

THE CONTRIBUTION OF RUMINATION, INTERNAL WORKING  
MODELS OF ATTACHMENT, AND HELP SEEKING ATTITUDES ON  
PSYCHOLOGICAL SYMPTOMS OF UNIVERSITY STUDENTS

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## ABSTRACT

### THE CONTRIBUTION OF RUMINATION, INTERNAL WORKING MODELS OF ATTACHMENT, AND HELP SEEKING ATTITUDES ON PSYCHOLOGICAL SYMPTOMS OF UNIVERSITY STUDENTS

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Purpose of the study is to examine the relationship of ruminative tendency, internal working models of attachment (Self-Model and Other-Model) and help seeking attitudes (Positive Beliefs and Negative Beliefs) with psychological symptoms among the university students. In scope of the current research, the mediation role of rumination in the relationship between internal model of self and psychological symptoms was examined.

By applying convenient sampling procedure, six hundred and ten university students were included into the current study from 9 different state universities in Ankara and Istanbul. Turkish version of Relationship Questionnaire (Bartholomew & Horowitz, 1991), Relationship Scale Questionnaire (Griffin & Bartholomew, 1994), Brief Symptom Inventory (Derogatis, 1992), Ruminative Response Scale (Nolen-Hoeksema & Marrow, 1991) and Attitudes toward Seeking Psychological Help - Shortened (Türküm, 2001) were delivered to the university students at university campuses.

Multiple regression analyses were implemented to evaluate the research hypotheses. The results revealed that rumination, internal model of others, and negative beliefs about psychological help significantly predicted the increase in

psychological symptoms of Turkish university students. Positive beliefs about psychological help did not relate to psychological symptoms of university students for the current set of data. In addition to this, rumination mediated the relationship between internal model of self and psychological symptoms of university students. The research findings were discussed by relying on the previous research premises.

Key Words: Rumination, Internal Working Models of Attachment (IWM), Psychological Symptoms, Help Seeking Attitude

## ÖZ

### RUMİNASYONUN, İÇSEL ÇALIŞAN MODELLERİN VE PSİKOLOJİK YARDIM ALMAYA YÖNELİK TUTUMLARIN ÜNİVERSİTE ÖĞRENCİLERİNİN PSİKOLOJİK BELİRTİLERİNE KATKISI

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Bu çalışmanın amacı, içsel çalışan modellerin (Benlik Modeli ve Başkaları Modeli), ruminasyonun, psikolojik yardım almaya yönelik tutumların (Olumlu Görüşler ve Olumsuz Görüşler) üniversite öğrencilerinin göstermiş olduğu psikolojik belirtiler ile olan ilişkisini incelemektir. Çalışmada ayrıca üniversite öğrencilerinin sahip oldukları benlik modelleri ve psikolojik semptomları arasındaki ilişkide ruminasyonun aracı rolü incelenmiştir.

Ankara ve İstanbul'da bulunan dokuz farklı devlet üniversitesinden toplam 610 üniversite öğrencisi uygun örneklem yöntemi kullanılarak çalışmaya dahil edilmiştir. İlişki Ölçekleri'nin (Bartholomew & Horowitz, 1991), İlişki Ölçekleri Anketi'nin (Griffin & Bartholomew, 1994), Kısa Semptom Envanteri'nin (Derogatis, 1992), Ruminatif Tepki Ölçekleri'nin (Nolen-Hoeksema & Marrow, 1991) Türkçe versiyonları ve Psikolojik Yardım Almaya İlişkin Tutumlar Ölçeği-Kısa versiyonunun orjinal formu (Türküm, 2001) üniversite öğrencilerine, üniversite yerleşkelerinde uygulanmıştır.

Elde edilen veriler, çoklu regresyon yöntemi kullanılarak test edilmiştir. Bulgular, ruminasyonun, başkaları modellenin ve psikolojik yardım aramaya yönelik olumsuz görüşlerin üniversite öğrencilerinin psikolojik belirtilerini anlamlı şekilde

yordadığını göstermiştir. Çalışmada, üniversite öğrencilerinin psikolojik yardım almaya yönelik olumlu görüşleri ile psikolojik belirtileri arasında anlamlı bir ilişkiye rastlanmamıştır. Çalışmada ayrıca, benlik modeli ile psikolojik belirtiler arasında gözlemlenen ilişkide ruminasyonun aracı (mediator) rolü incelenmiş ve ruminasyonun bu ilişkide aracı role sahip olduğu gözlenmiştir. Bulgular alan yazını dikkate alınarak tartışılmıştır.

Anahtar Kelimeler: İçsel çalışan modeller, ruminasyon, psikolojik yardım alma tutumları, psikolojik belirtiler

To My Family

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## CHAPTER 1

### INTRODUCTION

#### 1.1. Background to the Study

Psychological symptoms have become the main focus for the research and theory in the field of counseling psychology through the decades. In different fields of psychology, different aspects of the issue have been analyzed. The main parts of the issue in the field may be listed as (a) the factors influencing the appearance of psychological symptoms (b) treatment of the psychological symptoms, which can be also considered as the indication of psychological disorders (Nolen-Hoeksema, 2004), and (c) prevention and intervention strategies in order to protect people from the worse psychological difficulties. The purpose of the current thesis study is mainly to understand the appearance of psychological symptoms by focusing on rumination, internal models and help seeking attitude.

Some researchers consider the psychological symptoms as the self-defeating thoughts, attitudes, perceptions and memories, which lead people to unnecessary long-lasting psychological sufferings (Bruno, 1993). The question raised may be why some people have self-defeating thoughts, attitudes, perceptions and memories, while others do not have or are not long lastingly influenced by these self-defeating factors. Bowlby (1969) puts forward the early interaction with the care-giver and Nolen-Hoeksema (1987) puts forward the thinking pattern in order to explain the psychological symptoms within Response Style Theory.

Bowlby (1969) in attachment theory proposes the importance of the childhood on development of these self-defeating factors. One of the salient innovations of attachment theory with respect to psychological symptoms is the

establishment of internal models and development of attachment patterns. According to him, unresponsive and unavailable care-giver can lead the child to develop negative mental models; whereas the responsive and available care-giver (mainly mother) helps the child to develop positive mental models. These mental models being also called as mental representations (Bowlby, 1969) or internal models (Bartholomew & Horowitz, 1991) encode the belief about one's self-image and others. Because these images/beliefs are developed through the interaction with the attached care-giver in immaturity (through adolescence), they encompass the memories related to past positive or negative events. The internal models with a low sense of self-worth and distrust to others influence how the person perceives and interprets the events. For example, the low sense of self worth forces the self-defeating thoughts; *I am not a person worth being loved*, and distrust to others strengthens the self-defeating thoughts; *others will not be ready to help me when I need and they are not trustable to depend on* (Bowlby, 1973).

According to the attachment theory, all people have mental representations, which can be called as internal models being composed of self-model and other-model (Bartholomew & Horowitz, 1991), developed through the attachment, which is an established relationship with a strong affectional bond between the care-giver and child (Bowlby, 1969). Self-model stands for the beliefs about the self; while other-model of attachment standing for the beliefs about the others. These internal models can be dichotomized such as positive and negative (Bartholomew & Horowitz, 1991). For instance, one person may have positive self-model and negative other-model (or vice versa), s/he may have positive self-model and positive other-model or s/he may have negative self-model and negative other-model. These internal models are closely related to attachment patterns; they are the substructure of the attachment patterns (Berman & Sperling, 1994) and the attachment patterns are the behavioral manifestations of the internal models (Rothbard & Shaver, 1994).

Attachment patterns were conceptualized by Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) such as secure, anxious/ambivalent, and avoidant; each of them stands for behavioral, social and

cognitive tendencies. There has constantly been a comprehensive research in order to define better these specified attachment patterns and internal models with respect to corresponding social, emotive and behavioral constellations. Bartholomew and Horowitz (1991) re-evaluate the attachment patterns and internal models by utilizing the models of Hazan and Shaver (1987) and Main, Kaplan, and Cassidy (as cited in Bartholomew and Horowitz, 1991). Bartholomew and Horowitz (1991) suggest secure attachment pattern (significant characteristics: comfortable with intimacy and autonomy) as having positive self-model and positive other model. The preoccupied attachment pattern (significant characteristics: unworthiness and positive perception of others) is denoted with positive other-model and negative self-model; whereas dismissing attachment pattern (significant characteristics: worthiness and negative dispositions toward others) having positive self-model and negative other-model. Lastly, fearful attachment pattern (significant characteristics: unworthiness, negative dispositions of expectations from others, and rejecting) has both negative self-model and negative other-model.

The internal models (positive or negative) are associated with the appearance of psychological symptoms in the literature (Hankin, Kassel & Abela, 2005; Mikulincer & Shaver, 2007). They perform a regulating role on the perception of external stimulations which has a fundamental formative effect on the appearance of psychological symptoms (Wachs, 1995). This regulatory function of the internal models in inner structure binds the psychological symptoms to the environmental stimulations (Cicchetti & Toth, 1998) with its cognitive-affective-behavioral schemata. In a study with the university students applying to university clinic services, it is indicated that people with positive internal models (secure) reported the expectation to have more coping resources upon distressing events than the insecure university students (Buelow, Lyddon & Johnson, 2002). The numerous studies provided the findings that those people with the negative internal models tend to report more psychological symptoms than the people with positive internal models (Sable, 1997; Seiffge-Krenke, 2006; Shorey & Snyder, 2006).

At the other spectrum, the modern way of life puts a lot of pressure on the people. Work, education, friendship, and family environment necessitate an interpersonal relation network. Lazarus (1976) claims that maintaining healthy relationships in this interpersonal network are one of the prerequisites for the life without devastating psychological distress. The success that a person can obtain within this network depends on how the person perceives or interprets the events happening around her/him. Mental representations with a low sense of self-worth and distrust to others influence this perception and interpretation process (Bowlby, 1973; Hankin, Kassel & Abela, 2005), endanger the success of the people in this relational network, and in parallel impact their psychological health. These representations manipulate emotional, behavioral and cognitional tendencies of the people in the conflict resolutions arising in interpersonal relation network (Fraley, 2007). Upon the hardships in this social network such as loss, separation or relationship problems, the insecure people (preoccupied, dismissing and fearful) tend to recall more negative memories and arouse more negative affect or leave the aroused negative feelings without solved. Yet, people with secure pattern having positive self-model and other-model tend to recall more positive memories that help them to cope better with the problems in their life (Pereg & Mikulincer, 2004). In a research, the depressive symptoms and attachment patterns were compared in terms of the relationship functioning (Carnelley, Pietromonaco, & Jaffe, 1994). The people with preoccupied and fearful attachment patterns, which are denoted as having negative mental model of others with distrust, significantly predicted the worse relationship functioning then more depressive symptoms. Fearful and preoccupied people showed less satisfaction, less constructive conflict resolution and less supportive exchanges in the close relationships. People with insecure attachment patterns showed a tendency of worse interpersonal relationship potential (Cohn et al., 1992; Torquati & Vazsonyi, 1999), which may lead to the psychological symptoms. People with secure working models displayed less psychological symptoms and they displayed more adaptive coping with the stressful situations. In addition, they were more apt to regulate the relational problems with others (Seiffge-Krenke, 2006).

Another prominent factor involving in the appearance of psychological symptoms can be understood by utilizing the premises of response style theory. Response Style Theory is developed mainly by Nolen-Hoeksema (Nolen-Hoeksema, 1987; 1991) in order to understand the gender differences in depressive symptoms. It investigates the cognitive reactions of people to the life difficulties and proposes the role of thinking pattern in appearance, relapse and treatment of psychological disorders (especially of depression and anxiety). It comprises of chiefly two cognitive reaction patterns to the distress. One of them rumination which is defined as a vicious and cycling thinking pattern ‘...focusing on passively and repetitively on one’s symptoms of distress... and on the meaning of those symptoms (‘why I can’t get going?’) without taking action to correct the problems one identifies” (Nolen-Hoeksema; 1998, p. 216). Whereas, another of them is distraction which keeps people away from the devastating influence of the problem for a while by preventing them from immersing into the current distressing problem.

In rumination, people are paralyzed to take action to solve their problems; people question their competence, self-worth, and situation but without any concrete deed to solve the current problem. Excessive rumination increases the negative mood, eases the access to negative memories and reduces motivation of the people to solve the problem (Ward, Lyubomirsky, Sousa, & Nolen-Hoeksema, 2003). In addition to the more negative memory access, ruminative people are more probable to have poor problem solving ability that deteriorates the recovering from the negative mood and develop maladaptive strategies against psychological symptoms such as constantly thinking about them (Lyubomirsky & Nolen-Hoeksema, 1991). Ruminators face difficulty in getting satisfied in their performance compared to non-ruminators, this state worsens realizing their plans (Ward, Lyubomirsky, Sousa & Nolen-Hoeksema, 2003). As a result, rumination triggers further sadness and anxiety (Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990); hence the concrete plans of actions are diminished. The reduced concreteness and increased abstraction impair problem solving, leaving personal concerns unresolved, and thereby trigger further rumination (Watkins, & Moulds, 2005).

Rumination and internal models may converge on predicting psychological symptoms. As it is explained, negative internal models have more latent generalized negative schema or traumatic experiences with the care-giver (Bowlby, 1977). The negative load of the schemas is crucial in the regulating complex emotions, thoughts and behaviors (Beck, Emery, & Greenberg, 1985; Beck, 1997) and these schemas are the part of mental sets. Rumination as a thinking pattern can perform a crucial role in activation of these mental sets and schemas. Intensification of negative content of the memory with rumination (Nolen-Hoeksema, 1990) increases negative affect (Lyubomirsky, Caldwell, & Nolen-Hoeksema, 1998) such as by activating the past failures (Watkins & Teasdale, 2001). Arousing more negative affect (Clark, Beck, & Alford, 1999) is linked to the report of psychological symptoms (Beck, 1976). For example, while insecure people (Mikulincer, Florian & Weller, 1993) and ruminators (Morrow & Nolen-Hoeksema, 1990) report more prolonged and persisting psychological problems, secure (Bates & Bayles, 1988) and distracters (Lymbursky & Nolen-Hoeksema, 1991) display more adaptive behaviors in the face of negative life events. Rumination may worsen the individuals' inclination to consider the 'others' and 'self' negatively because rumination spreads negative affect by activating generalizations (about the self and others) derived from the past disturbing memories upon life distress (Nolen-Hoeksema, 1998). Therefore people being more negative about themselves will be experiencing more psychological problems and rumination will worsen the psychological symptoms; hence two traits have the potential to dense psychological symptoms.

Yet, in recovery from distressing effect of psychological symptoms, external resources offer a great help and receiving adequate psychological help may ease the problematic situation to cope with life stressors effectively (Hill, 2004). However people with negative internal models with distrust to others and low self-worth (Bartholomew & Horowitz, 1991) and high ruminative tendency (Nolen-Hoeksema, 1990) may incline to deal with their problems on their own. Therefore being able to seek or receive psychological help is also a crucial factor in the development of psychological symptoms. Concealing the psychological problems and not seeking psychological help may result with an increase in

severity of symptoms (Cramer, 1999; Sheffield, Fiorenza, & Sofronoff, 2004). While secure individuals are ease to ask help from external resources and they are more willing to disclose themselves, avoidant individuals having negative other model experience problems to get in trust relationships (Feeney & Noller, 1990) such as counseling. They tend to conceal themselves more (Vogel & Wester, 2003). Similar to the role of rumination in psychological symptoms, people under the effect of rumination may need more support and psychological help however people with negative attitude toward seeking psychological help become more vulnerable to impact of rumination and their negative internal models, and then may report more psychological symptoms. Nevertheless, rumination tendency with state of negative internal models and negative attitude toward help seeking may boost the report of psychological symptoms. These people are expected to have worse attitude on seeking psychological help; and rumination is expected to worsen the situation because they are more hesitant to seek solution for their own problems (Shaffer, Vogel, & Wei, 2006).

In addition, ruminating people may not try to figure out their problem at the first hand. Moreover overwhelming burden of emotion grown by rumination can be redirected to another object (particularly the angry emotion) other than the real source of problem such as from the boss to the partner and leave the real problem as unfinished business (Bushman et al., 2005). So, it may create additional problems. At this aspect, having psychological assistance may help those people to learn how to cope with their disturbing problems. However, rumination gives reason to be passive in the course of problem solving action (Ward, Lyubomirsky, Sousa, & Nolen-Hoeksema, 2003) with an increasing need of support (Nolen-Hoeksema & Davis, 1999) and weakening self-esteem. In this process, internal models are expected to be a contributor. Having negative internal models with distrust to others, felt low self-worth, and incompetency in interpersonal relationship stuck them not to disclose their problems and seek help (Vogel & Wester, 2003) even if they need support. Therefore, research posits that addition of negative attitude toward seeking psychological help may explain the increase of psychological symptoms.

Rumination is active when there arises a problem and it works by activating the negative memories related to the current distressing event or cycling around the negative memories/event and psychological symptoms (Nolen-Hoeksema, Parker, & Larson, 1994). In this research, the relationship of rumination and internal models with psychological symptoms are investigated. Additionally another dimension of the present research aims to include attitudes towards seeking psychological help alongside rumination and internal models. Facing severe psychological problem leads people to seek psychological help (Bosmajian & Mattson, 1980; Alegria, Bijl, Lin, Walters, & Kessler, 2000); deriving from this point, it may be also emphasized that receiving adequate psychological help may help people to loosen their psychological symptoms (Cramer, 1999).

The relationship of (a) internal models with psychological symptoms, (b) rumination with psychological symptoms, and (c) help seeking with psychological symptoms are evidenced in different line of research. The present study investigates the variables of the internal models, rumination and help seeking in the same equation in order to understand the psychological symptoms.

## **1.2. Purpose of the Study**

The current research aims to understand the appearance of psychological symptoms by investigating the relationship of internal models, rumination, and help seeking attitude with the report of psychological symptoms of Turkish university students. The core purpose of the study is to investigate how accurate these variables predict psychological symptoms.

## **1.3. Research Question**

How well do internal working models of attachment (self-model and other-model), rumination and attitudes toward seeking psychological help (negative views and positive views about psychological help) predict psychological symptoms of university students?

#### **1.4. Significance of the Study**

Rumination in the literature reveals significant results predicting the appearance of psychological symptoms; these are particularly symptoms of depression and anxiety. The current thesis study tests the relationship of rumination with psychological symptoms among Turkish university students. The potential relationship between rumination and psychological symptoms may help to understand the role of rumination in Turkish culture, may help the counselors working in university settings to teach their clients the distraction strategies, and may encourage them to implement further analysis of the relationship.

In addition to the analysis of rumination as the independent variable of the study, the present thesis study aims to test the predictive validity of self-model and other-model on psychological symptoms. Internal models are accepted as resistant to change (Cohn et al., 1992). Potential significant results of the study may help the counselor to cope with the negative impact of internal models on psychological symptoms, for example, by teaching the distraction coping or encouraging them to seek help. Even if the internal models are resistant to change, its destructive impact can be reduced. Therefore, the study both helps to understand the relationship between rumination and internal models on psychological symptoms, and helps to find solutions against the negative impact of internal models in order to develop intervention strategies.

Furthermore, seeking and receiving psychological help are important to cope with psychological symptoms; and help seeking in the previous study is evidenced related to internal models. In addition, basing on the previous study, the process of help seeking, rumination and internal models may explain the appearance of psychological symptoms better. Understanding the added value of help seeking on psychological symptoms, better intervention strategies can be developed for university students' psychological symptoms so that the help receiving process can be eased. Understanding their composite contribution in the appearance of psychological symptoms may help to create solutions to reduce the psychological symptoms in order to protect university students from

worse psychological difficulties. Therefore, the results of the study may promote better preventive strategies for the welfare of target population.

## **1.5. Definition of the Terms**

### **1.5.1. Psychological Symptoms**

These are the emotional, cognitive and behavioral symptoms, which indicate the deviation from the optimum psychological health as the indication of psychological disorders (Nolen-Hoeksema, 2004). These are roused by self-defeating thoughts, attitudes, perceptions and memories, which lead people to unnecessary long-lasting psychological sufferings (Bruno, 1993).

### **1.5.2. Internal Working Models of Attachment**

Internal working models are the cognitive-affective-motivational schemata, which is shaped through the immaturity year (Berman & Sperling, 1994).

**Self-Model:** It stands for the internalized and generalized beliefs in the interaction with care-giver about how much the self is lovable, worthy and competent.

**Other-Model:** It stands for the beliefs internalized and generalized in the interaction with care-giver about the others and the world how much they are dependable, responsive and trustable.

### **1.5.3. Rumination**

Rumination is cycling passive thinking pattern focusing repetitively on one's psychological symptoms of distress and questioning the meaning of those symptoms without any active problem solving effort to correct the identified problems (Nolen-Hoeksema, 1998).

#### **1.5.4. Attitude toward Seeking Psychological Help**

Seeking psychological help is a conscious demand of support or assistance from the professional or nonprofessional people in order to get rid of the overwhelming problems (Husaini, Moore & Cain, 1994) by receiving psychological help. Helping is a process enabling the person "... obtain relief... discover direction for life... experience healthy interpersonal relationships, work toward personal growth, address existential concerns and learn valuable skills" (Hill, 2004, p .4). Attitude toward seeking psychological help denotes the perception of the people about this process and denotes the attitude of the people upon a psychological problem in terms of getting psychological help or not.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

In the former chapter, an overview about the rationale of the current thesis study is presented. In the forthcoming sections in this chapter, internal models of attachment, ruminative tendency and attitude toward seeking psychological help are discussed with respect to psychological symptoms under the light of previous literature. The first section contains a theoretical overview with respect to psychological symptoms. The second section contains the internal working models of attachment within the scope of attachment theory. The third section includes the ruminative tendency within the scope of response style theory. The fourth section is composed of help seeking attitude and its potential relationship with psychological symptoms. The subsequent part of the present chapter will be dedicated to the relationship of help seeking attitude, rumination and internal working models of attachment with psychological symptoms under the light of research findings.

#### **2.1. Psychological Symptoms**

It is difficult to retrieve a single definition or criteria for human kind to determine what behavioral manifestations are out of the expected behavioral, emotional or cognitional outcomes that we can classify as a certain psychological symptom. Definitions of psychological health or definitions of psychological symptoms are conceptual. Psychological symptoms find its meaning according to the cultural norms, maladaptiveness, unusualness and severity of the problem (Nolen-Hoeksema, 2004) and the most important thing; these symptoms make the person suffer. Psychological problems can block the potential of the person in life, which are generally not necessary (Bruno, 1993). On the one hand, it is a problematic issue; on the other hand, these symptoms

also mean the decline in one's happiness, productivity and self-actualization in life.

There are critical periods in one's life and during this critical period one may need to complete challenging tasks which may also impact reported psychological symptoms (Özgüven, 1989). University years can be considered as a critical period because in these years, individuals generally leave their families and move to a different city for their education. Also, this period composes of a transition period from childhood/adolescence to adulthood but in this period people are neither a child nor an adult. Individuals in this period are subject to different source of problems such as career, educational, familial, personal and social problems to solve out (Çoruh, 1989). The protector factors listed in this study as positive internal models, low rumination tendency and positive help seeking attitude may keep the person resilient to life stressors and psychological symptoms. Therefore, negative internal models, high rumination tendency and negative attitude toward seeking psychological help are formulated as the vulnerability factors having the potential to relate with reported psychological symptoms.

Appearance of psychological symptoms is the product derived from the multiple factors. Therefore, emphasizing uni-dimension of psychological symptoms would simplify the issue in front of its complexity (Achenbach, 1982). Psychoanalytic (Breuer & Freud, 1895) and behavioral approaches (Dollard & Miller, 1950) are the early mainstream in the beginning of the last century, which try to explain the psychological difficulties by basing their postulates on different source of information such as derives and learning. Another mainstream, which may help to understand the psychological symptoms, may be listed as the socio-cognitive approach. In this approach, the main emphasis is not on the childhood history, but on the individuals' perception of the environmental events within their cognition process such as schemas, thought characteristics, core beliefs, and social learning processes (Beck, 1976; Bandura, 1977).

Appearance of psychological symptoms, particularly depressive and anxious symptoms, is comprehensively examined in the cognitive behavioral

approaches, which put forward the cognitive structures to explain the human suffering (Ellis, 1973; Beck, 1976). Beck proclaims the behavioral and emotional responses as result of the appraisal the exterior and interior event (Beck, Emery & Greenberg, 1985; Clark, Beck & Alford, 1999). Cognitive structures or schemas in the regulation of the information perceived from the exterior or interior situations and the schema “contains a variety of rules, beliefs and assumptions...” (Beck, Emery & Greenberg, 1985, p. 55). The cognitive constellations, which are the clusters of the schemas that are organized in, are among the main actors that motivate the people to act in a certain way and interact with their coping ability against distressing issues (Beck, Emery & Greenberg, 1985). Response patterns of the organism in the form of psychological symptoms are the reactions to the cognitive representations of the events happening around them more than the reactions itself to the environmental events (Mahoney, 1977).

Beck (1997) explains the personality and psychological symptoms by attributing to dysfunctions in the modes. These constructs develop starting from the childhood through the adulthood (Sharf, 2000). There are important both theoretical assumptions and research findings, which put forward the importance of responsiveness of the care-giver to the child needs in the development of child’s subjective world (Ainsworth et al, 1978). In object relations theory, particularly in Bowlby’s attachment theory, it is explained how the cognitive-emotive-behavioral patterns of the individual may be set upon the response of significant others, particularly care-giver. Moreover, it indicates how these responses are internalized as the *core-belief* of the individuals inferring the worth of the self in the eyes of others and trustworthiness/ responsiveness of others in the eyes of self. In the construction of this predisposed *reality*, love of the care-giver performs a crucial role, and deprivation of this love is connected with the delinquent behaviors and psychological symptoms (Bowlby, 1966).

Therefore, interruption of attachment when it is needed in terms of its results is a way of “explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise” (Bowlby, 1977 p.

201). It is important that the reason giving rise to the psychological symptoms is not the absence of the attachment figure per se. Through the continuous interaction, as it is stated before, certain state of being as inner construct is established in the individual (such as low self-worth and distrust to others), which is mental models of attachment or internal models of attachment (Bowlby, 1969). When there is distress by a frustrating state, these inner constructs are activated (Bowlby, 1977). It is beyond the social learning or modeling of a maladaptive behavior with observation (Bandura, 1967) but it can be interpreted as the changed structure in the cognitive system (Piaget, 1952) in the form of negative internal working models leaving the owner vulnerable to the psychological suffering indirectly (Alford, Lyddon, & Schreiber, 2006; Bartholomew & Horowitz, 1991; Cassidy, 1994; Mikulincer & Shaver, 2005; Pereg & Mikulincer, 2004) or directly (Carnelley, Pietromonaco, & Jaffe, 1994; Klohnen & Bera, 1998).

However, appearance of psychological symptoms is multi-dimensional and one of the dimensions may be the well timed receiving psychological help. It is indicated that seeking psychological help are observed more often among the people with severe psychological problems (Alegria et al., 2000; Bosmajian & Mattson, 1980). It can be presumed that people because they are ignoring their psychological stress and life problems, they are developing severe psychological symptoms. It is a common fact in the medicine that early diagnoses and treatment offers greater chance to get rid of the physical illness. However, delayed treatment has a less chance to be successful. Receiving psychological help may teach the client how to cope with the stressful situations; however, not seeking psychological help may result with an increase in severity of psychological symptoms (Cramer, 1999; Sheffield, Fiorenza & Sofronoff, 2004).

In the appearance of the psychological symptoms, the environmental, biological and personality factors interact (Sharf, 2000). Upon the distressing emotions and symptoms, adaptive regulation strategies may ease them to cope with the paralyzing influence of the psychological symptoms. Therefore, being able to distract from the current frustrating problems and negative mood helps them to cope better with their problems (Nolen-Hoeksema, 1987). Ruminative

thinking style may intensify the current felt psychological symptoms by activating and connecting the other negative memories (Nolen-Hoeksema, 1990).

As it is presumed, internal models can be used to analyze both the function of cognitive constellation and the result of the interaction with the environment on the psychological outcomes. Negative valence of cognitive processes leaves people vulnerable to psychological difficulties (Abramson, Metalsky, & Alloy, 1989). Predominating negative affectivity about the value of the self and self-defeating attitudes toward the world interfere the functioning of cognitive process. It predicts the report of psychological symptoms as a failure of coping with the life difficulties (Beck, 1976). High self-worth and world-view appear as protecting factors against the psychological symptoms. The existence and prevalence of negative affectivity predict the appearance of psychological symptoms (Beck, 1976), which can be regulated by the thinking patterns such as rumination and can be soothed with the intervention of receiving psychological help.

## **2.2. Attachment Theory**

Attachment theory emphasizes how the relationship of child with the care-giver, starting from the beginning of the life, impacts child's latent psychological development through adulthood. Particularly, the observations on the children in foster care were the stand point for the assumptions of the theory. The most significant evidences and logical framework of the theory were structured by John Bowlby (1966) on the study of delinquent children and adolescence. Analyzing the life story of the psychologically problematic children leded Bowlby to focus on the child's relationship pattern with their family; particularly with the mother as care-giver. Bowlby (1966) concluded that lack of healthy relationship of infant within the family or depriving love of mother has particular importance in psychological development. The observations in natural setting (Bowlby, 1969) and in laboratory setting (Ainsworth et al., 1978) on normal population in different cultures supported the initial assumptions and gave credit to the importance of care-giver in psychological development.

This relationship with care-giver is very functional for the child and turns to be a strong critical affectional bond for neonate, which is called attachment (Ainsworth, 1991). Quality of the attachment relationship between the child and care-giver (third parties may also intervene in the process) gives reason to significant results for the child psychological development. Mother as an attachment figure has an indispensable role in resulting child psychological development with her response and availability for the child's needs. Exploring and continuing the performance in the current time is up to the availability of the attachment figure (Fraley & Shaver, 2000). If the attachment figure is absent, the most important thing for the child becomes to regain the security by being proximate to the attachment figure. When the attachment figure fails to play her/his role at a sufficient level, child may generate some stable maladaptive behavioral, emotional or cognitional tendencies. Therefore, care-giver has the potential to modify the child behavioral, emotional and cognitional patterns with her/his availability and response to child needs in attachment system (Mikulincer & Shaver, 2007).

Attachment in childhood gives reason to develop stable and resistant cognitive-affective-emotive tendencies through the responsiveness, attitude and availability of the attachment figure. These tendencies are called as internal working models, which describes the mental state including the beliefs about the self and others (Bowlby, 1973). Child introjects care-giver's unresponsiveness, negative attitude, unavailability and parental values as the model of self and model of others. These working models regulate the child futuristic plans, world view, other-beliefs and self-beliefs (Bowlby, 1969). Depending on the behavior of mother toward the child, child develops (a) a self-model indicating how the self is acceptable or not in the eyes of attachment figure, and (b) an other-model indicating the thoughts and beliefs how the attachment figure is dependable, trustworthy and responsive (Bowlby, 1973). These models obtain a global latent characteristic influential in one's life and psychological outcomes. Bowlby (1973) states that children's vulnerability to pathology depends on the IWMs that develop through the childhood.

### **2.2.1. Attachment in Adolescence and Adulthood**

In the beginning of attachment theory, main focus was the existence of affectional bond between child and care-giver, the developmental process of attachment, and its psychological/behavioral outcomes. The continuance of early influence of tendencies derived from attachment relationships on adult behavioral inclinations was claimed by the attachment theorists (Bowlby, 1973) and is evidenced in correlational and experimental research (Mikulincer, Gillath, & Shaver, 2002). Attachment through adulthood displays similar characteristics with attachment in childhood (Hazan & Shaver, 1987) such as distress upon separation from the attached figure (Kobak, Rosenthal, Zajac, & Madsen, 2007) and it is an extension of child-caregiver attachment premises. However, attachment through adulthood gains multidimensionality in terms of relationships which is evolution of the childhood structure (Rothbard & Shaver, 1994). As the individuals grow up, they do not only seek care and safety but also they provide care and safety for the people in attachment relationship (Ainsworth, 1991). Multi-dimensional relationships can be evaluated as establishing attachment with parents, some friends, siblings, and partners (Buist et al., 2002).

Adolescence and adulthood experiences are also important to deepen or soften the childhood attachment experiences (Berman & Sperling, 1994). There can be seen continuity in the later following established attachment of the childhood attachments (Sperling & Berman, 1991). While literature claims that subsequent attachment relationships may alter the attachment characteristics from childhood to adulthood (Rothbard & Shaver, 1994), researches indicate that there is coherence between the persons' new established close relationships and their attachment representations (Cohn et al., 1992). Substantive characteristic is that attachment in adulthood "is a stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security" (Berman & Sperling, 1994, p.8).

The adolescence years have a different space in attachment development because in those years, individuals gain a relative independence from the parents and start developing new type of attachments (Buist et al., 2002; Larose, Guay, & Boivin, 2002). In this period, attachment quality declines through the maturity between opposite sex, and the quality gets better between the same sex such as mother-daughter and father-son (Buist et al., 2002) therefore through adolescence the term of care-giver gains an extended meaning departing from the mother by including the gender roles. For example, depending on the security of attachment representations, in dyads partners seek and provide support. Facing with a stressful situation, secure partners provide support, however men when induced stress at lower level, they do not differ according to the avoidant or anxious attachment type in terms of seeking support (Simpson, Rholes, Orina, & Grich, 2002).

The developed attachment structures such as attachment patterns and mental representations reveal its influence on the observed behaviors and performance. Attachment figures are represented in individuals' cognitive schemata and it is activated unconsciously. Mikulincer, Gillath and Shaver (2002) included university students into a study and they tested activation of the attachment figures by using lexical decision making processes and decision making at the Stroop color task. This experiment released the evidence that representation of the attachment was both activated in the presence of threat and threat irrelevant situations. The influence of attachment is not limited to the behavioral manifestations in the childhood but also its influence can be observed in the cognitive process (Mikulincer, Gillath & Shaver, 2002), in intimate relationship (Simpson, Rholes, Orina & Grich, 2002), in academic performance (Burge et al., 1996), in coping with stressors (Ryder, 2007), and indicates a direct and indirect path to the psychological symptoms (Torquati & Vazsonyi, 1999).

In adolescence years, the insecure attachments play a role in developing psychological symptoms, vulnerabilities to the psychological problems, perception about the self-capability and problematic behaviors (Ryder, 2007). Especially in the beginning of college years, individuals may be skeptic to the

information and situational change around them (Larose, Guay & Boivin, 2002). Depending on the insecurity of their attachment representation, they may be filtering the positive stimulus and changes and focusing on the negative events so they are vulnerable to the loneliness and stressors (Larose, Guay & Boivin, 2002). In a longitudinal study, in late adolescence, secure individuals are better at completing task before deadlines, challenging themselves and setting up future plans. They have also better academic performance and work satisfaction (Burge et al., 1996). In the adolescence year, attachment patterns intervene with their problem solving process and there is a correlation between the attachment patterns and coping ability (Torquati & Vazsonyi, 1999), which was also observed among the preschool children (Grossman & Grossman, 1991).

Attachment history and attachment tendency reflect their influence on the psychological outcomes via the attachment patterns, which are closely related to the internal models. When the paths of adult psychological problems are followed, it is probable to go to childhood problematic attachment experiences (Bowlby, 1973; Shedler & Block, 1990; Sroufe, Egeland & Kreutzer, 1990). The feelings of security and anxiety in adult attachment have similar function as in child attachment (Collins & Read, 1990). Both in adult and child attachment relationships, responsiveness, warm, closeness and trust are needed in attachment relationships. Depending on these postulates, Collins and Read (1990) claim that both attachments have similar manifestations in the case of deprivation and separation, and these patterns influence the tendencies of the individuals in close relationships linking to psychological outcomes.

The attachment patterns interfere with the person current relationships by influencing perception and cognitive process (Fraley, Garner & Shaver, 2000). Secure and ambivalent individuals report that they are comfortable with the people disclosing more and avoidant individuals report that they are comfortable with the people disclosing less (Mikulincer & Nachshon, 1991). In relationship, secure individuals correlates more and significantly with the dependability, trust, predictability, commitment, satisfaction and love, and negatively with insecurity. However, avoidant and anxious-ambivalent individuals report negative correlations in terms of these variables and positive correlation with insecurity

(Simpson, 1990). While secure individuals tend to trust others, avoidant individuals perceive others not trustable (Feeney & Noller, 1990).

In addition to these, gender differences can be observed in terms of its function in life. Secure husbands are better at functioning at both secure-secure and insecure-secure intimate relationships (Cohn, Silver, Cowan, Cowan & Pearson, 1992). The husbands are better than their counterparts at communication with partners and they experience less conflict. What the important result of the study is does not reveal significant results for the wives. In another research, individuals according to their attachment representations have different experiences of love relationships. For example while avoidant individuals experience love with full of *lows-highs* and jealousy, anxious-ambivalent individuals, in addition to these negative experiences, they also face with need for reciprocation, union and obsession (Hazan & Shaver, 1987). However at these poles, each three models – secure, anxious/ambivalent, and avoidant - scored significantly different results. Furthermore, upon distressing situation, avoidant and anxious males do not differ in their need for support at lower level of stress induction (Simpson, Rholes, Orina & Grich, 2002).

### **2.2.2. Internal Working Models of Attachment**

It is hypothesized that childhood experiences lead the child to develop internal working models depending on the idea of their worth in the eyes of attachment figure and generalization of the attachment attitude to other events. Bowlby (1973) claims internal working models include people's expectations, beliefs, ideas and goals that influence the individuals' plans for the future in a variety of occasions. According to him, internal models develop certain characteristics in terms of behavioral, emotional and cognitive tendency in interpersonal interactions. Attachment-system strives for the felt security (Sroufe & Waters, 1977), failure in obtaining the felt security results in insecure attachment and negative internal models. The literature supports internal working models of attachment and their different results in psychological outcomes (Bartholomew & Horowitz, 1991; Hankin, Kassel & Abela, 2005).

The earlier description of the working models of attachment appears in the writings of Bowlby (1969). Firstly, he defined four distinct insecure maladaptive attachment styles such as ‘compulsive caregiving’, ‘compulsive care seeking’, ‘compulsive self reliant’ and ‘angry withdrawn’, and with one secure attachment style (Bowlby, 1977; Bowlby, 1980). Most common construct about the attachment patterns originates from the systematic observation and studies of Ainsworth (Ainsworth et al., 1978). Ainsworth and her colleagues (1978) clarify three distinct attachment styles as ‘secure’, ‘avoidant’, and ‘anxious/ambivalent’. Also, when the mother is abused, depressed or extremely neglectful, child develops a different attachment style called disorganized/disoriented (child behaves inconsistent responses to the separation and reunion of the mother) with mix characteristics of the original tripartite attachment patterns (as cited in Rothbard and Shaver, 1994, p.35).

Ainsworth and her colleagues (1978) operationalize the attachments patterns depending on the observed behaviors. Secure attachment type in childhood affiliate with the behaviors such as responding with distress to separation, comfort to reunion, and exploration of the environment in the presence of mother. The anxious/ambivalent type displays more cry and distress prior to separation, lack of interest to be reassured or comforted, preoccupied with the caregivers and reduced exploration in the presence of the mother. The avoidant attachment style affiliated with the behaviors such as low distress upon separation, and lack of interest in mother at the reunion. Depending on these classifications, attachment patterns are evidenced as they differentiate people on their behavioral manifestations (Berman & Sperling, 1994; Mikulincer & Shaver, 2007; Torquati & Vazsonyi, 1999).

Internal working models are the cognitive-affective-motivational schemata (Berman & Sperling, 1994) which are shaped through the interpersonal world mainly during the immaturity years within the interaction between child and attachment figure(s) (Bowlby, 1969). There is a close relationship between attachment patterns and internal working models. Internal models can be considered as the *byproduct of the attachment-related experiences* through the immaturity (Rothbard & Shaver, 1994, p. 33). Internal models include the past

relationship memories about one's self, others (mainly mother) and the interaction between these. Internal models have its own working definitions designating the feelings, behaviors and thoughts (Berman & Sperling, 1994). They perform a mediating role between environmental events and occurring behaviors (Rothbard & Shaver, 1994). Attachment styles can be considered as the observed manifestations of the internal working models. This construct widely considered as a trait characteristics of the person (Berman & Sperling, 1994). Internal working models include one's belief about the self, attachment figures and social world with the expectation about other's intention (Rothbard & Shaver, 1994). Internal models are the conceptual explanation for the attachment experiences and styles continuity through the adult life passing through the immaturity (Collins & Read, 1990).

The mental representations have an influence on the individuals' social life (Collins & Read, 1990). The structured internal models are the template to interpret the later exposed life events (Diamond & Blatt, 1994). These templates are probable to be altered when it is needed and it is called as the secondary (supplementary) attachment (Ainsworth, 1991). Those surrogate attachment figures may be priests, close friends or therapist; however these new attachment figures are not effective as much as the primary attachment figure (care-giver) on the development of the internal models. After the initial formation process in immaturity years, particularly in infancy, internal models become resistant to change in adulthood (Cohn et al., 1992; Sperling and Berman, 1991). They are subject to a relative change upon positive new-coming attachment relationships (Rothbard & Shaver, 1994).

Bartholomew and Horowitz (1991) extend and operationalize internal working models. There are negative internal model of self, positive internal model of self, negative internal model of others and positive internal model of others. A person while having positive self-model may have negative other-model or while having negative self-model, s/he may have positive other-model. The operational definitions for the attachment patterns relating to internal models are *secure* (having both positive view about one's self and others), *dismissing* (having positive view about one's self but negative view about the

others), *preoccupied* (negative view about one's self and positive view about others), and *fearful* (negative view about one's self and others) (Barthelomew & Horowitz, 1991).

### **2.3. Response Style Theory**

Response style theory is conceptualized by Nolen-Hoeksema (1987) to discuss, in general aspect; the individuals' attempt to regulate their negative affect and psychological symptoms, and in specific aspect; the individuals' report of depressive episodes (mainly the differences between males' and females' depressive mood). In this section, fundamental postulates of the theory and some research evidences for the theory premises are stated.

#### **2.3.1. Overview**

Response style theory mainly composes of rumination and distraction (Nolen-Hoeksema, 1987). On the one hand, Nolen-Hoeksema (1987) evaluates rumination in three parts. Firstly, rumination is linked to the cycling attention and concentration process; active rumination deteriorates the individuals' concentration on the instrumental behaviors. At the second part, she states from the earlier articles that rumination deepens the current mood and activates the related memory. At the last part, rumination generates negative explanations to the negative mood. On the other hand, she states distraction as the adaptive alternative of rumination. Distraction is the behavior that people generate upon a distressing problem as a time-out or having a break, which function as a tool to give time of recovering from distressing/paralyzing impacts of negative life events (Morrow & Nolen-Hoeksema, 1990). Upon the distressing life events, distractors prefer not to focus on the current problems viciously but prefer going to a walk, doing sport, engaging in social activities, riding bicycle, namely keep away from the distressing effect of the current problem; hence they can instrumentally focus on the problem (Nolen-Hoeksema, 1987). At the deepening period of the negative mood (generally studied with depression), distraction gives the person chance to get away from the paralyzing influence of current

distressing event on her/his problem solving ability and to involve in active problem solving (Morrow & Nolen-Hoeksema, 1990). This study mainly focuses on the ruminative response style with respect to psychological symptoms alongside internal models and help seeking attitude.

### **2.3.2. Ruminative Response Style**

Ruminative tendency is clarified by Nolen-Hoeksema (1998, p216) as a vicious and cycling thinking pattern ‘...focusing on passively and repetitively on one’s symptoms of distress... and on the meaning of those symptoms (‘why I can’t get going?’) without taking action to correct the problems one identifies.” There are different classifications of the ruminative tendency such as reflective and brooding rumination. Reflective ruminators may alter goal directed behavior, engage in the cognitive problem solving and may lead persons to instrumental problem solving in progress. However, brooding ruminators may prefer to stay passive and make comparisons between current state of their mood and their unrealized standards (Treynor, Gonzalez & Nolen-Hoeksema, 2003). Reflective coping is associated with the decline in negative mood in the long run however the brooding coping both in the current time and in the long run affiliated with the increase in negative mood (Treynor, Gonzalez & Nolen-Hoeksema, 2003). Therefore, it can be defended that having reflective rumination tendency is less maladaptive than having brooding rumination tendency. However, the current thesis study investigates the rumination as a whole entity.

Teasdale (1999) brings another explanation for the rumination tendency. According to him, mind has a characteristic building its own meaning within its cognitive subsystems on the sensory information and explains the effect of rumination by conceptualizing its characteristics in three different modes of rumination. One is mindless emoting that is emotional responding by integrating arising information into existing schema (Foa & Kozak, 1986), second is conceptualizing/doing that is focusing on self as object with paying attention to the goal discrepancies and the last one is mindful experiencing/being that is

consciously thinking and planning, spontaneous and directly feeling of the experience. Watkins (2004) compares the conceptual and experiential thinkers (ruminators) and asserts that conceptual thinking is maladaptive and experiential thinking is adaptive in the regulation of the negative mood.

Alongside these theoretical explanations, there is numerous research asserting the relationship of rumination with psychological symptoms. One of the most important relationships of rumination with psychological symptoms is its influence on the negative mood. Negative mood is not specific to the people with severe psychological symptoms but negative mood under the rumination tendency may lead to the psychological symptoms. Individuals with ruminative tendency excessively focus on events of rejection and feelings of unhappiness by questioning the properness and they consider the situation as injustice (Rude, Maestas & Neff, 2007). Although for some people it is possible to 'snap out of the preoccupation' distressed mood, ruminators continue to focus on distressing event and gets more severely and continuously distressed, and among them there is a tendency to ruminate in the manner of spreading effect of distress (Wood et al., 1990). Upon the appearance of psychological symptoms, ruminating on the symptoms with detailing in the concrete aspects of symptoms is better at reducing negative mood than the detailing in the abstract aspects of the symptoms (Watkins & Moulds, 2005). Conceptual rumination is maladaptive in depressed mood however 'mindfully aware self-focused rumination' is adaptive in depressed mood (Watkins & Moulds, 2005). Nolen-Hoeksema, McBride and Larson (1997) state that following a loss, focusing on the meaning of their loss and analyzing their selves displayed prolong negative mood even after 12 months.

In the evaluation of the rumination relationship with negative mood, it is also important where the person stands with respect to the distressing problem or symptom. People focusing on what happened without immersing themselves in 'the lived past conflict' trouble the processing of negative experience. However persons focusing on the 'why the person has done this to him/her' without distancing himself/herself to the lived experience ease the processing of the negative experience. On the other hand, even the person try to think 'why the

person has started the conflict', if s/he immerses herself/himself in the past event, it will again trouble the processing of the negative experience (Kross, Ayduk & Mischel, 2005). Relying on this study, it can be defended that when the treat is directed to the worth of the self, problem is perceived bigger than it is. However, when there is a focus with the attempt to understand 'how this is a problem and how it can be solved out', then the treat is perceived peripheral. Therefore, cognition of the problem and perceived worth of the person is important.

Semantic network theory presumes that each emotion is encoded in the memory within the affiliated past encoded units. In this theory, activating one unit in the portion can activate the other related units in the same portion (Bower, 1981). For example, when a person perceived an injustice from one's partner, it is possible for the person to remember other unfair experiences. Rumination may be considered an active actor spreading the activation effect thorough those related memories. While activating the past frustrating memories, rumination process may generate new negative meaning from these negative past memories (Watkins & Teasdale, 2001). In rumination, there is more negative memory access (Lymbursky & Nolen-Hoeksema, 1991). In addition to more negative memory access, rumination may increase the activation of other negative memory because it blocks the ability of the person to think about other things, so using other portion of the memory. Whitmer and Banich (2007) argued that people ruminating on their depressed mood have difficulty in inhibiting the prior mental sets and face difficulty in preventing the past depresogenic thought from relapsing.

The excessive activation of the negative memories and related negative mood, as it is explained, reveals difficulties for the person to snap out of the current distressing events and related symptoms. Moreover, rumination among depression prone individuals appears as a kind of habitual thinking (Watkins & Brown, 2002). Therefore, these people have difficulty in recovering from the psychological symptoms. The rumination makes the remediation and recovery process longer for the active ruminator compared to passive ruminators and distracters (Morrow & Nolen-Hoeksema, 1990). Nolen-Hoeksema and

colleagues (Nolen-Hoeksema, Parker & Larson, 1994) state that individuals ruminating after loss of a significant other preserve their depressive mood even after six months following the loss which is reverse condition for individuals who are not ruminating- among them; depressive mood displays a tendency to decrease.

In addition to the relationship of rumination with negative memory access and negative mood, ruminative people are more probable to have poor problem solving ability that deteriorates the recovering from the negative mood and become adaptive in distressful life events (Lyubomirsky & Nolen-Hoeksema, 1991). Ruminators face difficulty in getting satisfied in their performance compared to non-ruminators, this state worsens realizing their plans and problem solving abilities (Ward, Lyubomirsky, Sousa & Nolen-Hoeksema, 2003). Therefore, rumination triggers further sadness and anxiety, instead of directly involving in action to solve problems, (Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990), it channels people to reduce the concrete problem solving action. The reduced concreteness and increased abstraction impair problem solving, leaving personal concerns unresolved, and thereby trigger further rumination (Watkins, & Moulds, 2005).

#### **2.4. Seeking Psychological Help**

Hill (2004) describes helping as assistance for the welfare of an individual to explore feelings, gain insights and make changes in life. *Helping*, according to her, is a process enabling the person "... obtain relief... discover direction for life... experience healthy interpersonal relationships, work toward personal growth, address existential concerns and learn valuable skills" (Hill, 2004 p .4). In addition to this, seeking psychological help is defined as the demand of support or assistance from the professional or nonprofessional people in order to get rid of the overwhelming problems (Husaini, Moore & Cain, 1994). Therefore, receiving psychological help carries the potential to rescue the person from overwhelming psychological problems and actualize the potential of the help seekers.

Helping relationship has an interpersonal context which aims to increase the adjustment of the individual to current challenging life by activating the intra-personal strength (Lopez & Brennan, 2000). Even though there are a variety of help resources in university settings, it is difficult to defend that university students utilize these resources at a sufficient level upon their psychological difficulties. Özbay (1996) indicates that university students experience a wide range of psychological problems; these problems reflect itself as deterioration in their academic, social and personal life (Esentürk-Ercan, 1998). However, some people may not benefit from getting psychological help and logical conclusion of these definitions lead us to the idea that people upon the life difficulties without getting help may suffer from severer psychological outcomes. These outcomes may be that much serious intervening with the person in her/his daily activities (Hankin, Kassel & Abela, 2005).

Despite there are a variety of psychological help opportunities in big cities, and for university students in university settings, they may prefer not to apply to a helping professional (Andrews, Issakidis & Carter, 2001). In a research, more than 10 thousand people interviewed about the mental health problems. It is figured out that, among the people reporting mental health problems, only one person out of nine persons gets the consultation about their mental health problems from a mental health professional (Andrews, Issakidis & Carter, 2001). Among Australian population, the rate of getting professional help about their mental health concern without a mental disorder was much lower than the previous rate; about 2.8%. According to the result of this study, individuals when faced the mental handicap they are more probable to see a mental health professional (32%), however among the individuals without mental disorder it is dramatically lower to see a professional to get help (2.8%) (Andrews, Issakidis & Carter, 2001). There are similar results in another study which is implemented in Netherlands, USA and Canada. The probability to apply services to get professional help is within the range of 7.6% (Netherlands) and 3.4% (Canada). Applying to professional help among the people with mental disorder is within the range 21-31 % (Alegria et al., 2000).

Research predisposes that family and peers are important source for help, after trying to get help from informal resources, at last, individuals prefer to seek professional help (Hinson & Swanson, 1993). These individuals prefer their family and peers as a help source for their some mental, emotional and personal problems (Sheffield, Fiorenza & Sofronoff, 2004). Some researchers affirm that severity of the problem may determine whether a person seek psychological help or not (Özbay, 1996). The severity of problem is influential to decide to seek professional help (Alegria et al., 2000; Cramer, 1999; Sheffield, Fiorenza & Sofronoff, 2004). Individuals seek professional help when the distress is high (Cramer, 1999; Vogel, Wade & Hackler, 2008), and individuals with high stress both try formal and informal sources to get help, and it is more probable especially for adolescents to seek professional help when they are facing mental illness instead emotional, personal or behavioral problems (Sheffield, Fiorenza & Sofronoff, 2004). However, Lopez and his colleagues (1998) affirm that problem level does not relate significantly to the possibility to seek counseling.

Severe distress of personal, emotional, academic problems may encourage people to seek help from the external resources. However some individuals may not consider the external resources as an option for solution or consider it as a last option and they try to solve their problems on their own. Individuals having better social support more efficiently use the informal help resources (Sheffield, Fiorenza & Sofronoff, 2004; Cramer, 1999); these people may also be encouraged to get professional help in the face of psychological difficulties (Vogel et al., 2007). Individuals not having informal resources may not also seek professional help (Capedeta-Benito & Short, 1998) so may face harder problems. These results may also be commented that people facing psychological problems are waiting till the problem becomes overwhelming and exceeds the coping ability of the person. Therefore, not seeking psychological help may be contributing to the development of psychological symptoms and problems.

Most of the people having psychological problems do not seek psychological help (Rones, Mykletun & Dahl, 2004). The delay in seeking professional help may conclude in severer psychological problems (as cited in

Vogel & Wei, 2005). In a study, 1795 of the people were interviewed about their help seeking attitudes and clinical problem levels (Mojtabai, Olfson & Mechanic, 2002). In their sample, 26 percent of the participants fitting the criteria, which was 1 percent of the disorders in their study reported unwilling to seek help. This group in the study reported severe impairment in their daily life. These people, by not seeking psychological help, are facing with severer problems both in terms of psychological difficulties and daily activities.

People have different perception about psychological helping; while some of them are open to seek psychological help upon the life difficulties, some prefer to conceal their problems and work on the problems by their own. So, the problems may become stronger than it was. Therefore, as it is stated in the foregoing paragraphs, the increase in the severity of the problems and the rate may be also derived by not seeking help at the right time.

### **2.5. Relationship of Rumination, Internal Working Models, and Help Seeking Attitude with Psychological Symptoms**

Bowlby (1977) establish a connection between the psychological symptoms and attachment history of the people, who come for the help to a psychological clinic. He affirms that among the people coming to the clinic, insecure attachment styles are observed more than the secure attachment styles. According to him, the characteristics of the parent attitude give reason to develop a maladaptive inclination among the individuals that they are less apt to cope with the symptomatic distress and they develop psychological symptoms. Bowlby's observation in the psychiatry clinic about the influence of attachment on psychological outcomes is also supported by the later research findings (Carnelley, Pietromonaco & Jaffe, 1994), and the continuance of the attachment pattern in adulthood was evidenced (Hazan & Shaver, 1987). These research findings strengthened the affiliation of the attachment patterns with psychological symptoms (Seiffge-Krenke, 2006). For example, negative attachment history creates distress, and trying to suppress the attachment related thoughts or avoiding the activation of the attachment system is found as potential instigator of distress among the preoccupied or fearful people (Saffrey & Shaver,

1997). In addition to these, people with insecure attachment patterns show less ability to cope with the traumatizing events, they report high level of psychological symptoms such as somatization and hostility (Mikulincer, Florian & Weller, 1993). Therefore, not only the inheritance of attachment history as the image of self and others but also the history of attachment may create the distress which people need to cope with.

Alongside the influence of internal models on psychological symptoms, internal models of attachment may also participate in the appearance of psychological symptoms with their relationship with negative memory, negative affect, deficiencies in problem solving ability, and distorted beliefs about the self and others. To keep in mind, negative memory, negative affect, problem solving ability and view about the self are also modified by the thinking pattern, which is discussed in this thesis study under the heading of rumination. Particularly, internal models are important in the appearance of psychological symptoms that negative internal models compose a pool for the negative cognitive constellation. When there is a threat, these cognitive sets are activated and the mental models can also be extended as the way of interacting with these distressing threats (Beck, 1997), the process can be called also the activation of the attachment related regulation strategies. Upon the distressing event, people high in avoidance (dismissing individuals; negative other-model) minimize the affect regulation strategies, which is the ignoring the aroused emotion and ignoring the problem. People high in anxiety (negative self-model) maximize the affect regulation by attending the emotion and excessive expression of negative affect (Woodhouse & Gelso, 2008). Ruminative tendency overlaps on the tendency of people with high attachment anxiety so that they flame the negative emotions by persistently focusing on these emotions (Nolen-Hoeksema, 1990). Therefore, it is hypothesized that the relationship of internal models in terms of affect regulation is linked to the psychological symptoms by being amplified through additional presence of ruminative thinking. That is, internal models create a cognitive field for rumination, which turns to be increased psychological symptoms. Mikulincer and Orbach (1995) provide the supporting evidences for this relationship in which people with negative self-model (high attachment

anxiety) have difficulty in limiting the prevalence of negative affect. This study gives credit to rumination in explaining this difficulty.

In addition, these negative cognitive constellations, which people with negative internal models have more, are more characterized with less self-competence and negative self-view (Bartholomew & Horowitz, 1991). That is, this negativity in cognitive constellation leads the people to display more psychological symptoms such as anxiety and depressive mood (Beck, Emery & Greenberg, 1985). Lopez and colleagues (1998) characterize the self and other model as the cognitive schemas and compare the university students according to their internal models in terms of psychological difficulties. In this study, they compared the participants according to their self-model - secure and dismissing individuals to preoccupied and fearful individuals – with respect to their self-reported problems. They reported a significant main effect of self-model on psychological difficulties and the participants with negative self-model reported more problems than the participants with positive self-model. The cognitive characteristics of the people with negative internal models of self and others tend to perceive the events around themselves to reassure their original negative beliefs (Mikulincer & Shaver, 2007). The tendency among the ruminating people is selective favoring the negative side of the events in their memory (Nolen-Hoeksema, 1987). Therefore, ruminative thinking pattern may prejudice the process of the evaluation of the events. With rumination, the core beliefs with low self worth and distrust to others (Beck, 1976) may be feed by the rumination tendency and boost the report of psychological symptoms.

Rumination, by keeping alive the experienced negative event and related mood, can be supposed to increase dramatically the cognitive load. Changing the mood from negative to positive under cognitive load is harder than the changing mood without cognitive load. Loading the mental activity with effect of rumination will harden the mental control and concentration on certain task (Wegner, Erber, & Zanakos, 1993). Maladaptive concentration on the current disturbing situation and this obsessed focus may prolong the aroused mood such as anger. For example, ruminating about the episodes raising anger - drawing on thoughts of revenge, anger memories, causes and anger afterthoughts - correlates

with internalized and externalized anger expression (Sukhodolsky, Golub, & Cromwell, 2001), and may result in aggressive behaviors (Bushman, 2002). Rumination on anger, as it leads anger into aggression, may also displace the ruminated anger to another object (Bushman et al., 2005). Being vigilant to the negative life experience because of the negative internal models have the potential to initiate or rise a negative memory and negative affect that rumination has the potential to deepen these negative memories, related mood and will strengthen the path to the psychological symptoms.

There is a correlation between the attachment patterns and coping ability (Torquati & Vazsonyi, 1999). Kobak and colleagues (1993) investigate the teen problem-solving strategies in an interpersonal problem solving session. The participants with secure prototype display a better orientation in problem solving characterized with assertiveness and adaptive discussions. They also let their mother to share their mothers' point of view. The teens with high attachment anxiety revealed avoidance of problem solving, dysfunctional anger expression, and less autonomy in conflict resolution. Similar to the influence of attachment on the persistence in problem solving, ruminative people also display lack willingness to solve the problems and avoid developing the adaptive instrumental problem solving actions and lack of motivation (Ward, Lyubomirsky, Sousa, & Nolen-Hoeksema, 2003). They have poor problem solving ability and they develop maladaptive strategies against psychological symptoms such as constantly thinking about them (Lymbursky & Nolen-Hoeksema, 1991). Similar to the lack of self-competence among the people with negative internal models (Bartholomew & Horowitz, 1991), ruminators face difficulty in getting satisfied in their performance compared to non-ruminators, this state worsens realizing their plans (Ward, Lyubomirsky, Sousa & Nolen-Hoeksema, 2003). Then, it triggers further sadness and anxiety (Wood et al., 1990); hence the concrete plans of actions are diminished. The reduced concreteness and increased abstraction impair problem solving, leaving personal concerns unresolved, and thereby trigger further rumination and distress (Watkins, & Moulds, 2005).

By basing the premises upon the preceding research findings and theoretical postulates, the current thesis study offers a path departing from internal models and rumination tendency and ending at a relationship with report of psychological symptoms. Moreover, the attitude toward seeking psychological help and receiving psychological help may break this chain because of some reasons. For example, counseling offers the people to be aware of their current state of mood and produce solutions basing on their own strengths (Hill, 2004). In helping relationship, a person can learn valuable skills to cope with psychological symptoms and precedent events (Hill, 2004). However, people with negative attitude toward seeking psychological help deprive the advantage of counseling; they can be subject to worse psychological symptoms. As it is noted, rumination is a closed thinking pattern and the ruminative people tend to ruminate on their problems successively (Nolen-Hoeksema, 1987). People with negative attitude toward seeking psychological help also tend to conceal their problems (Vogel & Wester, 2003). Therefore, addition of negative attitude toward seeking psychological help to maladaptive effect of rumination and internal models on psychological symptoms may be linked to and predict better the appearance of psychological symptoms.

Some researchers affirm a connection from the appearance of psychological symptoms toward the help seeking behaviors (Alegria et al., 2000; Sheffield, Fiorenza & Sofronoff, 2004). According to them, people seek psychological help after they face severe psychological problems. However, some researcher fails to find significant relationship between levels of problem severity and help seeking attitude (Lopez et al., 1998). Relying on the previous literature, it is indicated that self-concealment (Cramer, 1999), fear of labeling (Sheffield, Fiorenza & Sofronoff, 2004) and belief in the solution of the problem by psychological help (Andrews, Issakidis & Carter, 2001; Pederson & Vogel, 2007) are reported as the significant factors in decision to seek counseling. When there is negative attitude toward seeking psychological help upon a psychological difficulty, being away from the help resources may leave the people vulnerable to worse psychological symptoms.

## 2.6. Summary

Throughout university years, individuals become subject to a variety of problems such as social, personal, and career (Çoruh, 1989). Psychological symptoms have the potential to block one's potential in these years. In the previous studies, internal models, rumination and help seeking attitude were evidenced as the factors increasing the vulnerability of people to be afflicted with psychological symptoms. University students, particularly in the beginning years, may be skeptic to the changes, under the influence of insecure attachment patterns; they may filter the positive events (Larose, Guay & Boivin, 2002). Internal working models may play a role in the appearance of psychological symptoms (Burge et al., 1996; Ryder, 2007). These internal models by interacting with the cognitive patterns may influence the appearance of psychological symptoms (Hankin, Kassel & Abela, 2005).

Rumination tendency has the potential to exacerbate the psychological symptoms and worsen the adaptation of the person in critical time periods. Ruminative people have the risk to dissatisfy with their performance compared to non-ruminators, which worsens realizing their plans and problem solving abilities (Ward, Lyubomirsky, Sousa & Nolen-Hoeksema, 2003). Ruminative people focus on events of rejection and feelings of unhappiness and they consider the situation as injustice (Rude, Maestas & Neff, 2007). Ruminators get more severely and continuously distressed, and among them there is a tendency to ruminate in the manner of spreading effect of psychological symptoms and distress (Wood et al., 1990). Ruminative thinking pattern may generate new negative meaning from past frustrating negative memories (Watkins & Teasdale, 2001). Ruminative people are stuck in the effect of psychological symptoms for example people ruminating on their depressed mood have difficulty in inhibiting the prior mental sets (Whitmer & Banich, 2007).

Even if there is negative internal models and rumination tendency challenging the people, support or assistance from the professional or nonprofessional may help them to cope with the overwhelming problems (Husaini, Moore & Cain, 1994). Psychological problems may give reason to the

deterioration in university students' academic, personal and social life (Esentürk-Ercan, 1998). However, some people do not seek psychological help and they may have a negative attitude toward seeking psychological help (Roness, Mykletun & Dahl, 2004). Therefore, they may find themselves in a situation that they need to cope with harder and severer psychological difficulties. Most of the people having psychological problems do not seek psychological help (Mojtabai, Olfson & Mechanic, 2002). Therefore, not seeking psychological help has the potential leaving people under the effect of psychological symptoms and exacerbate the influence of negative internal models and high rumination tendency.

In the current study, the variables of internal models, rumination tendency and help seeking attitude are brought together to investigate their relationship with psychological symptoms and how well they predict psychological symptoms.

## **CHAPTER 3**

### **METHOD**

The current study aimed to examine the report of psychological symptoms with respect to internal models, rumination, and help seeking attitude among a sample of Turkish university students. In different line of research, negative internal models of attachment, high rumination level, and negative attitude toward seeking psychological help were emphasized as the salient variables influencing the psychological symptoms. In the present study, these independent variables were brought together in order to investigate how well they predict the appearance of psychological symptoms.

The methodology followed in aforementioned analyses is detailed by the subsequent sections. The first section summarized the research design. The second section gave the description about the research participants. The third section introduced the research instruments. The fourth section included the procedure followed in data collection. The fifth section detailed the operational definitions of the research variables. The sixth section gave detailed procedure of data analyses. The last section in this chapter presented the limitations of the study.

#### **3.1. Overall Research Design**

The present thesis study utilized a correlational research design to test the research question on a sample of Turkish university students. By using a convenient sampling procedure, data were gathered by the university students. Internal working models of attachment, rumination tendency and help seeking attitude of the participants were brought together to predict the variance in their psychological symptoms. In test of the research question, multiple hierarchical

regression analyses were conducted. Before conducting the hierarchical regression analyses, the data were screened and the assumptions of multiple regression procedure were checked.

### 3.2. Participants

Six hundred and ten university students participated in the study. The age of the participants ranged from 19 years old to 29 years old ( $M= 22.42$ ;  $SD = 2.19$ ). In the study, 288 (47.2%) of the participants were female and 319 (52.3%) of the participants were male. Three of the participants did not report their gender.

Table 3.1  
*Frequency Table of the Participants for Gender, University and Year in University*

Characteristics	<i>n</i>	%
<b>Gender</b>		
Female	288	47.2
Male	319	52.3
Missing	3	.5
<b>University</b>		
Middle East Technical University	26	4.3
Ankara University	177	29
Hacettepe University	147	24.1
Gazi University	12	2
Bogazici University	61	10
Istanbul University	40	6.6
Istanbul Technical University	46	7.5
Yildiz Technical University	78	12.8
Other Universities	16	2.6
Missing	5	.8
<b>Year in the University</b>		
Language Preparation	20	3.3
First Year	72	11.8
Second and Third Years	193	31.7
Fourth Year	219	35.9
Fifth Year and More	36	6
Missing	70	11.5

*Note: n=610*

In terms of inclusion of the students; 362 (59.8%) of the participants were from the universities in Ankara and 227 (37.6%) of the participants were from the universities in Istanbul. Five of the participants did not report their universities and 16 of the participants were from different universities, which were neither in Ankara nor in Istanbul. Forty of the participants (6.6%) were graduate, and 545 (89.3%) of the participants were undergraduate students. Most of the participants were from Ankara and Hacettepe Universities. The largest part of the sample were undergraduate students and in their fourth year in the university. Table 3.1 presents the descriptive data about the sample of the study.

Table 3.2.  
*Frequency Table of the Participants for Help Resources*

Characteristics	<i>n</i>	%
<b>Parents</b>		
Yes	453	74.3
No	153	25.1
Missing	4	.7
<b>Siblings</b>		
Yes	284	46.6
No	322	52.8
Missing	4	.7
<b>Relatives</b>		
Yes	104	17
No	502	82.3
Missing	4	.7
<b>Friends</b>		
Yes	493	80.9
No	113	18.5
Missing	4	.7
<b>Professional</b>		
Yes	56	9.1
No	550	90.2
Missing	4	.7

Note: *n*=610

In scope of the research, the potential help resources and accommodation places were asked in the demographic form. 453 (74.3 %) of the participants reported their parents as the help resources when they face problems, 493 (80.9 %) of them marked friends as the help resources more than siblings (*n* = 284, 46.6 %), and relatives (*n* = 104, 17 %). Only 56 (9.1 %) of the participants

reported that they apply to the professionals when they face the problems (such as psychological) (see Table 3.2. for details). 221 (36.2 %) of the students live in a dormitory and 208 (34.1 %) of them live with their family, the rest of the students live with their friends (n=144, 23.6 %) or alone (n=30, 4.9 %); 7 (1.1 %) of the participants did not report their accommodation place.

### **3.3. Data Collection Instruments**

A demographic form was developed to have the information about the participants' age, gender, and education years in university. In addition to demographic form, five data collection instruments were used in the current study: Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) was used to measure the internal working models of attachment. Relationship Scale Questionnaire (RSQ; Griffin & Bartholomew, 1994) was utilized to test the accuracy of the participants' self reports on RQ. Ruminative Response Scale (RRS; Nolen-Hoeksema & Morrow, 1991) was utilized to measure the participants' rumination level. Brief Symptom Inventory (Derogatis, 1992) was utilized to measure the psychological symptoms. Lastly, Attitudes toward Seeking Psychological Help-Shortened (ASPH-S; Türküm, 2001) was used to measure participants' attitude toward seeking psychological help.

#### **3.3.1. Brief Symptom Inventory (BSI)**

The inventory was developed in 1992 by L. R. Derogatis and aimed to screen the psychological symptoms depending on the self reports of the subjects. Participants are asked to respond to 53 items on a 5-point Likert type scale with the anchors ranging from “not at all” (0) to “always” (4).

BSI was adapted to Turkish culture by Şahin and Durak (1994). The scale includes 9 sub-scales with additional items covering somatization, obsessive-compulsive disorders, interpersonal sensitivity, anxiety disorders, hostility, phobic anxiety, paranoid thinking, psychoticism (as subscales) and additional items. Cronbach's alpha coefficient of the inventory in the Turkish sample was reported as quite high as .96; the values for the subscales appeared

between the .55 and .86. The criterion related validity of the scale was controlled by using other questionnaires such as UCLA loneliness scale, Offer Loneliness scale, BDI, Social Comparing Scale and the results indicated that BSI correlated in varying degrees with these scales. The factor analysis results of the BSI revealed 5 different factors, which as depression, hostility, anxiety, negative self-concept, and somatization.

For the current study, internal consistency of the whole instrument was calculated and results revealed similar value to the report of original study as .95. In the present study, researcher aim to analyze the variance in psychological symptoms in terms of general index, which is calculated dividing the total score by the total item number (53) following the procedure as indicated in adaptation study of BSI (Savaşır & Şahin, 1997).

### **3.3.2. Attitudes toward Seeking Psychological Help – Shortened (ASPH-S)**

ASPH-S aims to measure the attitude toward seeking psychological help (Türküm, 2001). In ASPH-S, there are 18 items with six reverse items (2, 8, 12, 13, 16, and 17) and the possible score range is between 18 and 90 on the whole scale. Scoring is made on a 5 point-Likert type scale between “strongly disagree” and “strongly agree”. High score indicates high positive attitude toward seeking psychological help (Türküm, 2001). The factor analysis indicated that 52.6% of the total variance was explained by two factors with 18 items. The first factor included 12 items, which was conceptualized as the positive views about receiving psychological help such as “Psychological help increases the strength of people in coping with difficulties”. The Cronbach’s alpha for this factor was reported as .92. The second factor included 6 items, which was conceptualized as the negative views about receiving psychological help such as “I hesitate to get psychological help for the fear of other people may talk about me”. Türküm (2001) reported the Cronbach’s alpha for this factor as .77. For the whole scale, she reported the Cronbach’s alpha as .90. Item total correlation coefficient was reported as ranging from .20 to .63 with an average of .42. A significant difference was reported between the female and male participants. The female participants reported that they had more positive

attitudes toward seeking psychological help on both dimensions. Test-retest reliability with a two-week interval was reported as .77.

In the present thesis study, similar to the original study of Türküm (2001), the factorial analysis was implemented by using principal component analysis with varimax rotation and results of PCA revealed two factorial structures with Eigenvalues greater than 1. These two factors explained 55.46% of the total variance on attitude toward seeking psychological help. Similar to the original study of Türküm (2001), the first factor (HS-Positive) with 12 items explained the 40.26% of the total variance and the second factor (HS-Negative) explained the 15.19% of the total variance. The loadings of the items on each factor are presented on Table 3.3.

Table 3.3.  
*The Factor Loadings of ASPH*

Items	<i>Factor I</i>	<i>Factor II</i>
Item 1	.76	
Item 2 (Reverse)		.64
Item 3	.80	
Item 4	.77	
Item 5	.82	
Item 6	.78	
Item 7	.82	
Item 8 (Reverse)		.67
Item 9	.83	
Item 10	.83	
Item 11	.71	
Item 12 (Reverse)		.77
Item 13 (Reverse)	-.26	.64
Item 14	.80	
Item 15	.83	
Item 16 (Reverse)		.69
Item 17(Reverse)		.61
Item 18	.72	

*Note: n=610, the values smaller than .25 were suppressed. Each item number represents the order of the items in the original ASPH-S version.*

For the current research, the Cronbach's alpha value was revealed as .85 for the total scale. The Cronbach's alpha for the first factor was revealed as .93, and for the second factor, it was .74. Gender differences were tested by using an

independent sample t-test. The results revealed, female participants reported significantly more positive attitude toward seeking psychological help,  $t(564) = -5.30, p = .000$  and more endurance against negative beliefs about psychological help,  $t(593) = -6.45, p = .000$ .

### **3.2.3. Relationship Questionnaire (RQ)**

RQ was developed by Bartholomew and Horowitz (1991). RQ includes four short descriptive paragraphs. Each paragraph describes one prototypical attachment pattern: secure, dismissing, fearful, and preoccupied. The paragraphs measure the respondents' attitude as it applies to general close relationships. Participants are asked to evaluate how much they correspond to each paragraph separately. Responses are rated on a 7 point Likert scale ranging from "It does not describe me at all" (1) to "It very much describes me" (7). For example, the secure prototype is as follows: *"It is easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I do not worry about being alone or having others not accept me."*

From the four different attachment prototypes, two different attachment dimensions are obtained: self model and other model. The self model of the participants are measured by summing the ratings of two attachment patterns denoted as positive self model (secure and dismissing) and subtracting the ratings on negative self models (preoccupied and fearful). The other model of the participants are measured by summing the ratings of two attachment patterns with positive other models (secure and preoccupied) and subtracting the ratings of two attachment patterns with negative other models (dismissing and fearful) (Griffin & Bartholomew, 1994). Adaptation of the RQ is performed by Sümer and Güngör (1999). In that study, psychometric properties indicated that it is valid and reliable as much as the original form.

#### **3.3.3.1. Relationship Scale Questionnaire (RSQ)**

RSQ was used in this study to validate the score obtained by RQ. The questionnaire was developed by Griffin and Bartholomew (1994) to assess a

variety of attachment patterns with 30 items with scoring range from “not at all like me” (1) to “very much like me” (7). Sümer and Güngör (1999) translated the questionnaire to Turkish. Test-retest reliability analysis ranged between .54 and .78. Sümer and Güngör (1999) implemented the cross-cultural comparison with a US sample and evidenced adequate level of reliability, stability and criterion validity. Internal consistency measures of the subscales were also computed for each subscale separately. Internal consistency for the secure attachment patterns was .33, for the fearful attachment pattern was .66, for the preoccupied attachment pattern was .23, and for the dismissing pattern was .53. In addition, for the whole scale, internal consistency appeared as .67. Griffin and Bartholomew explained these low scores that each subscale measures the internal model of self and others at the same time that is why the alpha levels for the subscales were low (as cited in Sümer & Güngör, 1999).

### **3.3.3.2. Correlation Results of Inner/Inter-subcales of Relationship Scale Questionnaire (RSQ) and Relationship Questionnaire**

In measurement of the attachment patterns, generally more than one resource is preferred such as peer (Griffin & Bartholomew, 1994), partner (Kurdek, 2002) or multiple attachment measures (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994; Mikulincer & Shaver, 2007). Bartholomew and Horowitz (1991) gives a guideline that there should be (a) consistent correlations on the corresponding dimensions of interview ratings and relationship scale questionnaire (RSQ) and (b) negative correlations between opposing dimensions (secure vs. fearful; preoccupied vs. dismissing) and non-significant or low correlations between adjacent dimensions (such as secure and dismissing or secure and preoccupied). In the current study, these guidelines were tested by using two different self-report attachment measurements. Supporting results were obtained by using the inter-correlation matrices among the paragraphs of RQ and by using the inter-correlation matrices between total score obtained by subscales of RSQ and ratings on prototype paragraphs of RQ.

There were significant correlations between the corresponding subscales of the RQ and RSQ secure, preoccupied, fearful, and dismissing ( $r = .395$ ,  $p$

=.000;  $r=.427$ ,  $p=.000$ ;  $r=.422$ ,  $p=.000$ ;  $r=.346$ ,  $p=.000$ , respectively). There were significant negative correlations between the secure - fearful ( $r=-.347$ ,  $p=.000$ ), and preoccupied - dismissing ( $r=-.107$ ,  $p=.000$ ) subscales of RQ. In addition, the correlational analysis revealed significant negative correlational results between the corresponding opposing subscales of RQ and RSQ; secure - fearful ( $r=-.368$ ,  $p=.000$ ) and preoccupied - dismissing ( $r=-.148$ ,  $p=.000$ ). The correlation analyses were in accordance with the guidelines of Bartholomew and Horowitz (1991). The details of the correlation analysis are depicted on Table 3.4.

#### **3.3.4. Ruminative Response Scale (RRS)**

Ruminative response scale was originally developed by Nolen-Hoeksema and Marrow (1991) which is a subscale of 'Responses Styles Questionnaire'. Response Style Questionnaire includes distracting response scale, problem-solving scale, and dangerous activities scale in addition to ruminative response scale with a 71-item at total. RRS includes 22 items measuring the responses to depressed mood flawing on the self, symptoms or possible causes and consequences of their mood (some sample items; 'I think back to other times I have been depressed', 'I think about how hard it is to concentrate' and 'I go away by myself and think about why I feel this way'). The internal consistency of the scale was found .89 and test-retest reliability within a thirty day diary study showed the correlation of .62.

In the Turkish translation of RRS, Erdur (2002) used a slightly different version of the RRS as offered by Ansorge. In the translation of RRS, RRS was used with 21 items on a 4-point Likert type scale. The inter-item reliability of the scale was found as .90.

The scale with 21 items and the scale with 22 items were identical. In the current study, the 22<sup>nd</sup> item "Analyze your personality to try to understand why s/he left you" was translated into Turkish and added to the rest of the scale. In this research, internal consistency of the whole scale was found as .85.

Table 3.4.  
*Correlation analysis results among the subscales of RSQ and RQ*

Subscales	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>
(1)RSQ-Secure	-								4.5	.9
(2)RSQ-Dismissing	-.16**	-							4.2	1
(3)RSQ-Preocc.	.07	-.17**	-						3.9	.9
(4)RSQ-Fearful	-.27**	.35**	-.17**	-					4	1
(5)RQ-Secure	.40**	.01	.02	-.20**	-				4.4	1.7
(6)RQ-Dismissing	-.09*	.35**	-.15**	.13**	-.02	-			3.2	1.8
(7)RQ-Preocc.	-.13**	-.03	.43**	.17**	-.07	-.10*	-		3.3	1.8
(8)RQ-Fearful	-.37**	.12**	.06	.42**	-.35**	.12**	.30**	-	3.2	1.8

*Note: n = 610, \*\*p < .01(2-tailed)/\*p < .05 (2-tailed).*

### **3.4. Data Collection Procedure**

After receiving the permission for the research from the Middle East Technical University Human Subjects Ethics Committee, five different questionnaires and a demographic form were delivered by using a convenient sampling method. The researcher started gathering the data on 2<sup>nd</sup> of July, 2008 and the last form was obtained at the middle of August, 2008. The questionnaires were delivered to the participants inside the campus of 9 universities in Istanbul and Ankara. Before asking the participation of the students, they were given a short standard explanation of the research both verbally, and as a written copy on the volunteer participation form. In the research, 610 university students accepted to participate. In the research the participants of the study were in the summer semester except for Istanbul University, in which the students were preparing for the final exams.

### **3.5. Operational Definition of the Terms**

#### **3.5.1. Psychological Symptoms**

It was measured by division of the total score on BSI by 53. High scores indicate high level of psychological symptoms, and low scores indicate low level of psychological symptoms.

#### **3.5.2. Internal Working Models of Attachment**

Internal working models of attachment were measured by using Relationship Questionnaire. Self-model and other-model composed the internal working models of attachment.

**Internal Model of Self (Self-Model):** It was measured by sum of the ratings on secure and dismissing patterns and subtracting the ratings of preoccupied and fearful patterns according to RQ. High scores indicate positivity, low scores indicate negativity.

**Internal Model of Others (Other-Model):** It was measured by sum of the ratings of secure and preoccupied attachment patterns and subtracting the ratings of dismissing and fearful attachment patterns according to RQ. High scores indicate positivity, low scores indicate negativity.

### **3.5.3. Rumination**

It is the total score of the Ruminative Response Scale. High scores indicate high rumination level, and low scores indicate low rumination level.

### **3.5.4. Attitude toward Seeking Psychological Help**

Attitude toward seeking psychological help were measured by Attitude toward Seeking Psychological Help Scale-Shortened. It was composed of negative beliefs about help seeking and positive beliefs about help seeking.

**Positive Beliefs about Psychological Help:** It was measured by the sum of the scores obtained by the items on ASPH-S except for the scores obtained by the items of 2, 8, 12, 13, 16 and 17. Low scores indicate high positive attitude toward seeking psychological help, high scores indicate high negative attitude toward seeking psychological help for this study.

**Negative Beliefs about Psychological Help:** It was measured by the sum of score obtained by reversing the items 2, 8, 12, 13, 16 and 17 ASPH-S. Low scores indicate high positive attitude toward seeking psychological help, and high scores indicate high negative attitude toward psychological help for this study.

## **3.6. Data Analysis**

The analyses were conducted to investigate the relationship of independent variables of the research – internal models, rumination, and attitude toward seeking psychological help – with psychological symptoms by utilizing hierarchical multiple regression procedure. Rumination was entered in the first step; internal models (self-model and other-model) were entered in the second step, and then

attitude toward seeking psychological help (HS-Positive and HS-Negative) was added in the third step.

In the beginning of the analysis of the gathered data on help seeking, internal models of attachment, rumination and psychological symptoms, initial screening analyses by using various SPSS programs were performed in order to identify the nature of their distributions, missing data, accuracy of data entry, and assumptions of multiple regression analysis.

Tabachnick and Fidell (2001, p. 117) reported the criteria for the adequate sample size for multiple regression analysis as  $N > 50 + 8m$  ( $m$  = numbers of independent or predictor variables) and  $N > 104 + m$  for testing the single predictor. Data were collected from 610 participants with 5 predictors. Therefore, sample size was considered as appropriate for the present study.

Tabachnick and Fidell (2001) reported that missing data less than 5 percent without any observable pattern do not create serious problem for large samples. In the current study, no pattern on missing data was observed. Missing value analysis revealed 92 cases out of 610 as having missing values in one of the four instruments. When the missing cases were examined in detail, it revealed that 70 cases had 1.1% missing value, 13 cases had 2.1%, 3 cases had 3.1%, 3 cases had 4.1%, and 7 cases had missing values greater than 5% of the 97 items. Tabachnick and Fidell (2001) cautioned researchers not to delete all cases with missing data as it might create substantial loss of subjects and distortions in the dataset. Therefore, deleting 92 subjects out of 610 was not performed. Different procedures were followed to deal with the missing values. First of all, 14 cases either having more than 4% missing values over all items or having more than 5% missing values on items in a scale were excluded from further analysis. For remaining the missing values of 78 cases were estimated through Expectation Maximization (EM) procedure by use of SPSS 15.0. Tabachnick and Fidell (2001) suggested EM procedure as a good way to produce realistic estimates.

Multiple regression analysis is sensitive to the outliers in the data (Tabachnick & Fidell, 2001). The outliers were detected by utilizing the regression residuals with Mahalanobis distance at .005,  $\chi^2(5) = 16.74$ . The 7 cases were identified as multivariate outliers at .005 using Mahalanobis distance and were

omitted from the original data. Even if the 8<sup>th</sup> and 9<sup>th</sup> cases also meet the minimum criteria with the value of 16.78 and 16.75, they were not deleted because of the small distance to the criteria of 16.74. The final sample turned out to be 589.

The main assumptions underlying regression analyses such as normality, linearity, independence of errors, multicollinearity and singularity, and homoscedasticity, before testing the research hypothesis, were checked (see chapter 4 for details). Then, hierarchical multiple regression analyses were run to test the research question. In the first block, rumination tendency of the individuals were entered, in the second step, internal models (self-model and other-model) were entered, in the third block, help seeking attitudes (negative and positive) were entered. The results were presented in chapter 4.

### **3.7. Limitations of the Study**

The present study has a number of limitations, which may influence the presented results. To begin with, the results of the study are limited within its sample inclusion. The study contains the university students from 9 different state universities in Istanbul and Ankara who were reached out by using convenient sampling procedure. In other words, the sample of the study consists of university students with their own characteristics and subcultures. Therefore, it is hard to generalize the research findings throughout the university students. In addition, data were obtained from the university students who are between the age of 19 and 29 years old. Therefore, the results obtained in the current study were limited to university students within the stated age limits. Different results may be observed on different samples and different age groups.

Another limitation for the current research is the measurement technique. Self-report measurement tools were utilized in the current study to gather the data. Even if the validity and reliability of the measurement instruments were reported as satisfactory, self-report measurement instruments are subject to problem of social desirability. Therefore, social desirability may damage the validity of the results obtained by the current set of data.

Another limitation can be raised about dealing with the missing cases. In the presence of a pattern on missing cases, it is denoted that deletion of these missing

cases can raise important loss of data and erroneous results. Therefore, the missing cases, which were 96 for the current set of data, were not deleted directly. The cases having less than 4% missing cases on the total item numbers over all scales or 5% missing cases in a scale were deleted; 21 cases were deleted. The other missing cases were kept in the current set of data by re-estimating, which did not show any pattern.

The design of the study was correlational. Therefore, it is hard to establish a cause and effect relationship between the independent and dependent variables.

## CHAPTER 4

### RESULTS

The present thesis study aimed to understand the relationship of psychological symptoms to the variables of internal models, rumination, and help seeking attitude to what extent they contribute to the prediction of psychological symptoms. In the previous studies, to some extent, negative attitude toward seeking psychological help, negative internal models, and high rumination tendency were found as contributing factors of psychological symptoms in different line of research. The current study brings these variables together to examine their relative contributions to psychological symptoms by utilizing multiple hierarchical regression analysis.

In the present chapter, descriptive statistics related to the variables of the study were presented in the first section. Before beginning to test the research hypothesis, the assumptions of multiple regression analysis were checked and the results were presented in the second section. In the third section, internal models, rumination and help seeking attitude were entered in multiple regression to predict psychological symptoms and the results of the multiple regression analyses were stated. In the fourth section, the results of further analyses related to the meditational role of rumination in the relationship between self-model and psychological symptoms were presented.

#### **4.1. Descriptive Statistics**

Independent variables of the study – rumination, internal models and attitude toward seeking psychological help – and dependent variable of psychological symptoms were observed according to their mean and standard deviations (Table 4.1). The results indicated that participants reported an average of

positive self-model ( $M=1.2$ ,  $SD=4.2$ ) and other-model ( $M=1.4$ ,  $SD=3.8$ ) within the possible range from -12 to 12. In terms of rumination tendency, participants revealed  $M=45$ ,  $SD=8.7$  within a possible scoring range from 22 to 88. The average of index scores of the participants on BSI was 1.07 between the ranges from 0 to 4 with a standard deviation of .63. In addition to these, the average of help seeking attitude as positive beliefs about psychological help (HS-Positive dimension) was 28 in the range from 12 to 60 and standard deviation was 11. The average help seeking attitude as negative beliefs about psychological help (HS-Negative dimension) was 11 in the range from 6 to 30 with a standard deviation of 4.2. The details were presented on Table 4.1.

Table 4.1.  
*Descriptive Statistics for the Research Variables*

Variables	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>Mn</i>	<i>Mx</i>
Symptoms	1.1	.6	3.5	0	3.5
Rumination	45	8.7	54	22	76
Self-Model	1.2	.4.2	24	-12	12
Other-Model	1.4	3.8	24	-12	12
HS-Positive	28	11	48	12	60
HS- Negative	12	4.2	21	6	27

*Note: n = 589. \*\* p < .01, two-tailed. \* p < .05, two-tailed; Range stands for the appeared scoring range for the current data; Mn. is minimum and Mx. is maximum total score on the scales; HS-Positive: Positive beliefs about psychological help; HS-Negative: Negative beliefs about psychological help.*

Independent variables and dependent variable of the study were correlated with each other. The strongest correlation was revealed between rumination and psychological symptoms ( $r = .64$ ,  $p < .01$ ). The weakest significant correlation was between other-model and rumination ( $r = .08$ ,  $p < .05$ ). Positive beliefs about psychological help did not significantly relate to any other variables of the study for the current sample of data. The other correlations among the variables were revealed significant correlation coefficients. Table 4.2 presents the details of the correlation analysis.

Table 4.2.  
*Intercorrelations of the Research Variables*

Variables	1	2	3	4	5
Symptoms	1				
Rumination	.638**	1			
Self-Model	-.192**	-.237**	1		
Other-Model	-.191**	-.083*	.094*	1	
HS-Positive	.077	.044	-.040	-.050	1
HS- Negative	.175**	.090*	-.202**	-.090*	.111**

Note:  $n = 589$ . \*\*  $p < .01$ , two-tailed. \*  $p < .05$ , two-tailed.

#### 4.2. Assumption Check for Multiple Regression Analysis

The main assumptions underlying regression analyses are normality, linearity, independence of errors, multicollinearity, and homoscedasticity. Before testing the research hypothesis, these assumptions were checked.

##### 4.2.1. Normality, Linearity, Independence of Errors, and Homoscedasticity

Normality of distribution on the individual research variable was examined by using frequency histograms. The skewness and kurtosis values ranged for all the research variables from  $-.436$  to  $.739$ . These findings can be accepted as an evidence of normality, which are close to zero (Tabachnick & Fidell, 2001). Histogram of dependent variable, which had the highest skewness value and histogram of rumination, which had the highest kurtosis value are presented in Figure 4.1. The residual scatter plots were examined to detect the differences between obtained and predicted dependent variable score that revealed pileup of residuals in the center of plot (Tabachnick & Fidell, 2001). P-P plots indicated that there was not serious deviation to the straight line in the normal p-p plots. Therefore, assumption of normally distributed errors was accepted as not violated.

The assumption of linearity presumes a linear relationship among the variables (Tabachnick & Fidell, 2001). By referring to the scatterplot, which is presented below in Figure 4.2, linear relationship was assumed not to be violated.

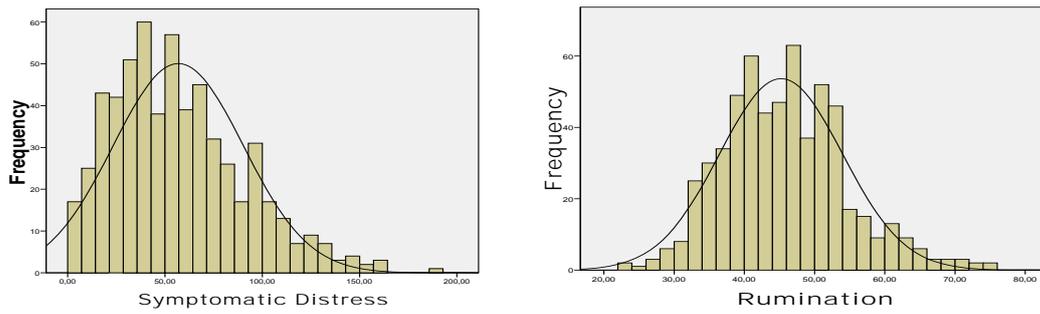


Figure 4.1. Normality Histograms for Psychological Symptoms and Rumination

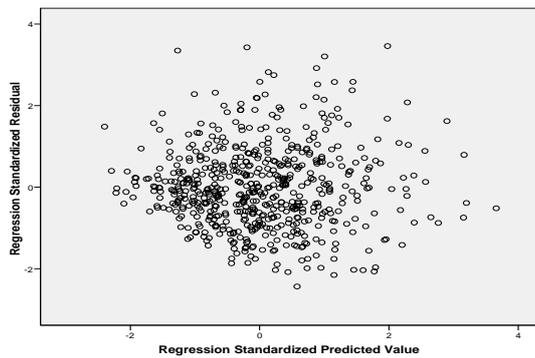


Figure 4.2. Scatterplot for Psychological Symptoms

The Durbin-Watson test was observed to examine the independence of errors. The results of Durbin-Watson test revealed the value of 2.13, which is in the acceptable range between 1.5 and 2.5 (Tabachnick & Fidell, 2001). Therefore, the assumption of independence of errors was accepted as not violated.

The assumption of homoscedasticity means that standard deviations of errors of prediction are equal for all predicted DV scores (Tabachnick & Fidell, 2001, p-121). In the state of heteroscedasticity, the band enclosing the residuals became wider at larger predicted values of dependent variables. The scatterplot of psychological symptoms, which is presented at Figure 4.2., was observed to interpret the potential violation from the assumption of homoscedasticity. The serious deviations from the assumption of homoscedasticity occurs when ‘the spread in standard deviations of residuals around predicted values is three times

higher for the widest spread as for the most narrow spread (as cited in Tabachnick & Fidell, 2001, p-121). In this case (see Figure 4.2.), the assumption of homoscedasticity was not violated.

#### **4.2.2. Multicollinearity**

Multicollinearity means high correlation between the variables and may increase the error terms. The criteria to detect the multicollinearity are Variance Inflation Factor (VIF) greater than 10, and tolerance statistic smaller than .10 (Hair, Black, Babin, Anderson, & Tatham, 2006). The value of VIF ranged between 1.015 and 1.066 and the tolerance statistic ranged between .907 and .985. There appeared no evidence of violation of multicollinearity for the current data.

#### **4.3. Predicting Psychological Symptoms by Internal Models, Rumination and Attitude toward Seeking Psychological Help**

A hierarchical regression analysis was conducted to investigate whether adding the information gathered from the research participants related to their internal models, help seeking, and rumination into the same equation improved the prediction of their psychological symptoms. Rumination was entered in the first step; internal models were entered in the second step, and then attitude toward seeking psychological help was added in the third step.

Table 4.3 displays the unstandardized regression coefficients ( $B$ ) and standard error of  $B$  ( $SE B$ ), standardized regression coefficients  $\beta$ , semi-partial correlations ( $sr_i$ ), t-test statistics, and  $R^2$ . According to the results, the regression equation with rumination was significant ( $R^2 = .407$ , adjusted  $R^2 = .406$ ,  $F_{inc}(1, 587) = 402.98$ ,  $p = .000$ ). Internal models (self-model and other-model) predicted psychological symptoms significantly over and above rumination ( $\Delta R^2 = .02$ ,  $F(2, 585) = 10.27$ ,  $p = .000$ ). Finally, in the third step, attitude toward seeking psychological help was added into the regression equation. Help seeking attitudes with its both level (HS-Positive and HS-Negative) also predicted psychological symptoms over and above rumination and internal models ( $\Delta R^2 = .012$ ,  $F(2, 583) = 6.01$ ,  $p = .000$ ).

According to the results, the contribution of rumination was the largest among the three predictors ( $\beta = .63, p = .000$ ). However, the unique contribution of the internal working models displayed different patterns. That is, while the unique contribution of the other-models was significant ( $\beta = -.14, p = .000$ ), the unique contribution of the self-model was not significant ( $\beta = -.03, p = .312$ ). Similar pattern was observed for the two levels of help seeking attitudes. While, HS-Positive did not significantly contribute to the prediction of psychological symptoms in the specified model ( $\beta = .03, p = .314$ ), which was also not significantly correlated to psychological symptoms in bivariate correlation analysis. Unique contribution of HS-Negative ( $\beta = .10, p = .001$ ) was significant

Table 4.3.  
*Hierarchical Regression Results for Psychological Symptoms with Respect to Rumination, Internal Models and Attitude toward Seeking Psychological Help*

Variables	$R^2$	$B$	$SE B$	$\beta$	$t$	$sr_i$
Model 1	.407					
Rumination		2.44	.12	.63	20.07**	.64
Model 2	.427					
Rumination		2.36	.12	.62	19.12**	.62
Self-Model		-.26	.26	-.03	-1.01	-.04
Other-Model		-1.21	.28	-.14	-4.33**	-.18
Model 2	.439					
Rumination		2.35	.12	.61	19.15**	.62
Self-Model		-.10	.26	-.01	-.39	-.02
Other-Model		-1.13	.28	-.13	-4.08**	-.17
HS-Negative		.81	.25	.10	1.01**	.13
HS-Positive		.10	.09	.03	3.2	.04

Note:  $n = 589$ . \*\* $p < .001$

#### 4.4. Further Analysis: Testing the Indirect Effect of Internal Models on Psychological Symptoms through Rumination and Help Seeking Attitude

In the results of hierarchical regression analysis, unlike the expectations self-model did not contribute to the psychological symptoms at the second step, controlling rumination and other-model. Self-model was thought to be having an indirect effect on psychological symptoms through rumination.

In order to test mediation role of rumination, four steps of Baron and Kenny (1986) were followed. According to the Baron and Kenny (1986), there must be (1) a relationship between independent variable (self-model) and outcome variable

(psychological symptoms), (2) a relationship between independent variable and mediating variable (rumination), and (3) a relationship between mediating variable (rumination) and outcome variable (psychological symptoms). Regression analysis was conducted to examine how self-model and rumination predicted the variance in psychological symptoms.

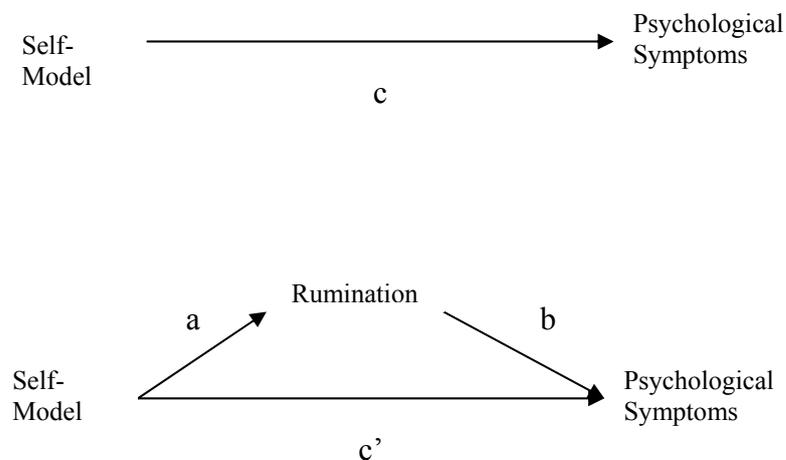


Figure 4.3. Assumed indirect effect from self-model to psychological symptoms through rumination.

#### 4.5.1. Testing the Indirect Effect of Self-Model on Psychological Symptoms through Rumination

First, self-model regressed on psychological symptoms and result revealed significant relationship ( $\beta = -.192, t(588) = -4.74, p = .000$ ). Second, self-model regressed on rumination and the result showed significant relationship between self-model and rumination ( $\beta = -.237, t(588) = -5.91, p = .000$ ). Third, rumination regressed on psychological symptoms and again results indicated significant relationship between rumination and psychological symptoms ( $\beta = .638, t(588) =$

20.07,  $p = .000$ ). The results of these three steps indicated that the mediation model meets the requirements as outlined by Baron and Kenny (1986). Finally, the meditational role of rumination was tested by including self-model in the first block and rumination in the second block. The criterion variable was psychological symptoms. As expected, self-model was a significant predictor of psychological symptoms ( $\beta = -.192$ ,  $t(588) = -4.74$ ,  $p = .000$ ). In the next block, when rumination was added to the equation, it predicted significant variance in psychological symptoms ( $\beta = .628$ ,  $t(588) = 19.20$ ,  $p = .000$ ). However, self-model was no longer significant predictor of the psychological symptoms ( $\beta = -.043$ ,  $t(588) = -1.32$ ,  $p = .185$ ) of university students for the current set of data. The results of the hierarchical regression analysis were presented on Table 4.4.

Table 4.4.  
*Hierarchical Regression Results of Mediation Testing for Psychological Symptoms*

Variables	$R^2$	$B$	$SE B$	$\beta$	$t$	$sr_i$
Model 1	.037					
Self-Model		-1.54	.32	-.19	-4.74**	-.19
Model 2	.409					
Self-Model		-.35	.26	-.04	-1.33	-.05
Rumination		2.40	.12	.63	19.2**	.62

Note:  $n = 589$ . \*\* $p < .00$

Preacher and Hayes (2004) suggest within the guidelines of Baron and Kenny (1986) one may commit Type I and Type II errors. Therefore, an additional simple mediation analyses were suggested by utilizing Sobel test (Sobel, 1982). The change in direct effect was considered with regression analyses; in Sobel test, the indirect effect was taken into consideration in the followed specified tests.

According to Sobel (1982), the product of path 'a' and path 'b' display the indirect effect of independent variable through the potential mediating variable on dependent variable (Preacher & Hayes, 2004). To conduct Sobel test to investigate indirect effect of self-model through rumination on psychological symptoms, the web interface directed by Preacher and Leonardelli was utilized (2006). First  $B$  (slope) values of the path 'a' and path 'b' and their standard error are computed using the SPSS program. The Sobel test results revealed there was a significant

indirect effect of self-model through rumination on psychological symptoms,  $z$ -value = 5.63,  $p = .000$ .

Relying on the current data, it can be defended that rumination is a potential variable having the role to mediate the relationship between self-model and psychological symptoms according to Baron and Kenny (1986). The results of Sobel test indicated there can be an indirect relationship between self-model and psychological symptoms through rumination, which supported the results obtained by multiple regression analysis.

#### **4.6. Summary**

As a conclusion, positive beliefs about psychological help were not significantly related to the psychological symptoms. Among the research independent variables of internal models, rumination and help seeking attitude, rumination was the best predictor of psychological symptoms. Addition of internal models and help seeking attitude, significantly increased the prediction of psychological symptoms of university students. Self-model alongside rumination tendency did not relate to the report of psychological symptoms level. Rumination was tested as the potential mediating variable in the relationship between self-model and psychological symptoms. Results indicated that rumination mediated the relationship between self-model and psychological symptoms. Negative beliefs about psychological help and internal model of others were significant predictors of psychological symptoms and their relationships with psychological symptoms were not influenced by the presence of rumination tendency. Positive beliefs about psychological help did not relate to any of the research variables including psychological symptoms.

## CHAPTER 5

### DISCUSSION

In this study, the relationship of internal models, rumination and help seeking with psychological symptoms was investigated among university students. The core purpose of the study is to find whether internal models, rumination tendency, and negative attitude toward seeking psychological help contribute to prediction of psychological symptoms. Throughout the present chapter, the results of the study were discussed by relying on the findings and research question. In the first section, how the independent variables of study relate with symptomatic distress was discussed relying on the literature. In the second section, recommendations for further research were stated. In the last section of this chapter was dedicated to the potential implications for practice derived from the study.

#### **5.1. Predicting Psychological Symptoms by Rumination, Internal Models and Attitude toward Seeking Psychological Help**

In the literature, rumination, internal models and help seeking attitude were indicated as related to the reported psychological symptoms. For example, there are research findings indicating a relationship of high rumination tendency with increased and prolonging psychological symptoms (Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990; Nolen-Hoeksema, 1998), a relationship of negative internal models with appearance of psychological symptoms (Mikulincer, Florian & Weller, 1993). Also, previous research reported that people with negative attitude toward seeking psychological help have the risk to face with severe psychological symptoms (Sheffield, Fiorenza, & Sofronoff, 2004). In the literature, some of these variables brought together to explain the appearance of psychological symptoms. For example, Lopez and colleagues (1998) evidenced that people with negative

internal models would have also negative attitude toward seeking psychological help and then they might report higher psychological problems.

The findings of the study were mostly consistent with the previous studies. Rumination, in particular, was found to be related to several psychological problems such as depression, anxiety, worry, post trauma stress disorders as well as overall psychological distress scores (Nolen-Hoeksema, Parker, & Larson, 1994; Nolen-Hoeksema, McBride and Larson, 1997; Rude, Maestas & Neff, 2007). The related literature reports that rumination exacerbates depressive state of mood and increases psychological symptoms (Marrow & Nolen-Hoeksema, 1990; Nolen-Hoeksema, Parker, & Larson, 1994). An experimental study by Bushman and colleagues (1999) indicated that hitting a punching bag by thinking on a distressing event (rumination) instead of reading a newspaper (distraction) increased distressed mood and aggression. The results of this and previous studies show that ruminative response to distressful events does not soothe the experience of psychological symptoms but increases psychological symptoms.

In addition to rumination, internal models found to be related to the psychological symptoms, as well. Internal models are encrypted as the negative beliefs/expectations about the self and others (Bowlby, 1977). These internal models are assumed to be the mediator between the environmental events and the possibility to develop psychological symptoms (Rothbard & Shaver, 1994; Cicchetti & Toth, 1998). That is, when the person face distressing events, if they have negative internal models, they are more probable to develop psychological symptoms. Mikulincer and Shaver (2007) reported that people with negative internal models may tend to ruminate more than the people with positive internal models, which play a role in the increase of negative affect.

The results of the study revealed that while the other-model is significantly related to psychological symptoms, the self-model's relation was not significant. Further mediational analysis revealed that the relationship between self-model and psychological symptoms was mediated by rumination. That is self-model was indeed correlated to psychological symptoms yet the relationship was indirect. In other words, if people with negative self-model are ruminative they are likely to report psychological symptoms.

Therefore, according to the results of this study, the relations of self-model and other-model to psychological symptoms differ. The belief of people about others as trustable or dependable was not influenced by the presence of rumination with respect to psychological symptoms. Yet, people with negative self-model tend to ruminate more and the level of rumination leads people to experience and report more psychological symptoms.

In addition to the relationship of rumination and internal models, the present research aimed to answer how accurately the attitudes toward seeking psychological help predicts the appearance of psychological symptoms. The literature mainly claims that severe psychological problems lead people to seek psychological help (Vanheusden, van der Ende, Mulder, & van Lenthe, 2009). However, not seeking help may also increase psychological symptoms or receiving adequate help may relieve their psychological distress (Cramer, 1999). The results of this study also suggest that people with negative attitude toward seeking psychological help become more vulnerable to distressed mood. Lopez and colleagues (1998) indicated that people with negative internal models and not seeking psychological help have more self reported problems.

In the current study, the relationship of help seeking with psychological symptoms was particularly supported in terms of the people's negative beliefs about help seeking (HS-Negative). However, the second dimension of help seeking on ASPH-S was not supported by the current set of data in terms of its relationship with psychological symptoms. The difference between these two factors of the scale may be derived from the content of the factors. The items were observed and the similarities and differences were interpreted by considering the research findings.

When the HS-Negative dimension observed, the beliefs encrypted in the items as the hesitations to be labeled by other people as 'psychologically problematic', uneasiness to disclose psychological problems, being afraid of gossips about one's psychological problems, and perception of help seeking as weakness. Therefore, HS-Negative dimension was closely related to potential expected reaction of the society in which the person lives. It may be defended that psychological problems in Turkish society were not that much welcome or

tolerated as much as in physical problems. Therefore, the negative beliefs about psychological help also represent the negative beliefs about the psychological problems. Hence, this dimension was associated with psychological symptoms significantly. Because people are afraid of being labeled by other people and losing their friends, they might not seek help, and not seeking psychological help upon need may result in higher level of psychological difficulties. This issue needs further research.

In the correlation analysis, positive beliefs about psychological help (HS-Positive dimension) were not significantly related to psychological symptoms. The non-significant relationship between HS-Positive and psychological symptoms was contrary to the research assumptions. These results about the relationship between help seeking in terms of HS-Positive and psychological symptoms can raise different assumptions about the nature of the relationship between help seeking and psychological symptoms. One of them can be the problem level. People with handicapping psychological problems may begin to consider the psychological help as an option. The previous literature strengthen this assumption because there is a huge difference on the help seeking rate between the community sample with normal functioning and the people with a psychological disorder diagnosed (Andrews, Issakidis & Carter, 2001). Therefore, it can be thought that both the relationship between the perception of help seeking as a solution for a psychological problem and reported psychological symptoms may require (a) a previous knowledge about a determined psychological problem on agenda to be worked out and (b) the belief about whether this problem is minor or major. This assumption needs further research.

In the definition of psychological symptoms and disorders, cultural norms and values play a significant role (Nolen-Hoeksema, 2004). Therefore, in one culture, one behavior may be treated as normal but in another culture, the same behavior may be seriously refrained. In parallel with the definition of psychological symptoms, seeking help for these symptoms may be influenced by cultural factors. In the eastern families, unity of the family is sacred and each member should protect it. In eastern culture, upon the emotional psychological difficulties one should seek help from the family members or they should not tell these things to

some one else such as professionals (Özbay, 1996). Therefore, in the relationship between psychological symptoms and help seeking, cultural factors should be also considered.

As a conclusion, the results of the study revealed that rumination, internal models (other-model directly and self-model indirectly), and negative attitude toward seeking psychological help were significantly correlated to psychological symptoms. More specifically, rumination had the strongest relationship with psychological symptoms. The self-model and other-model were correlated with psychological symptoms; self-model indicated an indirect relationship through rumination but other-model appeared with a direct relationship with psychological symptoms for the current set of data. In addition, help seeking also associated with psychological symptoms but the HS-Positive sub-dimension was not related with psychological symptoms for the current sample of university students. Therefore, it is commented that the relationship of help seeking with psychological symptoms was more subject to the presence of fear of labeling, embarrassment upon seeking psychological help. In help seeking, these results particularly put forward the image of societal reaction in the eyes of help seekers, as well.

## **5.2. Recommendations for Further Research**

Because of the time limitation, cross-sectional design was utilized in the current study. Measuring the research variables in different timelines may reveal more reliable and accurate results. Therefore, future researcher may consider the longitudinal design.

There are some variables such as self-worth, self-esteem, and self-criticism, negative affect, which can be added for the future research. In the current study, these variables were not measured but they accepted as the theoretical base. For example, a person indicating negative self-model was accepted to have low self-worth or a person indicating high rumination tendency was accepted as having high negative affect. In the future research, these variables may also be measured by the researcher.

In the measurement of attachment patterns, self-report tools were preferred in the current study with a large group of participants. In addition to this, internal

models were measured as a tendency in their daily attitudes. However, there is debate that attachment related constructs were hidden and not available to the consciousness of the individuals. The future research may consider the structured interview sessions to measure with much smaller sample.

The researcher led the administration of the questionnaires. During the conduct time, some of the participants complained about the measurement of Relationship Questionnaire (RQ). The accuracy of complains about the RQ is worth being stated here. RQ composes of 4 paragraphs including the statements about how a person feels in their social relationships and correspond to one attachment style. The scale asks the participants to scale themselves on a 7-point rating scale. Participants reported that the sentences in each paragraphs talks about different things and they confuse what to grade. While one sentence deserves '2', the other sentence deserves '5', according to some of them. This situation might influence the results. The following research may consider this issue in their instrument selection.

Another important notification can be made about the attitude toward help seeking scale. The scale had two different dimensions, which revealed different results related to the psychological symptoms. In the current study, it was claimed that these two constructs of help seeking attitude relate to psychological symptoms in different ways such as negative beliefs and positive beliefs. The future research may also pay attention to the stated differences in these two dimensions.

In addition, the researcher did not collect the information related to participants' previous help seeking attempt. The future researcher was also advised that they may have better information about help seeking attitude by including the previous helping experiences and attempts to seek help. Thus, the relationship of help seeking attitude with psychological symptoms can be interpreted in more accurate way.

### **5.3. Implications for Practice**

The most salient finding of research was the relationship of rumination with psychological symptoms. It appeared as the strongest predictor of psychological symptoms among the research independent variables. Therefore, ceasing

rumination may also soothe the psychological symptoms. The counselors in university settings may teach their clients alternative coping strategies such as distraction. Among the university students, the distraction strategies such as going to a walk, riding a bike, doing sport for a while can be tested and used as a strategy to cope with psychological symptoms.

The current study contributes to the understanding of psychological symptoms by examining the contribution of internal models. However, internal models are the mental structures, which can not easy to change time to time. Rumination appears as a mediator in the influence of internal model of self on psychological symptoms. The current study supported the view that not ruminating on a current devastating distressing event may loose the experienced stress. Therefore, even if it is difficult to change the negative internal model of self, not ruminating may help the individuals to be protected against the negative influence of negative internal model of self. Thence, it can be commented that counselors may teach their clients not to ruminate upon distressful life events so that they can keep their self-worth and not spread the negative views and memories.

In the current study, it was indicated that alongside rumination and internal models, negative beliefs about psychological help relate to psychological symptoms. These negative beliefs not only related with the help seeking attitude but also related with the belief about the psychological problems. The results showed that university students, if they are afraid of being labeled by other people and if they think that they may lose their friends if their psychological problems are learned, they report severe psychological symptoms. In addition to this, it may be also claimed that utilization of psychological help in university settings are not at a sufficient level. Therefore, there are important responsibilities for the counselors working in the university settings. We know that there are orientation days in the first days of academic year. In those days, counseling services can be introduced to the new undergraduate students. In addition to this, there can be educational presentations for the university students; informing them about the psychological problems and what to do against those problems so the issue can be normalized..

The results indicated that negative beliefs about psychological help were also related with the level of psychological symptoms. Hence, counseling

psychologists may implement intervention strategies to cope with these negative beliefs. These negative beliefs were stated as instigated by the fear of labeling, and these students may refrain from the psychological help. The most important thing, it is much probable that these university students suffering from the psychological symptoms were not applying to the counseling services. Therefore, counselors should reach them out.

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## APPENDICES

### APPENDIX A

#### SAMPLE ITEMS FROM BRIEF SYMPTOM INVENTORY

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin SİZDE BUGÜN DAHİL, SON İKİ HAFTADIR NE KADAR VAROLDUĞUNU yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Yanıtlarınızı kurşun kalemle işaretleyin. Eğer fikir değiştirirseniz ilk yanıtınızı silin.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin: Bu belirtiler sizde ne kadar sıklıkla var?

0= Hiç Yok, 1= Biraz Var, 2= Orta Derecede Var, 3= Epey Var, 4= Çok Fazla Var

İçinizdeki sinirlilik ve titreme hali.....(0) (1) (2) (3) (4)  
Baygınlık, baş dönmesi.....(0) (1) (2) (3) (4)  
Bir başkasının sizin düşüncelerinizi kontrol edeceği hissi.(0) (1) (2) (3) (4)  
Olayları hatırlamada güçlük.....(0) (1) (2) (3) (4)  
Çok kolayca kızıp öfkelenme.....(0) (1) (2) (3) (4)

## APPENDIX B

### SAMPLE ITEMS FROM RUMINATIVE RESPONSE SCALE

İnsanlar kötü bir deneyim yaşadıklarında bir sürü farklı şey yapar ya da düşünürler. Lütfen aşağıdaki cümleleri okuyup, son iki hafta içinde, belirtilenleri ne kadar sıklıkta yaptığınızı işaretleyin. Lütfen, ne yapmanız gerektiğini değil, gerçekte ne yaptığınızı belirtin.

**1= Hiçbir Zaman, 2= Bazen, 3= Çoğunlukla, 4= Neredeyse Her Zaman**

\_\_\_ Kendini yalnız hissettiğini ne kadar sık düşünüyorsun?

\_\_\_ Ne kadar sık, hislerine yoğunlaşarak kendini anlamaya çalışıyorsun?

\_\_\_ Son zamanlarda olan olayları analiz edip; biten ilişkilerin niye bittiğini ne kadar sık anlamaya çalışıyorsun?

\_\_\_ Kendini yalnız hissettiğini ne kadar sık düşünüyorsun?

## APPENDIX C

### SAMPLE PARAGRAPH FROM RELATIONSHIP QUESTIONNAIRE

Lütfen aşağıdaki paragrafların her birinin sizi ne oranda doğru tanımladığını değerlendiriniz. Değerlendirmenizi aşağıdaki yedi aralıklı ölçek üzerinde uygun rakamı daire içine alarak yapınız. 1=*beni hiç tanımlamıyor*, 7=*beni tamamen tanımlıyor*. Orta noktadaki rakamlar ise genellikle orta derecede doğru tanımladığını gösterir.

1. Başkaları ile kolaylıkla duygusal yakınlık kurarım. Başkalarına güvenmek, onlara bağlanmak ve başkalarının bana güvenip bağlanması konusunda kendimi oldukça rahat hissederim. Birilerinin beni kabul etmemesi ya da yalnız kalmak beni pek kaygılandırmaz.

Beni hiç tanımlamıyor				Beni tamamen tanımlıyor		
1	2	3	4	5	6	7

## APPENDIX D

### SAMPLE ITEMS FROM RELATIONSHIP SCALE QUESTIONNAIRE

Aşağıda yakın duygusal ilişkilerinizde kendinizi nasıl hissettiğinize ilişkin çeşitli ifadeler yer almaktadır. Yakın duygusal ilişkilerden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen her bir ifadeyi bu tür ilişkilerinizi düşünerek okuyun ve her bir ifadenin sizi ne ölçüde tanımladığını aşağıdaki 7 aralıklı ölçek üzerinde değerlendiriniz.

1-----2-----3-----4-----5-----6-----7  
Beni hiç Beni kısmen Tamamıyla  
Tanımlamıyor tanımlıyor beni tanımlıyor

Başkalarına kolaylıkla güvenemem.

Kendimi bağımsız hissetmem benim için çok önemli.

Başkalarıyla kolaylıkla duygusal yakınlık kurarım.

Bir başka kişiyle tam anlamıyla kaynaşıp bütünleşmek isterim.

## APPENDIX E

### SAMPLE ITEMS FROM ATTITUDE TOWARD SEEKING PSYCHOLOGICAL HELP SCALE-SHORTENED

**Açıklama:** Aşağıda psikolojik yardımla ilgili, çeşitli cümleler yazılmıştır. Her bir cümleyi okuyarak, bu fikre ne ölçüde katıldığınızı yan taraftaki ilgili paranteze (X) işareti koyarak belirtiniz. Cümlelerin tek bir doğru veya yanlış cevabı yoktur. Sizden beklenen kendi görüşlerinizi samimiyetle işaretlemenizdir. Bu çalışmanın sonuçları bilimsel bir araştırmada kullanılacaktır. Vakit ayırıp, özen göstererek destek sağladığınız için teşekkür ederiz.

	Tamamen Katılıyorum	Oldukça Katılıyorum	Kararsızım	Pek Katılmıyorum	Kesinlikle Katılmıyorum
1. Psikolojik rahatsızlığım kendiliğinden geçmiyorsa, psikolojik yardım almak benim için bir çözümdür.....	( )	( )	( )	( )	( )
2. Danışacağım uzmanım benim ruh sağlığı bozuk bir kişi olduğunu düşünmesinden çekinirim.....	( )	( )	( )	( )	( )

## APPENDIX F

### THE DEMOGRAPHIC FORM

Cinsiyetiniz? Kadın \_\_\_\_\_ Erkek \_\_\_\_\_

Yaşınız? \_\_\_\_\_

Devam Ettiğiniz Üniversite? Ankara \_\_\_ Gazi \_\_\_ Hacettepe \_\_\_ ODTU \_\_\_  
İTU \_\_\_ Boğaziçi \_\_\_ Marmara \_\_\_ İstanbul \_\_\_ Yıldız Teknik \_\_\_

Öğrenim Görmekte Olduğunuz Fakülte/Bölüm?.....

Sınıfınız? Dil Hazırlık \_\_, 1. Sınıf \_\_, 2. Sınıf \_\_, 3. Sınıf \_\_, 4. Sınıf \_\_, 5. Sınıf \_\_,  
6. Sınıf \_\_

Diğer : .....

Öğrenim Görmekte Olduğunuz Üniversiteye Geldiğiniz Yer?

(Üniversitesi Ankara'da Olanlar İçin): Ankara'dan \_\_, Ankara Dışından \_\_,

(Üniversitesi İstanbul'da Olanlar İçin): İstanbul'dan \_\_, İstanbul Dışından \_\_

Medeni Haliniz? Bekar \_\_, Evli \_\_,

Üniversite Öğreniminiz Esnasında (Su Anda) Yaşadığınız Yer?

Aile Yanında \_\_, Yurttan \_\_, Arkadaşlarla Evde \_\_, Tek Başına \_\_, Diğer: .....

Herhangi Bir Sıkıntı/Sorun (Psikolojik, Maddi, vb.) Yaşadığınız Zaman

Aşağıda Verilen Yardım Kaynaklarından Hangilerine Rahatlıkla

Başvurabilirsiniz?

\_\_\_ Annem-Babam

\_\_\_ Büyükbabam-Büyükannem

\_\_\_ Halam, Dayım, Teyzem, Amcam (Birinci Dereceden Akrabalarım)

\_\_\_ Kardeşlerim (Varsa)

\_\_\_ Diğer Akrabalarım

\_\_\_ Arkadaşlarım

\_\_\_ Öğretmenlerim

\_\_\_ Kişisel Olarak Tanımadığım ama Yardım Edebileceğini Düşündüğüm Kişiler

\_\_\_ Diğer.....