity level which leads to low mood and more negative automatic thoughts. The interrelation between low mood, negative automatic thoughts and reduced activity level can be viewed as a bi-directional vicious cycle (Beck et al., 1979).

According to Beck (1963), the cognitive processing of each person involves some inaccuracy or inconsistency. However, cognitive errors in depression can be described as systematic distortions of reality which lead to negative bias towards self (Beck, 1963). Thinking errors common in depression include arbitrary reference, selective abstraction, overgeneralization, and magnification/minimization (Beck, 1963). Dichotomous thinking and personalization are further cognitive errors that were added to cognitive theory later (Beck, 1979). People who have the cognitive distortion of arbitrary inference are likely to draw conclusions, although there is no evidence supporting their conclusion; or in fact there may even be evidence disconfirming their conclusion (Beck, 1963). Selective abstraction refers to focusing on one aspect of a situation and ignoring more outstanding aspects of the situation (Beck, 1963). People who have the cognitive distortion of overgeneralization draw conclusions that are based on rare and irrelevant events (Beck, 1963). Magnification/Minimization refers to not realistically evaluating the significance of an event. People with this distortion either magnify or minimize the importance of an incident (Beck, 1963; 1979). People with the cognitive distortion of personalization are likely to link external events to themselves, and people who employ dichotomous thinking are likely to classify their experiences either in one category or in the opposite category (Beck, 1979).

In the Cognitive Model of Depression (Beck et al., 1979), past experiences contribute to the development of self-schemata, which refer to lasting internal models of the self, the world, and the future. If these schemata are triggered, they influence the way people interpret information concerning the self, the world, and

the future (Beck et al., 1979). Research indicates that depressed people are found to describe themselves in a more negative manner than their counterparts without any psychiatric disorder. Furthermore, they recall more negative self-descriptive adjectives than positive ones (Dozois & Dobson, 2001).

According to the Diathesis-Stress Model of Depression (Beck, Rush, Shaw, & Emery, 1979), some people have "latent" dysfunctional cognitions that can be regarded as vulnerability factors or diatheses for depression. If these people experience negative life events, these cognitions are activated. This stimulates a depressive mood (Beck et al., 1979). In the next section, the relationship between hopelessness and depression will be explained in a framework that is inline with the Diathesis-Stress Model of Depression.

1.3.2. Hopelessness Theory of Depression

Hopelessness can be regarded as a set of negative cognitive expectations about the self and future life (Scotland, 1969). Abramson and his colleagues (1989) developed a model of depression that is referred to as the Hopelessness Theory of Depression. Abramson and his colleagues (1989) regard global and stable attributional styles as cognitive vulnerability factors for depression. Global refers to widespread whereas stable refers to enduring. According to the Hopelessness Theory of Depression, people who attribute negative events to stable and global causes are more likely to enter depression if they face a negative life event (Abramson et al., 1989). However, in the absence of a negative life event, they are not likely to experience depression, because the diathesis stress model asserts that the match of attributional style and negative life events lead to depression through a specific mechanism; the person with negative attributional style becomes hopeless when s/he experiences a negative life event and then becomes depressed. However, this mechanism does not result in symptoms of psychological disorders other than depression (Abramson et al., 1989). Shek's (1993) study on the Chinese version of the hopelessness scale indicates that hopelessness appears to be related to depression, whereas such a relation was not observed between hopelessness and anxiety (Shek, 1993).

Abramson and his colleagues (1989) model of depression was further extended by Alloy, Kelly, Mineka, and Clements (1990). They developed the Helplessness-Hopelessness Model of Anxiety and Depression (Alloy et al., 1990). According to this model, when a negative life event occurs, the individual first appraises to what extent this event is in or out of his/her control. Afterwards, s/he determines what caused this event. It is important to what extent she believes the cause of the event is internal, stable, and global. Internality refers to viewing the event as caused by one's own self; stability indicates that the event will last for a long time; and a global refers to experiencing similar situations. According to this model, both depression and anxiety entail helplessness which indicates that people with depression, as well as people with anxiety, expect that negative events that may happen in the future will be out of their control. However, depression is characterized by helplessness and hopelessness. There are many people with anxiety but not with depression because helplessness which leads to anxiety does not have to be accompanied by hopelessness or hopelessness depression. However, as helplessness is a prerequisite for hopelessness, many people with depression also experience high levels of anxiety (Alloy et al., 1990).

1.3.3. Depression and Anxiety

There is research indicating that the co-morbidity rate of depressive symptoms and anxiety ranges between 50 and 70 % (Watson & Kendall, 1989). Foa and Foa (1982) found that people who have high levels of acute depression are likely to experience high levels of anxiety. Furthermore, people characterized with high levels of anxiety are likely to exhibit moderate depression levels. An association between mild levels of depression and mild or moderate levels of anxiety is also observed (Foa & Foa, 1982). The gender pattern observed in depression is also relevant for anxiety; females are more likely to have an anxiety disorder than males (Kessler et al., 1994).

From a traditional point-of-view, depression and anxiety are different disorders with specific diagnostic criteria. A patient is either classified as having depression or anxiety. The co-morbid theory addresses this issue in a different way:

a patient can have depression and anxiety at the same time. The mixture hypothesis, on the other hand, views the existence of depression and anxiety in a patient as a distinct disorder that is neither depression nor anxiety (Stahl, 1993).

Depression and anxiety appear to have common and distinct features. Anxious people appear to perceive ambiguous situations as more threatening than their depressed counterparts. They are anxious about possible health difficulties they expect to face in the future. Depressed people are likely to predict experiences of failure in the future (Butler & Matthews, 1983). Watson and Tellegen (1985) developed a two-factor model to explain the common and distinct features of depression and anxiety. According to this model, both depression and anxiety entail a negative affect factor which refers to a tendency to be negative towards the self, and to be worried and distressed. However, depressive people seem to have lower levels of positive affect than anxious people. Physiological hyper-arousal was added to the model as a third factor that is linked to anxiety rather than depression (L. A. Clark & Watson, 1991). L. A. Clark and Watson's model (1991) that entails three factors is referred to as the Tripartite Model. It involves negative affect as the shared aspect of depression and anxiety, anhedonia that is associated with depression, and physiological arousal that is associated with anxiety (L. A. Clark & Watson, 1991). There are studies supporting this three factorial model (Joiner, Jr., 1996; Watson et al., 1995; Jolly & Dykman, 1994).

The present study employs depression, anxiety, and hopelessness as components of emotional well being. Although their relation to each other is very important, the present study considers them as dependent variables and intends to explore to what extent dimensions of family functioning and attachment styles are associated with depression, anxiety, and hopelessness. The final section of this chapter will reveal aims of the present study.

1.4. Aim of the Study

Research indicates that difficulties in financial and other areas possibly increase depression and anxiety symptoms of university students (Andrews &

Wilding, 2004). This indicates that the transition to university increases the risk of experiencing depression and anxiety symptoms for a good deal of students. Thus, the factors associated with emotional well-being of university students, particularly of those who are experiencing their first year in the university gain importance. Enhancement of knowledge on these issues is valuable; it will provide university counselors and professionals, who work with students, with information on students' problems. Thus, professionals will either contribute to the solutions of these problems or they may offer students ways to cope with their problems.

The present study aims to find out to what extent age, gender, city of origin, parental education, attachment styles, and dimensions of family functioning are associated with symptoms of depression and anxiety, and hopelessness. Furthermore, differences in depression, anxiety, and hopelessness between different groups of participants will be examined. These groups are constructed on gender, city of origin, and attachment styles.

The study hypotheses are as follows:

1. There will be significant differences in depression, anxiety, and hopelessness levels of female and male participants.

2. There will be significant differences in depression, anxiety, and hopelessness levels of participants who have been living in Ankara and those who moved to Ankara when they started college.

3. Participants with different attachment styles in their close relationships, and different cities of origins (Ankara vs. not Ankara) will exhibit significant differences in their depression, anxiety, and hopelessness levels.

4. Age, gender, city of origin, parental education, attachment styles, and dimensions of family functioning are expected to be associated with depression, anxiety, and hopelessness.

CHAPTER II

2. METHOD

2.1. Participants

Participants of the study were 286 students from the Department of Basic English at Middle East Technical University (METU). All participants included in the analyses were within their first year at METU. They filled out the questionnaires during class hours. There were 174 male and 112 female participants. Participants ranged in age between 16 and 26. The mean age was 18. 71 % of participants moved to Ankara when they started university, whereas 29 % were already living in Ankara before starting university. Detailed information concerning the demographic variables of the participants can be found in Table 2.1.

2.2. Materials

Materials included a demographic variable sheet (See Appendix A), the short-form version of Experiences in Close Relationships Scale (See Appendix B), Mc Master Family Assessment Device (See Appendix C), Beck Depression Inventory (See Appendix D), Hopelessness Scale (See Appendix E), and Beck Anxiety Inventory (See Appendix F).

2.2.1. Demographic Variable Sheet

In the demographic variable sheet students were asked to state their age, sex, class (Beginner, Elementary, Intermediate or Upper Intermediate), their parents' marital status and education level. The sheet also included questions about their city of origin and current accommodation in Ankara. Finally, they were asked if they had a boy/girl friend and what grade they were expecting to get from the English proficiency exam. In this section they were also asked how long they have been in METU. Participants who have been in METU for longer than one year were excluded from the analyses.

Table 2. Demographic Characteristics of the Sample

		N	%
Gender	Male	174	39
	Female	112	61
Education Level of the Father	Primary school (5 years)	28	10
	Secondary school (8 years)	17	6
		79	28
	High school	143	51
	University	14	5
	Above university		
Education Level of the Mother	Primary school (5 years)	65	23
	Secondary school (8 years)	15	5
		95	33
	High school	89	31
	University	9	3
	Above university		
Class	Beginner	36	13
	Elementary	51	18
	Intermediate	165	58
	Upper Intermediate	34	12
City of Origin	Ankara	82	29
	Other	204	71

2.2.2. The short-form version of Experiences in Close Relationships Scale (ECR)

The short-form version of Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) was used to assess the adult attachment styles in romantic relationships of first year university students. ECR is a 36 item 7-point Likert type scale. The answers range from "disagree strongly" to "agree strongly." It has two

subscales: avoidance subscale and anxiety subscale. For the avoidance subscale, Cronbach's alpha was reported to be .94 and for the anxiety subscale, Cronbach's alpha was reported to be .91(Brennan et al., 1998). Shirmer and Lopez state a significant relationship between ERC scales and self reported symptoms in a sample that consisted of adult workers (Shirmer & Lopez, 2001). ERC was adapted into Turkish by Sümer (1999). Although the reliability and validity study of this scale has not been published yet, this scale was used in master's theses and in an article (Güngör, 2001; Karakurt, 2001; Sümer & Güngör, 2000). In this study the internal consistency of the Turkish version of this scale was assessed (see Results section).

2.2.3. Mc Master Family Assessment Device (FAD)

FAD is a 4-point 60 item Likert-type scale that was developed by Epstein, Bolwin, and Bishop (1983). It was developed to assess family functioning and its problems. Responses to items involve "I totally agree," "I agree to a great extent," "I agree a little," and "I don't agree at all." The scale has seven subscales that concern problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functions. High scores in each subscale indicate unhealthy functioning in the area the subscale assesses (Epstein, Bolwin, & Bishop, 1983).

Cronbach's alpha for the original form ranged from .72 to .92. Test-retest reliability coefficients of the original form ranged from .66 (problem solving) to .76 (affective responsiveness) (Epstein, Bolwin, & Bishop, 1983).

A comparison of normal families and families that have a member with a psychiatric illness indicates that FAD has construct validity. Normal families had significantly lower scores than the families that have a member with a psychiatric illness, (p<.001) (Epstein, Bolwin, & Bishop, 1983).

The scale was adapted to Turkish by Bulut (1990). Cronbach's alpha was calculated for each subscale. Cronbach's alpha was found to be .80 for the problem solving subscale, .71 for the communication subscale, .42 for the roles subscale, .59 for the affective responsiveness subscale, .38 for the affective involvement subscale,

.52 for the behavioral control subscale, and .86 for the general functioning subscale (Bulut, 1990).

Test - retest reliability coefficients were calculated for each subscale. Test-retest reliability was found to be .90 for the problem solving subscale, .84 for the communication subscale, .82 for the roles subscale, .78 for the affective responsiveness subscale, .62 for the affective involvement subscale, .80 for the behavior control subscale, and .89 for the general functioning subscale (Bulut, 1990).

The Turkish version of FAD was found to have construct validity as well: T-tests were applied to find out if there are significant differences in scores of each subscale between normal families and families that have a member who has a psychiatric illness. A significant difference was obtained for each subscale, $(.0001 < p < .01)$. Another finding supporting the construct validity of the Turkish version of FAD indicates that there is a significant difference in scores of subscale between 25 participants who were married and 25 participants who were in the process of getting divorced, $(.001 < p < .01)$ (Bulut, 1990).

2.2.4. Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) (1978 version) is a 21 item inventory that was developed by Beck, Rush, Shaw, and Emery. It measures cognitive, emotional, and motivational symptoms of depression. Scores for each item range from 0 to 3. Higher scores indicate higher levels of depression symptoms (Beck, Rush, Shaw, & Emery, 1979). The scores above 17 were found to indicate clinical depression. (Hisli, 1988)

Initially, the first version of the Beck Depression Inventory (BDI, 1961 version, Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) was adapted to Turkish (Tegin, 1980). In this study, the split-half reliability coefficient was found to be .78 in a student sample, whereas the test-retest reliability coefficient was found to be .65 in a sample of social science students (Tegin, 1980). The 1978 BDI version was adapted to Turkish by Hisli (1988). The split-half reliability of this version of BDI was found to be .74 (Hisli, 1988). The criterion validity of the Turkish version of

BDI was assessed by correlating the MMPI Depression Scale with BDI. In a sample of university students, the Pearson-correlation coefficient was found to be .50 (Hisli, 1988).

2.2.5. Hopelessness Scale (HS)

The Hopelessness Scale was used to assess participants' negative expectations concerning the future. The scale was originally developed by Beck, Lesker, and Trexler (1974). The scale involves 20 items that offer participants "yes" or "no" response options. High scores indicate high levels of hopelessness (Beck, Lesker, & Trexler, 1974).

Cronbach's alpha for the original form of the scale was found to be .93. Item-total score correlations ranged between .39 and .76 (Beck, Lesker, & Trexler, 1974).

As the criterion validity, the correlation coefficient of HS and an eight level clinician assessment form were calculated. The correlation coefficient was found to be .62 (Beck, Lesker, & Trexler, 1974).

The Hopelessness Scale was adapted to Turkish by Seber (1991) and Durak (1993). Cronbach's alpha that was calculated with a sample of normal and psychiatric patients was found to be .85 (Durak, 1994). Item-total score correlations were found to range between .07 and .72 (Seber, 1993) and .31 and .67 (Durak, 1994). Test-retest reliability was found to be .74 (Seber, 1993).

The scale was found to have construct validity. In Seber's study a significant difference was found between mean scores of the patient group and control group (Seber, 1993).

When criterion validity was assessed, HS was found to be correlated with BDI and Rosenberg Self-Respect Inventory. The correlation coefficients were .65 and .55, respectively (Seber, 1993).

2.2.6. Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory is a 21 item, 3 points Likert-type scale developed by Beck, Epstein, Brown, and Steer (1988). It is used to assess the level people experience anxiety symptoms. Response options vary from "not at all" to

"seriously." The score for each item ranges between 0 and 3, thus the total score range is between 0 and 63.   Higher scores indicate higher levels of anxiety experience (Beck, Epstein, Brown, & Steer, 1988).

Cronbach's alpha for this scale was reported to be .92. Test- retest reliability coefficients were r = .75 and r = .67 (Beck, Epstein, Brown, & Steer, 1988).

BAI was found to have construct validity: In a clinical sample, it significantly distinguished patients with anxiety from patients with depression.   To assess criterion validity its correlation to State-Trait Anxiety Inventory was assessed. The correlation between BAI and STAI-T was found to be .48, whereas the correlation between BAI and STAI-S was found to be .50 (Beck, Epstein, Brown, & Steer, 1988).

BAI was adapted to Turkish by Ulusoy, Şahin, and Erkmen (1996). In a clinical sample Cronbach's alpha was found to be .93.   Item-total correlation coefficients ranged from .45 to .72. Test-retest reliability of the scale is reported to be .57 (Ulusoy, Şahin, & Erkmen, 1996).

As the criterion validity of BAI, BAI was found to be correlated with Automatic Thought Questionnaire (r = .41), Hopelessness Scale (r = .34), Beck Depression Inventory (r = .46), STAI-S (r = .45), and STAI-T (r = .53).   BAI was found to have construct validity as it significantly distinguished patients with anxiety from patients with depression, and patients with other disorders from a control group (Ulusoy, Şahin, & Erkmen, 1996).

2.3. Procedure

Instructors of the Department of Basic English administered the questionnaires to participant students during class hours. It took participants about 50 minutes to complete the questionnaires, which were presented in a random order.

2.4. Analysis

Prior to the main analyses, internal consistencies of the subscales of ECR and FAD were assessed. Details about the alpha coefficients and item-total correlations of the Turkish versions of these scales can be found in the Results section.

Afterwards, ANOVAs were applied to find out if there are significant differences between the depression, hopelessness, and anxiety scores of participants with different cities of origin and gender. The main analyses included ANCOVAs and regressions. ANCOVAs were run to assess if there are significant differences in the depression, hopelessness, and anxiety scores of participants with different attachment styles (secure, fearful, preoccupied and dismissive) and cities of origin (Ankara vs. elsewhere). In these analyses gender was the covariate factor. Hierarchical regressions were run to find out to what extent demographic variables, attachment styles, and dimensions of family functioning predicted depression, hopelessness, and anxiety.

CHAPTER III

3. RESULTS

3.1. Psychometric Properties of the Scales

First internal consistency coefficients and item total correlations of the Turkish Version of Family Assessment Device were calculated for each subscale separately. Afterwards, internal consistency coefficients of the subscales of Turkish Version of Experiences in Close Relationships Scale were calculated.

3.1.1. Psychometric Properties of the Turkish Version of Family Assessment Device (FAD)

Internal consistency of the Turkish version of FAD was assessed. Alpha coefficients and item-total correlations were calculated for each subscale. If the Cronbach's alpha coefficient of a subscale was less than .60, the items that revealed the weakest correlations with the particular subscale were deleted.

In problem solving subscale, alpha coefficient was found to be .75. Item-total correlations ranged between .28 and .57. In communication subscale alpha coefficient was .73 and item-total correlations varied between .16 and .54. Roles subscale had an alpha coefficient of .69 and item total correlations in this subscale ranged between .40 and .49. In affective responsiveness subscale alpha coefficient was found to be .76 and item-total correlations varied between .39 and .65. In problem solving, communication, roles, and affective responsiveness subscales no items were excluded from the analysis. In affective involvement subscale three items (items 5, 33 and 54) were excluded from the analysis due to the reason explained above. Alpha coefficient of affective involvement subscale was found to be .68 and item-total correlations ranged between .40 and .57. In behavioral control subscale four items (items 7, 32, 20 and 55) were excluded from the analysis, and with this exclusion alpha coefficient was found to be .63 and item-total correlations ranged between .31 and .53. In general functioning subscale, no item was excluded.

This subscale was found to have the highest alpha coefficient (alpha = .90), and item total correlations ranged from .47 to .70.

3.1.2. Psychometric Properties of the Turkish Version of Experiences in Close Relationships Scale (ECR)

Internal consistency coefficients of the avoidance and anxiety subscales of the Turkish version of Experiences in Close Relationships Scale (ECR) were calculated. Alpha coefficient for avoidance subscale was found to be .87. Item-total correlations ranged between .31 and .61. Alpha coefficient for anxiety subscale was found to be .86. Item-total correlations ranged between .25 and .59.

3.2. City of Origin and Gender Differences for Depression, Anxiety, and Hopelessness Scales

In order to assess if there are significant differences in measures of emotional well-being between participants with different Cities of Origin and Gender a 2 (City of Origin) X 2 (Gender) between subjects ANOVA was conducted. For these analyses, among the participants who have not been living in Ankara 87 participants were selected. The logic of this selection was to have equal numbers of participants from Ankara and other cities, and also to match these groups with different cities of origin (i.e., have been living in Ankara vs. had been living somewhere else) in terms of gender.

3.2.1. Gender and City of Origin Differences for Depression Symptoms

Table 3. Analysis of Variance for Symptoms of Depression

Source	df	SS	MS	F
City of Origin	1	462.71	462.71	6.62*
Gender	1	0.64	0.64	0.01
City of Origin x Gender	1	0.32	0.32	0.01
Error	160	11185.70	69.91	

* $p < .05$

In order to find out if there is a significant difference on depressive symptoms between participants with different city of origin and gender, 2 (City of Origin) x 2 (Gender) between subjects ANOVA was run. As can be seen in Table 3, results showed that City of Origin had a significant main effect on depressive symptoms, $\underline{F}$ (1, 160) = 6.62, $\underline{p}$ < .05. According to this effect, the participants who had been living somewhere else before their university experiences, exhibited more depressive symptoms, ($\underline{M}$ = 12.60) than those who have been living in the same city even before the university experience ($\underline{M}$ = 9.15).

3.2.2. Gender and City of Origin Differences for Anxiety Symptoms

Table 4. Analysis of Variance for Symptoms of Anxiety

Source	df	SS	MS	F
City of Origin	1	307.42	307.42	3.33
Gender	1	106.04	106.04	1.15
City of Origin x Gender	1	103.09	103.09	1.12
Error	156	14394.17	92.27	

In order to find out if there is a significant difference on anxiety symptoms between participants with different city of origin and gender, 2 (City of Origin) x 2 (Gender) between subjects ANOVA was run. As can be seen in Table 4 results did not yield any significant main or interaction effects.

3.2.3. Gender and City of Origin Differences for Hopelessness

Table 5. Analysis of Variance for Hopelessness

Source	df	SS	MS	F
City of Origin	1	59.51	59.51	3.39
Gender	1	17.59	17.59	1.00
City of Origin x Gender	1	8.51	8.51	0.48
Error	157	2759.47	17.58	

In order to find out if there is a significant difference on hopelessness levels between participants with different city of origin and gender, 2 (City of Origin) x 2 (Gender) between subjects ANOVA was run. As can be seen in Table 5 results did not yield any significant main or interaction effects.

3.3. Attachment Styles and City of Origin Differences for Depression, Anxiety, and Hopelessness Scales

In order to assess attachment styles and city of origin differences on measures of depression, anxiety and hopelessness separate ANCOVAs were conducted. In these analyses the whole sample was included. For these analyses gender was taken as the covariate factor.

3.3.1. Attachment Styles and City of Origin Differences for Depression Symptoms

Table 6. Analysis of Covariance for Symptoms of Depression

Source	df	SS	MS	F
Gender	1	0.08	0.08	0.001
Attachment Style	3	725.71	241.91	3.75*
City of Origin	1	107.48	107.48	1.67
Attachment Style x City of Origin	3	348.81	116.27	1.80
Error	273	17591.31	64.44	

*$p < .05$

In order to assess if there is a significant difference on depressive symptoms between participants with different Attachment Styles and Cities of Origin, a 4 (Attachment Styles) x 2 (City of Origin) between subjects ANCOVA was conducted. For this analysis gender was the covariate factor. As can be seen from Table 6 , results yielded that attachment styles had a significant main effect on

depression symptoms, $\underline{F}$ (3, 273) = 3.75, $\underline{p}$ < .05. According to the post-hoc analysis conducted by Least Significant Difference (LSD), (see Table 7), the participants with fearful attachment styles had higher depression scores than participants with secure and preoccupied attachment styles. Depression scores of participants with dismissing attachment style did not differ from the depression scores of participants with other attachment styles. Similarly, participants with secure and preoccupied attachment styles revealed comparable depression scores. No other significant statistical effect was observed for this analysis.

Table 7. Mean Depression Scores of Participants with Different Attachment Styles

Attachment Styles	Secure Attachment (n = 50)	Fearful Attachment (n = 91)	Preoccupied Attachment (n = 88)	Dismissing Attachment (n = 54)
Means	7.62a	12.52b	9.19a	10.14ab

Note. Those mean scores which do not share the same subscript are significantly different from each other.

3.3.2. Attachment Styles and City of Origin Differences for Anxiety Symptoms

Table 8. Analysis of Covariance for Symptoms of Anxiety

Source	df	SS	MS	F
Gender	1	346.14	346.14	3.36
Attachment Style	3	697.44	232.48	2.26
City of Origin	1	113.46	113.46	1.10
Attachment Style x City of Origin	3	353.66	117.89	1.14
Error	262	27012.71	103.10	

In order to find out if there is a significant difference on anxiety symptoms between participants with different Attachment Styles and Cities of Origin, a 4 (Attachment Styles) x 2 (City of Origin) between subjects ANCOVA was conducted, where gender was the covariate factor. As can be seen in Table 8 results did not yield any significant main or interaction effect.

3.3.3. Attachment Styles and City of Origin Differences for Hopelessness

Table 9. Analysis of Covariance for Hopelessness

Source	df	SS	MS	F
Gender	1	59.89	59.89	3.81
Attachment Style	3	135.22	45.07	2.87*
City of Origin	1	21.31	21.31	1.36
Attachment Style x City of Origin	3	7.43	2.48	0.16
Error	266	4178.43	15.71	

* p < .05

To find out if there is a significant difference on Hopelessness scores between participants with different Attachment Styles and Cities of Origin a 4 (Attachment Styles) x 2 (City of Origin) between subjects ANCOVA was conducted, where gender was the covariate factor. As can be seen in Table 9, results revealed that Attachment Styles had a significant main effect on Hopelessness scores, $\underline{F}$ (3, 266) = 2.87, $\underline{p}$ < .05. According to the post-hoc analysis conducted by LSD, (see Table 10), the participants with fearful attachment styles had higher hopelessness scores than participants with secure and preoccupied attachment styles. Hopelessness scores of participants with dismissing attachment style did not differ from the hopelessness scores of participants with other attachment styles. Similarly,

participants with secure and preoccupied attachment styles revealed comparable hopelessness scores.

Table 10. Mean Hopelessness Scores of Participants with Different Attachment Styles

Attachment Styles	Secure Attachment (n = 50)	Fearful Attachment (n = 91)	Preoccupied Attachment (n = 88)	Dismissing Attachment (n = 54)
Means	2.42a	4.60b	3.20a	3.54ab

Note. Those mean scores which do not share the same subscript are significantly different from each other.

3.4. Factors Associated with Symptoms of Depression, and Anxiety, and Hopelessness

Separate hierarchical regression analyses were run to find out to what extent demographic variables, city of origin, adult attachment styles, and dimensions of family functioning associated with symptoms of depression and anxiety, and hopelessness.

3.4.1. Regression Analysis for Symptoms Depression

A hierarchical regression was run to find out to what extent demographic variables, city of origin, adult attachment styles, and dimensions of family functioning associated with symptoms of depression. As can be seen from Table 11, demographic variables (i. e., age, sex, maternal education, and paternal education) were entered in the first step. City of origin (i. e., Ankara and elsewhere) was entered into the equation in the second step. Attachment styles (i. e., secure, fearful, preoccupied, and dismissive) were entered in the third block, and finally dimensions of family functioning (i. e. problem solving, communication, roles, affective involvement, affective responsiveness, behavior control and general

functioning) were entered in the fourth block. As a result of this hierarchical regression analysis having fearful attachment, not having secure attachment, and among the dimensions of family functioning affective responsiveness were found to be significantly associated with symptoms of depression. These three variables accounted for the 16 percent of the total variance in depression scores. Fearful attachment style accounted for 6 % of the variance, ($\underline{F}$ change (1, 230) = 14.89, $\underline{p}$ < .001, $\underline{t}$ (230) = 3.86, $\underline{p}$ < .001, $\underline{pr}$ = .25). Not having secure attachment style uniquely explained 2 % of the variance, ($\underline{F}$ change (1, 229) = 4.68, $\underline{p}$ < .05, $\underline{t}$ (229) = - 2.16, $\underline{p}$ < .05, $\underline{pr}$ = -.14), and problems in affective responsiveness uniquely explained 8 % of the variance, ($\underline{F}$ change (1, 228) = 20.63, $\underline{p}$ < .001, $\underline{t}$ (228) = 4.54, $\underline{p}$ < .001, $\underline{pr}$ = .29). The final step of the analysis revealed that only fearful attachment style ($\underline{t}$ (228) = 3.29, $\underline{p}$ < .01, $\underline{pr}$ = .21) and problems in affective responsiveness ($\underline{t}$ (228) = 4.54, $\underline{p}$ < .001, $\underline{pr}$ = .29) significantly associated with symptoms of depression.

Table 11. Factors Associated with Symptoms of Depression

Order of Entry	F Change	df	T	Beta	Partial Correlations	R2
Step I. Demographic Variables						
Step II. City of Origin						
Step III. Attachment Styles						
1. Fearful	14.89**	1, 230	3.86**	.25	.25	.06
2. Secure	4.68*	1, 229	-2.16*	-.14	- .14	.08
Step IV. Family Functioning						
1. Affective Resp	20.63**	1, 228	4.54**	.28	.29	.16

** p < .001

* p < .05

3.4.2. Regression Analyses for Symptoms of Anxiety

A hierarchical regression was run to find out to what extent demographic variables, city of origin, adult attachment styles, and dimensions of family

functioning associated with symptoms of anxiety. As can be seen from Table 12, demographic variables (i.e., age, sex, maternal education and paternal education) were entered in the first block. City of origin (i. e., Ankara and elsewhere) was entered in the second block. Attachment styles (i.e., secure, fearful, preoccupied, and dismissive) were entered in the third block and, finally dimensions of family functioning (i.e., problem solving, communication, roles, affective involvement, affective responsiveness, behavior control, and general functioning) were entered in the fourth block. As a result of this hierarchical regression gender, fearful attachment, among dimensions of family functioning communication were found to be significantly associated with symptoms of anxiety. These variables accounted for 9 percent of the total variance. Among demographic variables, gender (i. e., being female) accounted for 2 % of the variance, (F change $(1, 221) = 5.02$, $p < .05$, $t (221) = - 2.24$, $p < .05$, $pr = .15$). Among attachment styles, fearful attachment style uniquely explained 2 % of the variance in anxiety scores, (F change $(1, 220) = 4.45$, $p < .05$, $t (220) = 2.11$, $p < .05$, $pr = .14$). Finally, among dimensions of family functioning communication problems uniquely explained 5 % of the variance in anxiety scores, (F change $(1, 219) = 10.33$, $p < .01$, $t (219) = 3.22$, $p < .01$, $pr = .21$). The final step of the analysis revealed that only gender ($t (219) = - 2.27$, $p < .05$, $pr = - .15$), and communication problems ($t (219) = 3.22$, $p < .01$, $pr = .21$) were found to be significantly associated with symptoms of anxiety.

Table 12. Factors Associated with Symptoms of Anxiety

Order of Entry	F Change	df	T	Beta	Partial Correlations	R2
Step I. Demographic Variables						
1.Gender	5.02*	1, 221	- 2.24*	.15	.15	.02
Step II. City of Origin						
Step III. Attachment Styles						
1. Fearful	4.45*	1, 220	2.11*	.14	.14	.04
Step IV. Family Functioning						
1.Communcation	10.33**	1, 219	3.22**	.21	.21	.09

** p < .01

* p < .05

3.4.3. Regression Analyses for Hopelessness

A hierarchical regression equation was formulated to find out to what extent demographic variables, city of origin, adult attachment styles and dimensions of family functioning predicted hopelessness. As can be seen from Table 13 demographic variables (i. e., age, sex, maternal education and paternal education) were entered into the equation on the first step. City of origin (i. e., Ankara and elsewhere) was entered on second block. Attachment styles (i. e., secure, fearful, preoccupied, and dismissive) were entered on the third block, and finally dimensions of family functioning (i. e., problem solving, communication, roles, affective involvement, affective responsiveness, behavior control and general functioning) were entered into the equation on the fourth block. As a result of this hierarchical regression analysis fearful attachment style, and communication and roles dimensions of family functioning were found to be significantly associated

with hopelessness. These three variables totally accounted for the 12 percent of the total variance. Fearful attachment style accounted for 2 % of the variance, ($\underline{F}$ change (1, 225) = 5.24, $\underline{p}$ < .05, $\underline{t}$ (225) = 2.29, $\underline{p}$ < .05, $\underline{pr}$ = .15). Communication problems uniquely explained 9 % of the variance, ($\underline{F}$ change (1, 224) = 20.70, $\underline{p}$ < .001, $\underline{t}$ (224) = 4.55, $\underline{p}$ < .001, $\underline{pr}$ = .29). Roles dimension of family functioning uniquely explained 1 % of the variance, ($\underline{F}$ change (1, 223) = 3.95, $\underline{p}$ < .05, $\underline{t}$ (223) = 1.99, $\underline{p}$ < .05, $\underline{pr}$ = .13). The final step of the analysis revealed that only communication problems ($\underline{t}$ (223) = 2.96, $\underline{p}$ < .05, $\underline{pr}$ = .19) and inappropriate roles in a family ($\underline{t}$ (223) = 1.99, $\underline{p}$ < .05, $\underline{pr}$ = .13) significantly associated with hopelessness.

Table 13. Factors Associated with Hopelessness

Order of Entry	F Change	df	T	Beta	Partial Correlations	R2
Step I. Demographic Variables						
Step II. City of Origin						
Step III. Attachment Styles						
1. Fearful	5.24*	1, 225	2.29*	.15	.15	.02
Step IV. Family Functioning						
1.Communication	20.70**	1, 224	4.55**	.29	.29	.11
2. Roles	3.95*	1, 223	1.99*	.15	.13	.12

** p < .001

* p < .05

CHAPTER IV

4. DISCUSSION

In this chapter, first the findings of this study will be discussed. Then limitations of the study will be stated. This will be followed by suggestions for future research and therapeutic implications of the present study.

4.1. Participant Characteristics

71 % of the participants (204 participants) of this study moved to Ankara when they started college, whereas 29 % (82 participants) were already living in Ankara before starting college. Thus the majority of the participants in this study experienced the transition of moving from home. The distribution of attachment styles of the participants of this study deserves attention: Only 18 % of the participants (50 participants) had secure attachment style. 32 % of participants (91 participants) had fearful and 31 % of participants (88 participants) had preoccupied attachment styles. 19 % (54 participants) had dismissive attachment style. This distribution contradicts with the distribution in Hazan and Shaver's study (1987) with a college student population in which 56% of participants had secure attachment style. Among the insecurely attached participants, 23% were categorized as having avoidant attachment style, and 20% had anxious/ambivalent attachment style (Hazan & Shaver, 1987). The low percentage of the securely attached participants in the present study is worth noting, and implies that counselors should assess attachment styles and work on them throughout the therapy process with their student-clients.

4.2. Psychometric Qualities of the Assessment Devices

The present study employed various scales to assess first year university students. These scales included the Beck Depression Inventory, the Beck Anxiety

Inventory, the Hopelessness Scale, the Family Assessment Device, and the Experiences in Close Relationships Scale. All these scales were adapted to Turkish, and all except the Experiences in Close Relationships Scale were found to be reliable and valid measures. In this study, the internal reliability of the Family Assessment Device and the Experiences in Close Relationships Scale were assessed. The internal reliability of the subscales of the Family Assessment Device was increased by removing some items, and both subscales of the Experiences in Close Relationships Scale were found to have high internal reliability coefficients.

4.3. Differences Associated with Gender and City of Origin

The present study hypothesized that there would be significant differences in the depression, anxiety, and hopelessness levels of male and female participants, as well as of participants who had been living in Ankara, and those who moved to Ankara when they started college. Significant differences were only obtained between the depression levels of participants who had been living in Ankara, and those who moved to Ankara when they began university. This finding is in line with previous research indicating that students who don't live with their family exhibit more symptoms of depression than their counterparts who live with their family (Aydın & Demir, 1989; Güney, 1989). Students who leave their home to start university not only leave the city they have been living in, but also their familiar resources and usually main support system. They may miss their homes or become overwhelmed by the demands of surviving in a new city. These experiences may lead students who moved to Ankara to exhibit more symptoms of depression than their counterparts who had been living there.

No significant difference was observed between the anxiety levels of participants who left their city of origin to start university and those who had been living in Ankara. This finding contradicts with the previous research evidence that leaving home for educational purposes is associated with higher levels of social anxiety and loneliness (Larose & Boivin, 1998). The absence of a significant difference in anxiety levels appears surprising because moving to a new city

involves many challenges that can awaken anxiety. However, starting university, getting used to a new life style and further new situations related to beginning university may have awakened anxiety in both groups, and this anxiety may have outweighed the anxiety related to moving to a new city.

Participants who have been living in Ankara and who moved to Ankara when they started university did not display any significant difference in their hopelessness levels as well. As hopelessness was regarded as an aspect of emotional well-being, a significant difference was expected. Participants who moved to Ankara were expected to display higher levels of hopelessness, because they were assumed to face more challenges than their counterparts who had been living in Ankara. It is likely that both groups were excited about starting university. This transition is likely to be associated with a good deal of challenges, but also more importantly, with many positive future expectations that fortunately impede hopelessness.

4.4. Differences Associated with Attachment Styles and Cities of Origin

Different attachment styles in close relationships were associated with differences in the depression and hopelessness levels of participants. This finding supports previous research evidence that insecure attachment styles in adult romantic relationships are linked to depression (Carnelly, Pietromonaco, & Jaffe, 1994; Simonelli, Ray, & Pincus, 2004). Further analyses indicated that participants with fearful attachment styles had higher levels of depression and hopelessness than participants with secure and preoccupied attachment styles. The difference in the depression and hopelessness levels of participants with preoccupied and fearful attachment styles deserves further attention. People with these attachment styles can be characterized as having a self perception that is unworthy. However, people with fearful attachment style perceive others as rejecting and untrustworthy, whereas people with preoccupied attachment style perceive others as accessible and responsive (Bartholomew, 1990). Thus, present results revealed that those having fearful attachment styles (i.e., negative view of others) experienced significantly

more depressive symptoms and hopelessness, as compared to those two groups having positive view of others (i. e., secure and preoccupiedly attached groups). Therefore, perception of others appears to be critical in the development of symptoms of depression and hopelessness.

Results of this study did not reveal any significant differences between the anxiety levels of participants with different attachment styles. This finding contradicts previous research indicating a significant relationship between anxiety and attachment styles (Carnelly, Pietromonaco, & Jaffe, 1994; Simonelli, Ray, & Pincus, 2004). The first year in college is associated with a new environment, which can have many anxiety evoking aspects. The anxiety related to these aspects may have had a more substantial effect than the anxiety that is associated with attachment styles. This may have resulted in no significant differences between the anxiety levels of participants with different attachment styles.

4.5. Factors Associated with Emotional Well-Being

In this section, factors associated with symptoms of depression, anxiety, and hopelessness will be discussed.

4.5.1. Factors Associated with Symptoms of Depression

Absence of secure attachment style, having fearful attachment style, and experiencing problems with the family in affective responsiveness appear to predict symptoms of depression. These findings related to attachment styles are in line with previous research indicating that students with preoccupied or fearful attachment styles show poorer college adjustment than students with a secure attachment style (Lapsley & Edgerton, 2002).

Secure attachment style is associated with a view of the self as worthy and others as responsive and accessible (Bartholomew, 1990). This healthy perspective is likely to prevent the development of depressive cognitions in first year university students. People with a secure attachment style are less likely to develop cognitive errors which can be defined as systematic distortions of reality which lead to

negative bias towards self (Beck, 1963). A secure attachment style can make a smoother transition from high school to university possible, because it is likely to associate with self-esteem, and the positive view of the environment is likely to make first-year students excited about beginning college.

When family dimensions were introduced to the regression equation, the significance of the absence of secure attachment style disappeared. However, fearful attachment style was still associated with symptoms of depression. This can indicate that among the insecure attachment styles, fearful attachment is most likely to associate with depression. Fearful attachment style is characterized by an unworthy self-perception and a view of others as untrustworthy and rejecting (Bartholomew, 1990). This view of self and others is likely to contribute to the development symptoms of depression, because this attachment style creates an atmosphere which is more conducive to the development of depression. Preoccupied attachment style may not be associated with depression, because people with preoccupied attachment styles view themselves as unworthy, but they perceive others to be responsive and accessible (Bartholomew, 1990). Kağıtçıbaşı (1996) conceptualizes culture of separateness and culture of relatedness. People in cultures of separateness can be regarded as separate selves whereas people in cultures of relatedness can be regarded as "connected, expanding and, therefore partially overlapping selves" (Kağıtçıbaşı, 1996, p.64). If participants of this study can be regarded as being part of a related culture, their view of others as accessible and responsive people can indirectly make them view themselves in a more positive manner as a result of the expanding, connected, and partially overlapping nature of self in a related culture.

First-year college students, who have problems in affective responsiveness in the family, may exhibit symptoms of depression because they may not have had the opportunity to experience and express the emotions that are associated with the college adjustment process. Transition to college is a demanding process. First year university students have to get used to a new life style. It may include leaving home for the first time, making new friends, managing finances, and being responsible for one's self (Greenberg, 1981). This demanding transition process is associated with a broad range of feelings that these students experience. These

feelings can involve joy, happiness, and excitement, as well as sadness, anger, and disappointment. Affective responsiveness refers to "the ability of the family to respond to a range of stimuli with appropriate quality and quantity of feelings" (Miller et al., 2000, p. 171). Thus, if the student's family was dysfunctional in relation to affective responsiveness, it is possible that the student has not had the opportunity to learn to respond to new situations with emotions that are appropriate in quality and quantity. Lack of this skill is likely to lead to depression. It is also possible that these students do not get emotional support from their families in this transition process and this may contribute to the development of depressive symptoms.

4.5.2. Factors Associated with Symptoms of Anxiety

Having fearful attachment style, experiencing communication problems in the family, and gender (i.e., being female) were found to be associated with anxiety. Fearful attachment style may result in anxiety, because people with fearful attachment style perceive other people around them as untrustworthy and rejecting (Bartholomew, 1990). This perception is likely to awaken anxiety in first-year college students who encounter many new other "untrustworthy" (Bartholomew, 1990) and "rejecting" (Bartholomew, 1990) people. Fearful attachment style can lead to difficulties in relationships, which are found to predict anxiety (Andrews & Wilding, 2004). Research suggests a significant relationship between insecure attachment style and anxiety (Carnelly, Pietromonaco, & Jaffe, 1994; Simonelli, Ray, & Pincus, 2004). When attachment style is considered in a broader perspective than only romantic relationships, this finding is also in line with research that suggests that attachment to parents and peers predicts personal-emotional attachment (Lapsley et al., 1990), and research indicating that students with fearful or preoccupied attachment styles in their close relationships exhibit poorer college adjustment than their securely attached counterparts (Lapsley & Edgerton, 2002).

Interestingly, the significance of fearful attachment style in romantic relationships disappeared when family dimensions were introduced to the regression equation; though gender and communication problems in the family were still found

to be associated with anxiety. Thus, it can be suggested that the effects of gender and communication problems in the family on anxiety symptoms are stronger than the effect of fearful attachment. The predictive value of gender is consistent with research evidence that females are more likely to experience anxiety than males (Kessler et al., 1994). The finding that gender is found to be associated with anxiety but not depression is surprising, and deserves attention. This finding may be related to the characteristics of the sample or population. First-year university students are forced to learn the way a university functions and they are so busy and mobile that they do not display depression symptoms which include a low level of activity. However, students vulnerable to anxiety may perceive the new environment and its demands as threatening and, thus exhibit more symptoms of anxiety.

Another factor that was found to significantly associate with symptoms of anxiety is communication problems in the family. There is research indicating that differences in family communication styles are associated with differences in the levels of conflictual independence of students, and there is a significant correlation between conflictual independence and college adjustment (Orrego & Rodriquez, 2001). Conflictual independence refers to "freedom from excessive guilt, anxiety, mistrust, responsibility, inhibition, and anger in relation to mother and father" (Hoffman, 1984, pp. 171-172). The study suggests that demanding, restricted, and rigid communication styles in the family are associated with less conflictual independence and impede college adjustment, whereas open and unrestricted communication are found to be related to contribute to separation individuation in a positive way (Orrego & Rodriquez, 2001). Moreover, conformity and conversation orientation in family communication appear to be associated with college adjustment (Orrego & Rodriquez, 2001).

Students who come from families with communication problems may be lacking the skills to do it effectively, because they have not witnessed clear and direct communication. Thus, they have probably not had the opportunity to develop effective communication skills which are useful in transition processes, because first year students encounter many new people and new situations in which they need assistance of new people. Lack of good communication skills can lead to anxiety, because communication is a necessity in the transition process rather than a choice.

4.5.3. Factors associated with Hopelessness

Having fearful attachment styles, experiencing communication problems in the family, and having inappropriate family roles appear to predict hopelessness. As for the fearful attachment style having a negative view of the self and the world leaves a young adult little chance to hope that s/he will have good experiences in the future, and that difficulties will resolve with time. However, fearful attachment loses its significance in predicting hopelessness when family dimensions are introduced to the regression equation. This pattern was also observed in the analyses of anxiety. It is interesting that fearful attachment loses its significance in relation to hopelessness and anxiety, but is still associated with depression. The reasons for this pattern deserve further attention, because it provides a ground on which the relationship between depression, anxiety, and hopelessness can be elaborated. However, with the current data it is not possible to get into this elaboration.

In the final step, communication problems in the family, and inappropriate family roles were found to predict hopelessness. The importance of family communication in college adjustment was already stated in the last section. If students have not witnessed healthy communication in their family, it is likely that they have not developed and applied effective communication skills. The lack of communication skills can make young adults in a new environment feel hopeless, because they will lack the skill to ask for help if they need it throughout their adjustment process. First-year university students can be monitored concerning the communication patterns in their family or their communication skills by observations, interviews, or scales. Then, counselors can offer help to students who have problems related to communication prior to their application in the counseling service. This can prevent the development of hopelessness, as well as anxiety related to communication problems within the family, and other communication related problems. It is worth noting that communication problems in the family are linked with anxiety and hopelessness, but not depression.

In addition to communication problems in the family, inappropriate family roles were also found to associate with hopelessness. This is in line with research

indicating that parent-child role reversals are related to poor college adjustment (Held & Bellows, 1983). First-year university students who grew up in families in which the role division was not appropriate, are likely to be young adults who have difficulties defining their role as first-year university students and acting upon it. They are likely not to know what is expected from them and what the roles of the professionals in the university setting are. Thus, they are not aware of possible support resources they can use in their adjustment process. This implies that a monitoring of the functionality and appropriateness of family roles in the families of first-year university students can be useful. Students who have been living in families with inappropriate roles can be introduced to the resources of the university. Furthermore, they can be offered help prior to their application in the university counseling center. Inappropriate roles in the family are associated with hopelessness, but not depression or anxiety. The lack of knowledge that there are resources and that the professionals' role is to make the transition smoother may lead these students to experience hopelessness rather than depression and anxiety.

4.6. Limitations of the Present Study

An important limitation of this study is that, it is not longitudinal in nature. The study assesses current conditions of first-year college students in their third month in the college. A longitudinal analysis would provide information about the effects of attachment styles and family functioning over time. It would be valuable to explore which problems continue to distress students at the end of their first year in the college, and which problems appear to be more managable.

The present study concentrated on the emotional well-being of first-year college students. The employed measures were scales assessing symptoms of depression, anxiety, and hopelessness. Findings of this study would be more enriching if academic adjustment would be included in the study. This would also provide information to what extent academic difficulties are associated with emotional well-being.

4.7. Therapeutic Implications

There is research indicating that counseling in college settings is associated with better academic, social, and personal-emotional adjustment (DeStefano et al., 2001). DeStefano and his colleagues (2001) furthermore suggest that college-based counseling is effective in helping students with developmental and psychological problems.

Fearful attachment style appears to have a significant effect on the emotional well-being of first-year college students. As fearful attachment style is associated with a perception of others as untrustworthy and rejecting (Bartholomew, 1990), counselors can focus on these perceptions and work on changing them. If the student learns a new perspective and makes attempts to develop a more responsive view of others, the college adjustment process can become smoother. Moreover, this new vision is likely to have a positive impact in different areas of the young adult's life.

Analyses revealed that communication problems in the family predict symptoms of anxiety and hopelessness. As these problems may have resulted in lack of communication skills, counselors can assess if the student-client has effective communication skills. If the student lacks them or needs assistance in applying them, the counselor can teach communication skills by applying individual or group therapy.

Problems in affective responsiveness in the family were found to be related to depression symptoms in first-year university students. As it was already stated, first-year university students whose families are dysfunctional in relation to affective responsiveness may be experiencing depression symptoms because they may not have had the opportunity to witness and learn appropriate emotional responses to various situations. In the therapy setting, the therapist can focus on emotions and emotional responses and guide the student-client to learn to respond to situations with emotions that are appropriate in quality and quantity.

Inappropriate roles in the family were found to be associated with hopelessness. This can be related to lack of knowledge about the demands of their role as a first-year university student, and about the resources of the university.

Thus, in therapy setting, the demands of the client's role as a first-year university student can be discussed. Further discussions can focus on strategies to perform this role efficiently. The therapist can also provide the student-client with information about the roles of professionals in the university and about the resources in the university setting.

In light of the findings of this study preventative and/or early intervention programs can be developed for first year university students. These programs would specifically focus on self expression, communication and other social skills.

4.8. Suggestions for Future Research

Future research in this field would benefit from longitudinal studies which would provide more information on the temporal nature of the development and resolution of the problems that first-year college students face. To assess the effectiveness of potential interventions, study designs with pre-, post-test and follow up would be useful.

In the future the Student Adaptation to College Questionnaire (SACQ, Baker & Sirk, 1989) can be translated and adapted to Turkish. This would provide a tool to assess college adjustment in broad scope which involves academic, social, personal-emotional adjustment, and goal commitment and institutional attachment (Baker & Sirk, 1989). Furthermore, this would enable researchers to compare problems related to college adjustment in different cultures. The differences in the college adjustment processes between young adults in collectivistic and individualistic countries can be explored. Alternatively, a college adjustment scale for Turkish students can be developed.

In future the effect of city of origin on emotional well-being can be further elaborated. Moving from big cities and small towns may have different effects on the emotional well-being of first-year university students. Thus, studies can be conducted in which city of origin is taken as a continuous variable based on number of citizens and the effect of city of origin on emotional well-being can be assessed.

Second-year college students can also be regarded as a target population in research on college adjustment. Sophomores don't receive the support provided to freshmen anymore and they don't have the tools their junior counterparts employ to cope with college stress (Allen & Hiebert, 1991). There is research evidence indicating that sophomores experience higher levels of anxiety than their freshmen and junior counterparts. They also appear to experience more stress than their junior counterparts (Rawson et al., 2001). In universities in Turkey, research can be conducted comparing first and second-year college students, or students who spent a year learning English in college and students who started studying their major in their first year in the university.

4.9. Conclusion

The present study attempted to gain a perspective on the relationships between family dimensions, attachment styles in romantic relationships, and emotional well being among first-year college students. Beginning college is an experience that awakens many feelings in a young adult, and it is associated with many difficulties. The aim of professionals working with first-year college students is to make this transition smoother, and help in the adjustment process. Having identified critical issues associated with the emotional well-being of first-year college students, the present study contributed to an understanding of the college adjustment process in its framework.

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APPENDICES

APPENDIX A

Demographic Information Sheet
(Demografik Bilgi Formu)

Bu ankette edinilen bilgiler Orta Doğu Teknik Üniversitesi'nin Klinik Psikoloji bölümü bünyesinde hazırladığım yüksek lisans tezim için kullanılacaktır. Bu araştırma içindeki soruların doğru ya da yanlış yanıtları yoktur. sonuçların sağlıklı bir şekilde değerlendirilip, yorumlanabilmesi için samimi yanıtlar vermeniz çok önemlidir. Lütfen soruların başındaki yönergeleri dikkatle okuyun ve her soruyu size en uygun olan cevabı vererek yanıtlayın. Katılımınız için teşekkür ederim.

O.D.T.Ü Psikoloji Bölümü
Y. Lisans Öğrencisi
Suzi Amado
Tez Danışmanı:
O.D.T.Ü Psikoloji Bölümü
Doç. Dr. Tülin Gençöz

Yaşınız:

Cinsiyetiniz: - kız   -erkek

Sınıfınız:

...Beginner   ...Elementary   ...Intermediate   ...Upper
Intermediate

Annenizin son bitirdiği okul:

...ilk okul   ...orta okul   ...lise   ...üniversite

...üniversite üstü   ...diğer

Babanızın eğitim düzeyi:

...ilk okul   ...orta okul   ...lise   ...üniversite

...üniversite üstü   ...diğer

Anneniz ve babanız

...evli   ...boşanmış   ...ayrı yaşıyor   ...birinin işi nedeniyle ayrı
yaşıyor

Üniversite'ye başlayana kadar hangi şehirde yaşıyordunuz?

Ne zamandan beri ODTÜ'desiniz?

Ankara'da nerede yaşıyorsunuz?
- Ailemle yaşıyorum.
- Evde yalnız yaşıyorum.
- Yurtta kalıyorum.
- Arkadaşım/Arkadaşlarımla beraber evde yaşıyoruz

Şu anda beraber olduğunuz bir erkek/kız arkadaşınız var mı?

İngilizce Yeterlilik Sınavı'nda 100 üzerinden kaç alacağınızı düşünüyorsunuz?

APPENDIX B

Experiences in Close Relationships Scale

(Yakın İlişkilerde Yaşantılar Anketi)

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

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

| Hiç | Kararsızım/ | Tamamen |
| katılmıyorum | fikrim yok | katılıyorum |

1. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim	1	2	3	4	5	6	7
2. Terk edilmekten korkarım	1	2	3	4	5	6	7
3. Romantik ilişkide olduğum kişilere yakın olmak konusunda çok rahatımdır	1	2	3	4	5	6	7
4. İlişkilerim konusunda çok kaygılıyım	1	2	3	4	5	6	7
5. Birlikte olduğum kişi bana yakınlaşmaya başlar başlamaz kendimi geri çekiyorum	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilerin beni, beni onları umursadığım kadar umursamayacaklarından endişelenirim	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişi çok yakın olmak istediğinde rahatsızlık duyarım	1	2	3	4	5	6	7

8. Birlikte olduğum kişiyi kaybedeceğim diye çok kaygılanırım	1	2	3	4	5	6	7
9. Birlikte olduğum kişilere açılma konusunda kendimi rahat hissetmem	1	2	3	4	5	6	7
10. Genellikle, birlikte olduğum kişinin benim için hissettiklerinin, benim onun için hissettiklerim kadar güçlü olmasını arzu ederim	1	2	3	4	5	6	7
11. Birlikte olduğum kişiye yakın olmak isterim, an sürekli kendimi geri çekerim	1	2	3	4	5	6	7
12. Genellikle birlikte olduğum kişiyle tamamen bütünleşmek isterim ve bu bazen onları korkutu benden uzaklaştırır	1	2	3	4	5	6	7
13. Birlikte olduğum kişilerin benimle çok yakınlaşması beni gerginleştirir	1	2	3	4	5	6	7
14. Yalnız kalmaktan endişelenirim	1	2	3	4	5	6	7
15. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda oldukça rahatımd	1	2	3	4	5	6	7
16. Çok yakın olma arzum bazen insanları korkutu uzaklaştırır	1	2	3	4	5	6	7
17. Birlikte olduğum kişiyle çok yakınlaşmaktan kaçınmaya çalışırım	1	2	3	4	5	6	7
18. Birlikte olduğum kişi tarafından sevildiğimin sürekli ifade edilmesine gereksinim duyarım	1	2	3	4	5	6	7
19. Birlikte olduğum kişiyle kolaylıkla yakınlaşabilirim	1	2	3	4	5	6	7
20. Birlikte olduğum kişileri bazen daha fazla duygu ve bağlılık göstermeleri için zorladığımı hissederim	1	2	3	4	5	6	7
21. Birlikte olduğum kişilere güvenip dayanma konusunda kendimi rahat bırakmakta zorlanırın	1	2	3	4	5	6	7
22. Terk edilmekten pek korkmam	1	2	3	4	5	6	7
23. Birlikte olduğum kişilere fazla yakın olmamayı tercih ederim	1	2	3	4	5	6	7
24. Birlikte olduğum kişinin bana ilgi göstermesini sağlayamazsam üzülür ya da kızarım	1	2	3	4	5	6	7

25. Birlikte olduğum kişiye hemen hemen herşeyi anlatırım	1	2	3	4	5	6	7
26. Birlikte olduğum kişinin bana istediğim kadar yakın olmadığını düşünürüm	1	2	3	4	5	6	7
27. Sorunlarımı ve kaygılarımı genellikle birlikte olduğum kişiyle tartışırım	1	2	3	4	5	6	7
28. Bir ilişkide olmadığım zaman kendimi biraz kaygılı ve güvensiz hissederim	1	2	3	4	5	6	7
29. Birlikte olduğum kişilere güvenip dayanmakta rahatımdır	1	2	3	4	5	6	7
30. Birlikte olduğum kişi istediğim kadar yakınımda olmadığında kendimi engellenmiş hissederim	1	2	3	4	5	6	7
31. Birlikte olduğum kişilerden teselli, öğüt ya da yardım istemekten rahatsız olmam	1	2	3	4	5	6	7
32. İhtiyaç duyduğumda, birlikte olduğum kişiye ulaşamazsam kendimi engellenmiş hissederim	1	2	3	4	5	6	7
33. İhtiyacım olduğunda birlikte olduğum kişiden yardım istemek işe yarar	1	2	3	4	5	6	7
34. Birlikte olduğum kişiler beni onaylamadıkları zaman kendimi gerçekten kötü hissederim	1	2	3	4	5	6	7
35. Rahatlama ve güvencenin yanısıra birçok şey için birlikte olduğum kişiyi ararım	1	2	3	4	5	6	7
36. Birlikte olduğum kişi benden ayrı zaman geçirdiğinde üzülürüm	1	2	3	4	5	6	7

APPENDIX C

McMASTER FAMILY ASSESMENT DEVICE
(AİLE DEĞERLENDİRME ÖLÇEĞİ)

Açıklama

İlişikte aileler hakkında 60 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra sizin ailenize ne derece uyduğuna karar veriniz. Önemli olan sizin ailenizi nasıl gördüğünüzdür.

Her cümle için 4 seçenek söz konusudur.

Aynen katılıyorum.......................Eğer cümle sizin ailenize tamamen uyuyorsa işaretleyiniz.

Büyük ölçüde katılıyorum.........Eğer cümle sizin ailenize çoğunlukla uyuyorsa işaretleyiniz.

Biraz katılıyorum...................Eğer cümle sizin ailenize çoğunlukla uymuyorsa işaretleyiniz.

Hiç katılmıyorum...............................Eğer cümle sizin ailenize hiç uymuyorsa işaretleyiniz.

Her cümle yanında 4 seçenek içinde ayrı yerler ayrılmıştır. Size uygun seçeneğe (X) işareti koyunuz. Her cümle için uzun uzun düşünmeyiniz. Mümkün olduğu kadar çabuk ve samimi cevaplar veriniz. Kararsızlığa düşerseniz ilk aklınıza gelen doğrultusunda hareket ediniz. Lütfen her cümleyi cevapladığınızdan emin olunuz.

	Aynen katılıyorum	Büyük ölçüde katılıyorum	Biraz katılıyorum	Hiç katılmıyo-rum
1. Ailece ev dışında program yapmada güçlük çekeriz, çünkü aramızda fikir birliği sağlayamayız.				
2. Gündüz hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.				
3. Evde biri üzgün ise diğer aile üyeleri bunun nedenini bilir.				
4. Bizim evde kişiler kendilerine verilen her görevi düzenli bir şekilde yerine getirmezler.				
5. Evde birinin başı derde girdiğinde diğerleri de bunu fazlası ile dert ederler.				
6. Bir sıkıntı ve üzüntü ile karşılaştırdığımızda birbirimize destek oluruz.				
7. Ailemizde acil bir durum olsa şaşırıp kalırız.				
8. Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.				
9. Birbirimize kaşı olan sevgi, şefkat gibi duygularımızı açığa vurmaktan kaçınırız.				

10. Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.				
11. Evde dertlerimizi, üzüntülerimizi birbirimize söylemeyiz.				
12. Sorunlarımızın çözümünde genellikle ailece aldığımız kararları uygularız.				
13. Bizim evdekiler ancak onların hoşuna giden şey söylediğinizde sizi dinlerler.				
14. Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.				
15. Ailemizde eşit bir görev dağılımı yoktur.				
16. Ailemiz üyeleri birbirlerine hoşgörülü davranırlar.				
17. Evde herkes başına buyruktur.				
18. Bizim evde herkes söylemek istediklerini üstü kapalı değil de doğrudan birbirlerinin yüzüne söyler.				
19. Ailede bazılarımız duygularımızı belli etmeyiz.				
20. Acil bir durumda ne yapacağımızı biliriz.				
21. Ailecek korkularımızı ve endişelerimizi birbirimizle tartışmakta kaçınırız.				

22. Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmede güçlü çekeriz.				
23. Gelirimiz (ücret/maaş) ihtiyaçlarımızı karşılamaya yetmiyor.				
24. Ailemiz bir problemi çözdükten sonra bu çözümün işe yarayıp yaramadığını tartışır.				
25. Bizim ailede herkes kendini düşünür.				
26. Duygularımızı birbirimize açıkça söyleyebiliriz.				
27. Evimizde banyo ve tuvalet (yüz numara) bir türlü temiz durmaz.				
28. Aile içinde birbirimize sevgi göstermeyiz.				
29. Evde herkes her istediğini birbirinin yüzüne söyleyebilir.				
30. Ailemizde her birimizin belirli görev ve sorumlulukları vardır.				
31. Aile içinde genellikle birbirimizle pek iyi geçinmeyiz.				
32. Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.				
33. Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.				

34. Aile içinde birbirimizle ilgilenmeye pek zaman bulamıyoruz.				
35. Evde genellikle söylediklerimizle söylemek istediklerimiz birbirinden farklıdır.				
36. Aile içinde birbirimize hoşgörülü davranırız.				
37. Evde birbirimize ancak sonunda bir kişisel yarar sağlayacaksak ilgi gösteririz.				
38. Ailemizde bir dert varsa kendi içimizde hallederiz.				
39. Ailemizde sevgi, şefkat gibi duygular ikinci plandadır.				
40. Ev işlerinin kimler tarafından yapılacağını hep birlikte konuşarak kararlaştırırız.				
41. Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.				
42. Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterirler.				
43. Evde birbirimize karşı açık sözlüyüzdür.				
44. Ailemizde hiçbir kural yoktur.				
45. Evde birinin bir şey yapması istendiğinde mutlaka takip edilmesi ve kendine hatırlatılması gerekir.				

46. Aile içinde herhangi bir sorunun(problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.			
47. Evde kurallara uyulmadığı zaman ne olacağını bilemeyiz.			
48. Bizim evde aklınıza gelen her şey olabilir.			
49. Sevgi, şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.			
50. Ailede her türlü problemin üstesinden gelebiliriz.			
51. Evde birbirimizle pek iyi geçinemeyiz.			
52. Sinirlenince birbirimize küseriz.			
53. Ailede bize verilen görevler pek hoşumuza gitmez çünkü genelde umduğumuz görevler verilmez.			
54. Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.			
55. Ailemizdeki kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler,çünkü böyle durumlarda ne yapılacağı aramızda konuşulmuş ve belirlenmiştir.			

56. Aile içinde birbirimize güveniriz.				
57. Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.				
58. İşimize, okulumuza yetişmede güçlük çekiyoruz.				
59.Aile içinde birisi hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.				
60.Problemlerimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.				

APPENDIX D

Beck Depression Inventory

(Beck Depresyon Envanteri)

Aşağıda kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her maddeye o ruh durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatle okuyunuz. Son iki hafta içindeki (şu an dahil) kendi ruh durumunuzu göz önünde bulundurarak, size en uygun olan ifadeyi bulunuz. Daha sonra, o maddenin yanındaki harfi işaretleyiniz.

1. (a) Kendimi üzgün hissetmiyorum.
    (b) Kendimi üzgün hissediyorum.
    (c) Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.
    (d) Öylesine üzgün ve mutsuzum ki dayanamıyorum.

2. (a) Gelecekten umutsuz değilim.
    (b) Geleceğe biraz umutsuz bakıyorum.
    (c) Gelecekten beklediğim hiçbirşey yok.
    (d) Benim için bir gelecek yok ve bu durum düzelmeyecek.

3. (a) Kendimi başarısız görmüyorum.
    (b) Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.
    (c) Geriye dönüp baktığımda, çok fazla başarısızlığımın olduğunu görüyorum.
    (d) Kendimi tümüyle başarısız bir insan olarak görüyorum.

4. (a) Herşeyden eskisi kadar zevk alabiliyorum.
    (b) Herşeyden eskisi kadar zevk alamıyorum.
    (c) Artık hiçbirşeyden gerçek bir zevk alamıyorum.
    (d) Bana zevk veren hiçbirşey yok. Herşey çok sıkıcı.

5. (a) Kendimi suçlu hissetmiyorum.
    (b) Arada bir kendimi suçlu hissettiğim oluyor.
    (c) Kendimi çoğunlukla suçlu hissediyorum.
    (d) Kendimi her an için suçlu hissediyorum.

6. (a) Cezalandırıldığımı düşünmüyorum.
   (b) Bazı şeyler için cezalandırılabileceğimi hissediyorum.

   (c) Cezalandırılmayı bekliyorum.

   (d) Cezalandırıldığımı hissediyorum.

7. (a) Kendimden hoşnutum.
   (b) Kendimden pek hoşnut değilim.

   (c) Kendimden hiç hoşlanmıyorum.

   (d) Kendimden nefret ediyorum.

8. (a) Kendimi diğer insanlardan daha kötü görmüyorum.
   (b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.

   (c) Kendimi hatalarım için çoğu zaman suçluyorum.

   (d) Her kötü olayda kendimi suçluyorum.

9. (a) Kendimi öldürmek gibi düşüncelerim yok.
   (b) Bazen kendimi öldürmeyi düşünüyorum, fakat bunu yapamam.

   (c) Kendimi öldürebilmeyi isterdim.

   (d) Bir fırsatını bulsam kendimi öldürürdüm.

10. (a) Her zamankinden daha fazla ağladığımı sanmıyorum.
    (b) Eskisine göre şu sıralarda daha fazla ağlıyorum.

    (c) Şu sıralarda her an ağlıyorum.

    (d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.

11. (a) Her zamankinden daha sinirli değilim.
    (b) Her zamankinden daha kolayca sinirleniyor ve kızıyorum.

    (c) Çoğu zaman sinirliyim.

    (d) Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.

12. (a) Diğer insanlara karşı ilgimi kaybetmedim.
    (b) Eskisine göre insanlarla daha az ilgiliyim.

    (c) Diğer insanlara karşı ilgimin çoğunu kaybettim.

    (d) Diğer insanlara karşı hiç ilgim kalmadı.

13. (a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.
   (b) Şu sıralarda kararlarımı vermeyi erteliyorum.

   (c) Kararlarımı vermekte oldukça güçlük çekiyorum.

   (d) Artık hiç karar veremiyorum.

14. (a) Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.
   (b) Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyor ve üzülüyorum.

   (c) Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler

      olduğunu hissediyorum.

   (d) Çok çirkin olduğumu düşünüyorum.

15. (a) Eskisi kadar iyi çalışabiliyorum.
   (b) Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.

   (c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.

   (d) Hiçbir iş yapamıyorum.

16. (a) Eskisi kadar rahat uyuyabiliyorum.
   (b) Şu sıralarda eskisi kadar rahat uyuyamıyorum.

   (c) Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.

   (d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.

17. (a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.
   (b) Eskisinden daha çabuk yoruluyorum.

   (c) Şu sıralarda neredeyse herşey beni yoruyor.

   (d) Öyle yorgunum ki hiçbirşey yapamıyorum.

18. (a) İştahım eskisinden pek farklı değil.
   (b) İştahım eskisi kadar iyi değil.

   (c) Şu sıralarda iştahım epey kötü.

   (d) Artık hiç iştahım yok.

19. (a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.
    (b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.

    (c) Son zamanlarda istemediğim halde beş kilodan fazla kaybettim.

    (d) Son zamanlarda istemediğim halde yedi kilodan fazla kaybettim.

    - Daha az yemeye çalışarak kilo kaybetmeye çalışıyor musunuz? EVET ( ) HAYIR ( )

20. (a) Sağlığım beni pek endişelendirmiyor.
    (b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.

    (c) Ağrı, sızı gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.

    (d) Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka hiçbirşey düşünemiyorum.

21. (a) Son zamanlarda cinsel yaşantımda dikkatimi çeken birşey yok.
    (b) Eskisine oranla cinsel konularda daha az ilgiliyim.

    (c) Şu sıralarda cinsellikle pek ilgili değilim.

    (d) Artık, cinsellikle hiçbir ilgim kalmadı.

APPENDIX E

Beck Anxiety Inventory

(Beck Kaygı Envanteri)

Aşağıda insanların kaygılı ya da endişeli oldukları zamanlarda yaşadıkları bazı belirtiler verilmiştir. Lütfen her maddeyi dikkatle okuyunuz. Daha sonra, her maddedeki belirtinin <u>bugün dahil son iki haftadır</u> sizi ne kadar rahatsız ettiğini aşağıdaki ölçekten yararlanarak maddelerin yanındaki uygun yere (x) işareti koyarak belirleyiniz.

0. Hiç   1. Hafif derecede   2. Orta derecede   3. Ciddi derecede

Sizi ne kadar rahatsız etti?

	Hiç			Ciddi
1. Bedeninizin herhangi bir yerinde uyuşma veya karıncalanma	0	1	2	3
2. Sıcak / ateş basmaları...	0	1	2	3
3. Bacaklarda halsizlik, titreme..	0	1	2	3
4. Gevşeyememe..	0	1	2	3
5. Çok kötü şeyler olacak korkusu..	0	1	2	3
6. Baş dönmesi veya sersemlik	0	1	2	3
7. Kalp çarpıntısı..	0	1	2	3
8. Dengeyi kaybetme duygusu...	0	1	2	3
9. Dehşete kapılma..	0	1	2	3
10. Sinirlilik..	0	1	2	3
11. Boğuluyormuş gibi olma duygusu..	0	1	2	3
12. Ellerde titreme..	0	1	2	3
13. Titreklik...	0	1	2	3
14. Kontrolü kaybetme korkusu..	0	1	2	3
15. Nefes almada güçlük...	0	1	2	3
16. Ölüm korkusu...	0	1	2	3
17. Korkuya kapılma...	0	1	2	3
18. Midede hazımsızlık ya da rahatsızlık hissi...............................	0	1	2	3

19. Baygınlık.. ⓿ ❶ ❷ ❸

20. Yüzün kızarması... ⓿ ❶ ❷ ❸

21. Terleme (sıcağa bağlı olmayan) .... ⓿ ❶ ❷ ❸

APPENDIX F

Hopelessness Scale

(Beck Umutsuzluk Öleçeği)

Aşağıda geleceğe dair düşünceleri ifade eden bazı cümleler verilmiştir. Lütfen her bir ifadeyi okuyarak, bunların size ne kadar uygun olduğuna karar veriniz. Örneğin okuduğunuz ilk ifade size uygun ise "Evet," uygun değil ise "Hayır" ifadesinin altındaki kutunun içine (X) işareti koyunuz.

	Sizin için uygun mu?	
	Evet	Hayır
1. Geleceğe umut ve coşku ile bakıyorum.		
2. Kendim ile ilgili şeyleri düzeltemediğime göre çabalamayı bıraksam iyi olur.		
3. İşler kötüye giderken bile herşeyin hep böyle kalmayacağını bilmek beni rahatlatıyor.		
4. Gelecek on yıl içinde hayatımın nasıl olacağını hayal bile edemiyorum.		
5. Yapmayı en çok istediğim şeyleri gerçekleştirmek için yeterli zamanım var.		
6. Benim için çok önemli konularda ileride başarılı olacağımı umuyorum.		
7. Geleceğimi karanlık görüyorum.		
8. Dünya nimetlerinden sıradan bir insandan daha çok yararlanacağımı umuyorum.		
9. İyi fırsatlar yakalayamıyorum. Gelecekte yakalayacağıma inanmam için de hiçbir neden yok.		
10. Geçmiş deneyimlerim beni geleceğe iyi hazırladı.		
11. Gelecek benim için hoş şeylerden çok tatsızlıklarla dolu görünüyor.		
12. Gerçekten özlediğim şeylere kavuşabileceğimi ummuyorum.		
13. Geleceğe baktığımda şimdikine oranla daha mutlu olacağımı umuyorum.		
14. İşler bir türlü benim istediğim gibi gitmiyor.		
15. Geleceğe büyük inancım var.		
16. Arzu ettiğim şeyleri elde edemediğime göre bir şeyler istemek aptallık olur.		
17. Gelecekte gerçek doyuma ulaşmam olanaksız gibi.		
18. Gelecek bana bulanık ve belirsiz görünüyor.		

19. kötü günlerden çok, iyi günler bekliyorum.		
20. İstediğim her şeyi elde etmek için çaba göstermenin gerçekten yararı yok, nasıl olsa onu elde edemeyeceğim.		