

SOCIAL CONTAGION OF DEPRESSIVE SYMPTOMS:
A SELF-DETERMINATION THEORY APPROACH

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ABSTRACT

SOCIAL CONTAGION OF DEPRESSIVE SYMPTOMS WITHIN COUPLES: A SELF-DETERMINATION THEORY APPROACH

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Previous works propose that depressive individuals can induce depressive symptoms in others, and produce a contagion effect. The aim of the current study is to examine the relationship between romantic partners' depressive symptoms from a Self-Determination Theory perspective. It was hypothesized that individuals may perceive their partner to be less self-determined on the days when the partner has higher depressive symptoms. It was also hypothesized that such perceptions of partner motivation may in turn have a negative effect on the individuals' own depressive symptoms; thereby mediating the contagion effect. To test this mechanism, a diary study was conducted with 74 romantic couples and participants completed daily questionnaires for 14 consecutive days. Results provided partial support for the hypothesized mechanism. Moreover, the association between perceived partner motivation and depressive symptoms was mediated by basic psychological needs.

Keywords: Depressive Symptoms, Social Contagion, Self-Determination Theory

ÖZ

ROMANTİK ÇİFTLERDE DEPRESİF SEMPTOMLARIN SOSYAL BULAŞMASI: KENDİNİ BELİRLEME KURAMI YAKLAŞIMI

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Geçmiş çalışmalarda depresif bireylerin başkalarında depresif semptomlar oluşmasını tetikleyebileceği ve bir bulaşma etkisi yaratabileceği önerilmiştir. Mevcut çalışmanın amacı romantik partnerlerin depresif semptomları arasındaki ilişkiyi Kendini belirleme kuramı çerçevesinde incelemektir. Bireylerin partnerlerinin depresif semptomlarının yüksek olduğu günlerde onları daha az özerk olarak algılayabileceği hipotez edilmiştir. Ayrıca, partner ile ilgili bu tür algıların kişinin kendi depresif semptomlarına negatif etkide bulunabileceği; böylece bulaşma etkisinde aracı değişken rolü oynayabileceği hipotez edilmiştir. Bu mekanizmayı test etmek için 74 romantik çift ile bir günlük çalışması yapılmış ve katılımcılar birbirini izleyen 14 gün boyunca günlük anketler doldurmuştur. Sonuçlar hipotez edilen mekanizmaya kısmi destek sağlamıştır. Buna ek olarak algılanan partner motivasyonu ile depresif semptomlar arasındaki ilişkide temel psikolojik ihtiyaçların ara değişken olduğu görülmüştür.

Anahtar Kelimeler: Depresif Semptomlar, Sosyal Bulaşma, Kendini Belirleme Kuramı

To everyone suffering from depression, and their loved ones.

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CHAPTER 1

INTRODUCTION

Social scientists have long been interested in the effects of social relationships on individuals' physical and psychological well-being. Myriad of studies support the view that social relationships can have a positive effect on individuals' well-being. A recent meta-analysis revealed that social relationships may buffer the negative effects of stressors, and even enhance the likelihood of survival by 50% (Holt-Lunstad, Smith, & Layton, 2010). However, social relationships may not always bring about favorable outcomes.

Close relationships are marked by a strong, frequent, and long-lasting interdependence (Kelley et al., 1983). Accordingly, it has been repeatedly found that romantic couples have concordant physical and mental health (Meyler, Stimpson, & Peek, 2007). Therefore, individuals may be affected negatively if their partner suffers from negative physical or mental health. In fact, among the many outcomes that have been studied, the most consistent evidence has accumulated on the concordance of depressive symptoms within couples (Meyler et al., 2007).

Depressive symptoms can have a negative impact on both the sufferers and their close others. It has therefore been proposed that depressive individuals can induce depressive symptoms in others, and produce a contagion effect (Joiner & Katz, 1999). The contagion may affect those who are closer to the depressive individual more than anyone else. Social contagion of depressive symptoms has been an intriguing subject to many researchers for over four decades. However, the process through which depressive symptoms are transmitted remain unclear. The main goal of this study is to examine how depressive symptoms of individuals affect depressive symptoms of their partner.

1.1. Social contagion of depressive symptoms

1.1.1. The interactional theory of depression

Coyne theorized that when interacting with others, depressed individuals stimulate depressive social processes that induce depression in others (Coyne, 1976b). In his initial experimental findings, it was revealed that depressed individuals induced negative affect in healthy individuals after a twenty-minute conversation (Coyne, 1976a). In the decades that followed, substantial research supported the view that depressive individuals negatively affect their interaction partners (see Joiner & Katz, 1999; Santini, Koyanagi, Tyrovolas, Mason, & Haro, 2015, for reviews). While initial studies of this effect were conducted within clinical samples, it was later observed within non-clinical samples as well. Feelings of hopelessness, sadness, and lack of interest in activities appeared to be contagious, even when they were not severe symptoms.

Contagion was observed across various interpersonal contexts including romantic couples (Benazon & Coyne, 2000), roommates (Golberstein & Downs, 2015), and even strangers (Coyne, 1976a). Nevertheless, emotion literature suggest that people in close relationships are especially vulnerable to experiencing their partner's emotions (Hatfield, Cacioppo, & Rapson, 1993), and research on social contagion of depressive symptoms also revealed similar findings.

The extant literature suggest that close relationships constitute an especially critical context for the study of depression contagion. Individuals may find their romantic partners' depressive symptoms, rather than those of strangers, more personally distressing because the partner is more integral to the self (Katz, Beach, & Joiner, 1999). Therefore, it may be that the closer individuals are to a depressive person, the larger contagion effect they feel. In fact, studies of contagion within married couples revealed that depressive symptoms were more strongly related within couples with higher marital closeness (Tower & Kasl, 1995, 1996). These findings suggest that close relationships are a chief context in the study of contagion.

Although much of the research on the associations between well-being and close relationships, including those that study depression contagion, were conducted with married couples; non-marital close relationships also have a significant role across individuals' lifespan. Researchers emphasize that it is not just marriage but the social attachment that impacts individuals' physical and psychological well-being (Loving & Slatcher, 2013). Therefore, non-marital romantic relationships are also important in studying the contagion of depressive symptoms.

The stronger contagion effect observed within closer relationships resulted in proposals of alternative explanations. One alternative explanation was self-selecting bias; which proposed that depressive individuals choose to establish relationships with other depressive individuals. However, this alternative was ruled out by studying interactions of randomized pairs of roommates (Haefffel & Hames, 2014). Students in this study were unable to choose their roommate, and yet they experienced concordant depressive symptoms after living together for a while. Another alternative explanation was mutual life events; which means that individuals in close relationships are exposed to the same life events, and thereby respond in similar degrees of depressive symptoms. However, contagion effect was observed in close relationships even after controlling for mutual life events (Bookwala & Schulz, 1996; Goodman & Shippy, 2002; Joiner, 1994). Thus, these alternative explanations were not supported and findings continued to point at a contagion effect.

In the current study, it is hypothesized that in line with the interactional theory of depression, romantic partners' depressive symptoms will be associated with each other. More specifically, higher depressive symptoms of individuals are expected to predict higher depressive symptoms in their partners. The study further aimed to explain the mechanism of this contagion effect.

After four decades of research, the reasons why we observe the contagion effect remain unclear. In the most recent meta-analytical review of contagion of depressive symptoms and mood (Joiner & Katz, 1999), several mechanisms were

proposed to explain the contagion effect. The proposed mechanisms centered on behavioral, cognitive, and interpersonal explanations; and are further explained in the following section.

1.1.2. Theoretical explanations of contagion

The proposed explanations focused on behaviors of the depressive individuals, others' cognitions about individuals' depressive symptoms, and the role of interpersonal functioning to explain the contagion effect.

Interpersonal explanations focus on the role of closeness and excessive reassurance seeking. Individuals who are intimate with one another may be more attuned to their partner's mood, which could facilitate contagion. In a review, all studies of close relationships were found to have reported a contagion effect (Joiner & Katz, 1999). Also, previous findings suggest that the contagion effect may not be observed unless a degree of closeness has been achieved. For instance, contagion effect was only observed in roommates who had been living together for more than three months (Haefffel & Hames, 2014), and a speed-dating study was unable to find a contagion effect after four-minute encounters with depressive dates (Pe, Gotlib, Van Den Noortgate, & Kuppens, 2015).

Excessive reassurance seeking (Joiner, Metalsky, Katz, & Beach, 1999), which refers to the tendency to persistently seek assurance from others that one is loved, is also proposed to have a moderating role. Individuals with higher levels of excessive reassurance seeking may be more prone to developing depressive symptoms, especially if their partners withdraw from them (Coyne, 1976b). In line with the theory, studies of dating couples and roommates found that close others of the depressed experienced a stronger contagion effect if they engaged in relatively higher excessive reassurance seeking (Joiner, 1994; Katz et al., 1999). Interpersonal explanations may therefore elucidate when we may observe contagion.

Behavioral explanations suggest that certain behaviors of depressive individuals may induce depressive symptoms in others. It was proposed that depressive individuals create a depleted interpersonal environment through their behaviors, which can result in others around them becoming depressed as well

(Joiner & Katz, 1999). Over the years, it has become well established that depressive symptoms have unfavorable interpersonal consequences (Hames, Hagan, & Joiner, 2013). For example, when asked to discuss a marital issue, depressive spouses displayed conflict behaviors that their spouses rated as dissatisfying (Kahn, Coyne, & Margolin, 1985). Depressive symptoms were also associated with marital discord, which was measured in terms of negative interactions like criticism (Whisman & Uebelacker, 2009). Given that such negative interactions of the spouse were associated with future depressive symptoms (Beach, Katz, Kim, & Brody, 2003; Peterson-Post, Rhoades, Stanley, & Markman, 2014), negative interactions of the depressed may explain the contagion. In other words, the behavioral outcomes of depressive symptoms could be inducing depressive symptoms in others.

Cognitive explanations suggest that individuals' negative perceptions of their partner's depressive symptoms may facilitate contagion (Joiner & Katz, 1999). This explanation was proposed as an extension of Beck's cognitive theory of depression (Beck, 1967), which asserts that individuals who perceive events negatively are susceptible to developing depression. Although not tested directly, some findings from other research areas can be considered supportive of this explanation. In a study involving couples in which one individual is depressed, and non-depressed couples in which one individual had a pain condition, objective raters coded similar levels of smiling, pleasantness, eye contact, and aroused facial expressions for both groups (Gotlib & Whiffen, 1989). Even though there were no significant differences in the objective ratings, spouses of depressed individuals rated their partners' behavior more negatively compared to the other group. This appears to be in line with the finding that individuals have negative attitudes towards their depressive spouses (Hooley, 1986). It may also suggest that the actual behavior of the depressed is an inadequate measure of their interpersonal challenges. A further potential cognitive explanation is perception of depressive partner as a burden. Spouse burden accounts for a large amount of spouse distress in spouses of depressive individuals (Benazon & Coyne, 2000; Coyne et al., 1987).

Such negative perceptions about the depressive individual may therefore explain how depressive symptoms become contagious.

1.1.3. The hypothesized mechanism of contagion

As illustrated in the previous section, depressive individuals experience many interpersonal problems that may explain to the contagion effect. What depressive individuals do is indeed an important contributor to their interpersonal problems; however, how they do things may also be important. More specifically, motivational processes may explain how depressive individuals affect their partners.

In light of motivational intensity theory (Brehm & Self, 1989), researchers proposed that depressive symptoms have major motivational consequences. Specifically, they conceptualized depression as a disorder of self-regulation which leads to reduced approach motivation (e.g., Strauman, 2002). The onset of depression was proposed to affect effort through changes in perceived task difficulty and perceived task importance (Silvia, Nusbaum, Eddington, Beaty, & Kwapil, 2014). Research on this conceptualization did indeed suggest that mood affected how much effort individuals mobilized for the tasks they encountered (Brinkmann & Gendolla, 2008; Gendolla, Wright, & Richter, 2012). For example, following a depressive prime, individuals judged tasks to be more demanding, and this lead to diminished effort when the task was judged to be too difficult (Gendolla et al., 2012). Other findings suggested that depression also affected perceived task importance as proposed. Compared to non-depressive individuals, depressive individuals judged tasks to be less appealing and less rewarding (Franzen & Brinkmann, 2016; Pizzagalli, Iosifescu, Hallett, Ratner, & Fava, 2008).

Social interactions of depressive individuals may also involve lower enjoyment and engagement; which are key variables in motivation (Deci & Ryan, 2000). In their daily experiences, depressive individuals from a community sample reported enjoying their interactions with others less than non-depressive individuals (Nezlek, Hampton, & Shean, 2000). Notably, they did not differ from non-depressive individuals in terms of the amount of social activities or social contact.

Also, in non-clinical individuals, greater depression was associated with a lower sense of belonging in social interactions (Steger & Kashdan, 2009).

Moreover, the role of excessive reassurance seeking in contagion suggest that depressive symptoms, even in non-clinical levels, can be associated with lower engagement in social interactions. It has been proposed that individuals with higher depressive symptoms are relatively unresponsive to their partners' needs for reassurance because they are withdrawn in their interactions (Katz et al., 1999).

Similarly, findings concerning burden suggest that spouses rate depressed individuals' lower enjoyment in their interactions (e.g., lack of interest in things; Coyne et al., 1987), and energy (Benazon & Coyne, 2000) among the greatest sources of burden. Two qualitative studies investigated ways in which depressed individuals affect their close others. Findings showed that depressed partners' lack of energy and motivation for day-to-day activities were among the major themes that close others talked about (Sharabi, Delaney, & Knobloch, 2016). Also, close others reported avoiding leisure activities because the depressive individual does not seem to have energy to participate (Skundberg-Kletthagen, Wangensteen, Hall-Lord, & Hedelin, 2014).

In the current study, I hypothesize that contagion of depressive symptoms is mediated by perceived partner motivation for daily relationship activities. More specifically, I expect that individuals will have negative perceptions of their depressive partners' motivation, which in turn will predict higher depressive symptoms of the individual. I focus on perceived motivation, instead of partners' self-reported motivation, to build on previous work concerning individuals' perceptions about depressive partners. I utilize self-determination theory in studying the potential role of motivation as it places emphasis on enjoyment, interest, perceived task importance, and optimal challenge. This theory is described in greater detail in the below section.

1.2. Self-determination theory

Self-determination theory (SDT; Deci, 1971; Deci & Ryan, 2000) is a meta-theory of human motivation. It posits that individuals have a natural tendency

towards psychological growth and development. Six mini theories are within SDT (Deci & Ryan, 2014; Vansteenkiste, Niemiec, & Soenens, 2010). Cognitive evaluation theory is concerned with the effects of social context on intrinsic motivation. Organismic integration theory is concerned with internalization of extrinsically motivated behavior. Causality orientations theory is concerned with individual differences in tendency toward autonomous behavior. Goal contents theory is concerned with the effects of intrinsic and extrinsic aspirations on individuals' well-being. Relationships motivation theory is concerned with the effects of relationships on individuals' well-being. Basic needs theory is concerned with the basic psychological needs and their relation to psychological well-being.

In SDT, motivation for a behavior can be arranged on a continuum based on the level of autonomy in the behavior. The six types of motivation that constitute this continuum are amotivation, external regulation, introjected regulation, identified regulation, integrated regulation, and intrinsic motivation (Vansteenkiste et al., 2010). Amotivation refers to unwillingness to act, external regulation refers to being motivated to obtain a reward or avoid punishment, introjected regulation refers to being motivated to avoid feelings of guilt and shame, identified regulation refers to understanding and endorsing the importance of a behavior, integrated regulation refers to the behavior being coherent with one's self, and intrinsic motivation refers to acting out of interest and enjoyment. Accordingly, external and introjected regulation fall on the less self-determined side of the continuum; while identified, integrated, and intrinsic motivation fall on the more autonomous side of the motivation continuum. Amotivation involves a lack of motivation and intentionality.

When autonomously motivated, individuals feel a sense of interest and choice towards activities, and they have an internal perceived locus of causality (Deci & Ryan, 2000). On the other hand, motivation with lower self-determination involves feelings of pressure and coercion, and individuals have external perceived locus of causality. The more autonomously motivated individuals are, the greater

well-being they will experience. Accordingly, amotivation is associated with the poorest well-being outcomes.

1.2.1. Perceived motivation

Individuals make inferences about others' motivations for engaging in their behavior (Deci, Benware, & Landy, 1974). They judge whether others act out of interest and enjoyment, guilt, or the desire of some extrinsic outcome. Even when the actual performance of others do not change, these inferences that individuals make for their behavior can differ based on the outputs they produce (Deci et al., 1974), rewards they attain (Deci et al., 1974; Wild, Enzle, Nix, & Deci, 1997), or enjoyment they appear to experience (Friedman, Deci, Elliot, Moller, & Aarts, 2010). It was further proposed that even when a direct evidence about the person's motivation is not available, others are able to glean subtle behavioral cues about their experience of volition (Weinstein & Ryan, 2010).

Individuals' perceptions of others' motivation can affect their psychological well-being. In experiments involving helping interactions, perceiving helpers as autonomously motivated predicted higher positive affect in help recipients (Weinstein, DeHaan, & Ryan, 2010), while those perceiving the helper to be less self-determined experienced lower positive affect, vitality, and self-esteem when compared to baseline well-being (Weinstein & Ryan, 2010). Recipients of autonomous help also had more favorable attitudes towards the helper. In another experiment, Wild et al. (1997) manipulated students to perceive the same teacher as either intrinsically or extrinsically motivated. Students who perceived the teacher to be intrinsically motivated experienced higher positive affect compared to those who perceived their teacher to be extrinsically motivated.

Although the effects of perceived motivation in the context of romantic relationships were not explored within the SDT literature, research on marital attributions offer some connected findings. Specifically, this topic bears similarity to the study of marital attributions about cause of partner behavior (Bradbury & Fincham, 1990). For instance, when individuals attributed their spouses' positive behaviors to external factors (e.g., "He only bought me flowers because all his

friends were buying gifts for their wives"), they experienced unfavorable relationship outcomes like marital distress (Bradbury & Fincham, 1990). Attributing selfish motivation to the spouse (e.g., "He only bought me flowers because he wants something from me") was also associated with marital distress (Fincham, Beach, & Nelson, 1987). In these attributions, individuals located the cause of their partners' behavior outside the partner, which implies attribution of lower self-determined motivation.

Longitudinal findings revealed that wives' causal attributions about husbands' behavior predicted changes in future relationship well-being, while relationship well-being did not predict future attributions (Fincham & Bradbury, 1987). Similar to the SDT literature, these attributions were also associated with poorer well-being. More specifically, unfavorable marital attributions were associated with negative affectivity (Karney, Bradbury, Fincham, & Sullivan, 1994) and depressive symptoms (Ellison, Kouros, Papp, & Cummings, 2016; Fincham & Bradbury, 1993). Nevertheless, researchers argued that attributions for partners' negative behaviors had a stronger association with relationship well-being (e.g., Fincham & Bradbury, 1993), and very few studies investigated attributions for spouses' positive behaviors.

In the current study, it is hypothesized that when partners report higher depressive symptoms, individuals will perceive their partners to have less self-determined motivation. Further, perceiving the partner to have less self-determined motivation will predict higher depressive symptoms in the individual. Therefore, perceived partner motivation is hypothesized to mediate the association between partners' depressive symptoms.

1.2.2. Basic need satisfaction

SDT proposes that a basic psychological need is "an energizing state that, if satisfied, conduces toward health and well-being but, if not satisfied, contributes to pathology and ill-being" (Ryan & Deci, 2000, p. 74). Basic needs theory posits that individuals have three basic needs that are each essential psychological nutrients (Deci & Ryan, 1985, 2000). These are the needs for

autonomy, competence, and relatedness. The need for autonomy is concerned with being the author of one's own actions. The need for competence is concerned with feeling capable, and optimally challenged. The need for relatedness is concerned with having a sense of belongingness, and feeling connected to others. According to the theory, these needs are universal and they are innate requirements for psychological well-being and growth (Deci & Ryan, 2002).

Autonomy, as defined in SDT, is experienced when an individual is acting volitionally, either from interest, enjoyment, or integrated values (Deci & Ryan, 2002). Autonomy is not the opposite of dependence. A person can autonomously depend on others if this is something they personally endorse. When individuals are acting autonomously, they view their behavior as an expression of their self. Though their actions may be influenced by external forces, individuals will experience autonomy as long as they are in congruence with these forces.

Competence is defined as feeling effective in interactions with the social environment (Deci & Ryan, 2002). Competence is not a skill or a capability to be attained, rather it is a sense of confidence and effectiveness that one feels. Individuals will experience competence when they experience opportunities to engage in challenges that are optimal for their capacity. Therefore, challenges that are too easy or too difficult will not satisfy the need for competence.

Relatedness is defined as feeling connected to, and having a sense of belongingness with other individuals and one's community (Deci & Ryan, 2002). Relatedness is not concerned with engaging in social interactions only to attain certain outcomes, like sex or status. Individuals will experience relatedness when they care for, and feel cared for by others.

Research conducted in a diverse set of domains suggest that satisfaction of the needs for autonomy, competence, and relatedness is associated with well-being, and lack of satisfaction with ill-being. Happiness, vitality (Ryan & Deci, 2001), mood, physical symptoms, self-esteem (Ryan & Deci, 2000), and depression (Ibarra-Rovillard & Kuiper, 2011) were all linked with basic psychological needs. Also, diary studies show that daily satisfaction of basic

needs is associated with daily well-being (e.g., Reis, Sheldon, Gable, Roscoe, & Ryan, 2000).

Romantic couples may promote each other's well-being through the satisfaction of basic psychological needs. For example, a partner who understands the other's perspective, helps the other person develop interests, and shows interest in the other person will facilitate the satisfaction of autonomy, competence, and relatedness needs (La Guardia & Patrick, 2008). A meta-analysis revealed that basic need satisfaction in romantic relationships is associated with higher self-esteem, vitality, and positive affect (Patrick, Knee, Canevello, & Lonsbary, 2007).

Basic need satisfaction can also be a useful tool in explaining why perceived motivation affects individuals' well-being. Specifically, when individuals perceive others to be autonomously motivated to interact with them, they may feel more valued and cared for (Weinstein & Ryan, 2010); thus facilitating higher relatedness satisfaction. In one study, perceptions of autonomous motivation resulted in higher feelings of closeness, which was measured in terms of relatedness (Weinstein et al., 2010). Other needs may also be affected when interacting with a partner who is not self-determined. Such interactions may not be as enjoyable and may make the individual feel less effective. Hence, autonomy and competence needs may also be thwarted when interacting with a partner who is not self-determined. In the current study, the effect of perceived partner motivation on depression is hypothesized to be mediated by basic need satisfaction. More specifically it is hypothesized that perceiving a less self-determined partner will be associated with lower need satisfaction, which will in turn predict higher depressive symptoms.

1.3. Aim of the study and hypotheses

The current study aims to investigate the contagion of depressive symptoms within dating couples, from a self-determination theory perspective. Using a dyadic daily diary design the following hypotheses are examined

1. Depressive symptoms of individuals within couples will be associated.

2. When individuals have higher depressive symptoms, their partners will perceive their motivation for daily relationship interactions as less self-determined.
3. Perceiving their partner to be less self-determined will in predict higher depressive symptoms.
4. The association between perceived partner motivation and depressive symptoms will be mediated by basic need satisfaction.
5. Perceived partner motivation will mediate the association between partners' depressive symptoms.

CHAPTER 2

METHOD

2.1. Participants

Eighty-two romantic couples who had been dating for at least a month participated in the study. Five of these couples were removed from the analyses because they dropped out before the end of the study; one couple was removed because they broke up during the study; and two couples were removed because they did not meet the inclusion criteria for this study. Seventy-four couples were included in the analyses. Excluded participants did not differ from the analytic sample in terms of relationship length or baseline depressive symptoms.

Participants were recruited in Middle East Technical University through METU Research Sign-up System (SONA), flyers distributed on campus, online announcements in METU students' social network groups, and announcements in various undergraduate classes. Students who were registered to the SONA system were awarded bonus points in return for their participation. Participants who were not registered to the system were eligible to receive 10 Turkish Liras for completing the study.

2.2. Design and procedure

The study employed a dyadic design. An initial questionnaire was conducted at the beginning of the study, and it was followed by a diary study. The diary study was interval contingent, and daily reports were taken at the end of each day for 14 days. The study was approved by the Applied Ethics Research Center of Middle East Technical University prior to the data collection.

Upon recruitment, at least one member of each couple received a detailed explanation of the study procedure. They were shown how the surveys should be

completed, and a short demonstration was made in case participants weren't acquainted with completing online surveys. Participants were asked to complete the questionnaires separately from their partner, and to keep their answers private. Names, contact information, and nicknames of both members of the couples were collected at the end of the orientation.

After the orientation session, participants were e-mailed the initial questionnaire. It was required that participants completed the initial questionnaires until the morning of the first day of the diary study. Participants received their first daily questionnaire one to ten days after they completed the initial questionnaire. Daily questionnaire links were e-mailed at 7 PM every day of the study. Participants were asked to take the daily questionnaire before they went to sleep. A reminder was sent to those who had not yet completed their diary in the morning. Daily questionnaires that were completed after midday were removed from the analytic sample.

2.3. Measures

The baseline questionnaire employed in the study may be found on Appendix A, and the daily questionnaire may be found on Appendix B. In addition to the measures listed below, attachment style, relationship satisfaction, motivation for relationship interactions, subjective vitality, mood, need thwarting, self-esteem, life satisfaction, relationship conflict, closeness and jealousy were also assessed. However, they were not used in the current analyses.

For baseline measures, Cronbach's alpha was used in reporting reliability coefficients. For the diary measures, coefficients were calculated with the variance portioning method (Cranford et al., 2006). This approach does not treat each case (i.e., time points) to be independent; therefore, it is more appropriate for longitudinal data. It provides a measure of the scale's reliability in detecting within-person changes over time. It also provides a measure of between-person reliability that researchers could expect to observe if measurements were only taken once. Following formulas were used in computing between-person (1), and within-person (2) coefficients; where m corresponds to the number of items within the scale.

(1)

$$(\sigma^2\text{Person} + \sigma^2\text{Person}\times\text{Item}/m)/(\sigma^2\text{Person} + \sigma^2\text{Person}\times\text{Item}/m + \sigma^2\text{Error}/m)$$

(2)

$$(\sigma^2\text{Person}\times\text{Time}) / (\sigma^2\text{Person}\times\text{Time} + \sigma^2\text{Error}/m)$$

2.3.1. Demographics and relationship information

Participants were asked to provide demographic information on the baseline questionnaire. Participants' age ranged between 19 and 32 ($M = 22.45$, $SD = 2.38$). 65.5% were high-school graduates, 30.4% were college graduates, and 4.1% had graduate degrees. 27% were employed at the time of the study. Participants also answered several questions concerning their current relationship on the baseline questionnaire. Relationship length ranged from 1 month to 114 months ($M = 24.16$, $SD = 22.78$). Three of the participating couples were engaged.

On the daily questionnaires, participants were asked to provide a brief description of their daily interaction with their partner, the amount of time they have spent with their partner, and the amount of time they have communicated with their partner throughout the day.

2.3.2. Depressive symptoms

Five items from the depression subscale of the Brief Symptoms Inventory (Derogatis & Melisaratos, 1983) were used to measure depressive symptoms on both the baseline and the daily questionnaire. The scale was adapted to Turkish by Şahin and Durak (1994). Participants rated the extent to which they felt the listed symptoms (e.g. "Feeling blue", "Feeling no interest in things") within the past two weeks on a 1 (not at all) to 7 (extremely) scale. Items were averaged to create a baseline depressive symptoms score.

The same scale was used to assess daily depressive symptoms with an anchor asking participants to rate the extent to which they felt the listed symptoms throughout the day. Higher scores indicate higher severity of symptoms. Internal reliability for the scale was .86 on the baseline. In the diary assessment of

depressive symptoms, within-person reliability coefficient was .83, and between person reliability coefficient was .79.

2.3.3. Perceived partner motivation

Participants' baseline perceived partner motivation for relationship interactions were assessed using 15 items. Items were selected from Motivations for Relationship Activities scale (MRA; Gaine & La Guardia, 2009) and Couple Motivation Questionnaire (CMQ; Blais, Sabourin, Boucher, & Vallerand, 1990); and later reworded to assess perceived motivation of partner. The MRA scale is originally designed to assess the relative autonomy of individuals in different relationship domains. CMQ is originally designed to assess relative autonomy of individuals to stay with their current romantic partners. Three items were selected for each regulatory style, and modified to assess motivations for relationship interactions. Items were adapted to Turkish by the researcher and the supervisor.

The scale began with the stem "Why do you think your partner interacts with you?", and followed by items covering external regulation, introjected regulation, identified regulation, intrinsic motivation, and amotivation. Participants rated the extent to which they agreed with each of the statements on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale. Scores for each regulatory style were calculated by averaging the associated items. Relative autonomy index of individuals was calculated by applying the formula below with the scores of each regulatory style. Only amotivation was not included in calculating the relative autonomy index; because amotivation corresponds to a lack of motivation while the relative autonomy index is concerned with the degree to which one's motivation is self-determined. Higher scores on relative autonomy index correspond to higher self-determined motivation for relationship interactions, and lower scores on relative autonomy index correspond to lower self-determined motivation for relationship interactions.

$$2 \times \text{Intrinsic} + \text{Identified} - \text{Introjected} - 2 \times \text{External}$$

Daily perceived partner motivation was assessed using 5 items from the scale used in baseline, and it began with the stem "Why do you think your partner

interacted with you today?”. Intrinsic motivation, identified regulation, introjected regulation, external regulation, and amotivation were each measured with one item. Internal reliabilities for the intrinsic motivation, identified regulation, introjected regulation, external regulation, and amotivation subscales were .68, .87, .79, .89, and .77, on the baseline.

2.3.4. Basic need satisfaction

General satisfaction of basic psychological needs in the relationship was measured using the nine-item Basic Need Satisfaction in Relationships Scale (La Guardia, Ryan, Couchman, & Deci, 2000) in the baseline questionnaire. The scale was adapted to Turkish by the supervisor. Items begin with the stem “When I am with my partner,” and participants rate items measuring autonomy (“I feel free to be myself”), competence (“I feel like a competent person”), and relatedness satisfaction (“I feel understood and supported”) on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale. Higher scores indicate higher satisfaction of basic psychological needs. Internal reliability for the full scale was .78.

The daily questionnaire included three items from the baseline measure. Autonomy, competence, and relatedness need satisfaction during daily interactions with partner were each assessed by a single item. In the diary assessment of basic needs, within-person reliability coefficient was .75, and between person reliability coefficient was .72.

2.4. Data analytic strategy

Individuals were nested within 74 couples and crossed with 14 days. Daily scores within individuals were dependent (i.e., an individual’s depressive symptoms on a given day were associated with his or her depressive symptoms on other days), daily scores within couples were dependent (i.e., an individual’s depressive symptoms on a given day were associated with his or her partner’s depressive symptoms on the same day), and individual-level scores within couples were dependent (i.e., an individual’s average depressive symptoms were associated with his or her partner’s average depressive symptoms). Multilevel modeling was

applied in order to adjust for possible bias in standard errors and statistical tests, (Bolger & Shrout, 2007).

Due to the dyadic design of the study, two-intercepts model with separate intercepts for females and males was employed. However, some models failed to converge with this approach. Separate multilevel analyses were run for female and male participants in those models. Unless it was noted that separate analyses were conducted, two-intercepts model was successfully run.

The two-intercepts model allowed female and male intercepts to be different but correlated. The dummy variables for females (1 for females and 0 for males) and males (1 for males and 0 for females) were multiplied by study variables to obtain separate estimations for females and males. PROC MIXED routine in SAS Software (SAS Institute, 2003) was employed for the estimation of coefficients.

The first-order autoregressive covariance structure type was specified in order to account for the correlation between one's daily outcome and the previous day's outcome. This allowed errors from consecutive days to be autocorrelated (Kenny, Kashy, & Cook, 2006). A sample from the SAS syntax used in the current analyses can be found in Appendix C.

Predictors were within-person centered; therefore, scores represent daily levels of variables compared to one's average level across 14 days. This facilitates examining within-person associations (e.g., whether an individual reported higher depressive symptoms on the days he or she perceived the partner to be less self-determined). In addition, baseline levels of outcomes were controlled in all analyses¹.

In the below sections, regression coefficients are reported using the notation *bf* for females, and *bm* for males. All estimates reported in the current analyses are unstandardized.

CHAPTER 3

RESULTS

3.1. Contagion effect

To investigate whether there was a contagion effect in the sample, the association between actor and partner's depressive symptoms were examined. The covariance matrix showed that partners' depressive symptoms were associated on a daily level ($b = .452, p < .001$). However, the two intercepts model failed to converge and separate multilevel analyses were run for female and male participants. After controlling for actors' baseline depressive symptoms and previous day's depressive symptoms, partners' daily depressive symptoms predicted actors' daily depressive symptoms for both females ($bf = .347, p < .001$) and males ($bm = .225, p < .001$). This finding suggests that the more depressed a person is on a given day, his or her partner will also be more depressed on the same day. Findings are presented in Table 3.1.

Table 3.1. Partner depression predicting actor depression

| Variable | Parameter Estimate | SE | t Value |
|---------------------------|--------------------|-------|---------|
| Baseline depression F | 0.648*** | 0.202 | 24.68 |
| Baseline depression M | 0.743*** | 0.206 | 21.82 |
| Lagged actor depression F | 0.130*** | 0.057 | 3.64 |
| Lagged actor depression M | 0.154*** | 0.060 | 4.42 |
| Partner depression F | 0.347*** | 0.040 | 8.53 |
| Partner depression M | 0.225*** | 0.030 | 7.62 |

Note. F = Female, M = Male.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Then, a stricter test of contagion effect was conducted using a lagged design. The intercepts were specified as random. The association between previous day's partner depression and actor's current day depression was modeled using lag 1 autoregressive structure, after controlling for actor's baseline depression. Results of the two intercepts model showed that partners' previous day depressive symptoms were not associated with actor's daily depressive symptoms ($bf = .054$, $p = .178$; $bm = .010$, $p = .747$). This suggested that depressive symptoms of individuals did not predict changes in their partners' depressive symptoms. Findings are presented in Table 3.2.

Table 3.2. Lagged partner depression predicting actor depression

| Variable | Parameter Estimate | SE | t Value |
|-----------------------------|--------------------|-------|---------|
| Intercept F | 1.321*** | 0.202 | 6.54 |
| Intercept M | 1.287*** | 0.206 | 6.24 |
| Baseline depression F | 0.297*** | 0.057 | 5.25 |
| Baseline depression M | 0.398*** | 0.060 | 6.61 |
| Lagged partner depression F | 0.054 | 0.040 | 1.35 |
| Lagged partner depression M | 0.010 | 0.030 | 0.32 |

Note. F = Female, M = Male.

* $p < .05$, ** $p < .01$, *** $p < .001$.

The first hypothesis was therefore not supported on a lagged design. Partners' daily levels of depressive symptoms were associated with actors' daily levels of depressive symptoms; however, depressive symptoms of partners did not predict changes in depressive symptoms of actors.

3.2. Partner depression and perceived partner motivation

To examine whether partner depressive symptoms were associated with actor's perceived partner motivation, a two intercepts model was tested using lag 1 autoregressive structure. The intercepts were specified as random. Results showed that, while controlling for baseline perceived partner motivation, partner's daily depressive symptoms were associated with actor's perceived partner motivation for both gender ($bf = -1.046, p < .001$; $bm = -0.541, p < .001$). This suggested that on the days when partners had higher depressive symptoms, actors perceived them to be less self-determined in their daily interactions. Findings are presented in Table 3.3.

Table 3.3. Partner depression predicting actor's perceived partner motivation

| Variable | Parameter Estimate | SE | t Value |
|----------------------|--------------------|-------|---------|
| Intercept F | 7.749*** | 0.716 | 10.82 |
| Intercept M | 7.359*** | 0.813 | 9.05 |
| Baseline PPM F | 0.396*** | 0.073 | 5.40 |
| Baseline PPM M | 0.439*** | 0.096 | 4.59 |
| Partner depression F | -1.046*** | 0.181 | -5.78 |
| Partner depression M | -0.541*** | 0.132 | -4.11 |

Note. F = Female, M = Male, PPM = Perceived partner motivation.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Then, a stricter test was conducted using a lagged design. The association between previous day's partner depression and actor's current day perceived partner motivation was modeled using lag 1 autoregressive structure, after

controlling for actor's baseline perceived partner motivation. The intercepts were specified as random. Partners' depressive symptoms were associated with actors' perceived partner motivation on the following day for female participants, but not for male participants ($bf = -0.373$, $p = .045$; $bm = -0.081$, $p = .579$). Only female participants perceived their partner as less self-determined following a day that the partner reported higher depressive symptoms. Findings are presented in Table 3.4.

Table 3.4. Lagged partner depression predicting actor's perceived partner motivation

| Variable | Parameter Estimate | SE | t Value |
|-----------------------------|--------------------|-------|---------|
| Intercept F | 8.040*** | 0.698 | 11.51 |
| Intercept M | 7.483*** | 0.830 | 9.01 |
| Baseline PPM F | 0.363*** | 0.071 | 5.10 |
| Baseline PPM M | 0.405*** | 0.097 | 4.17 |
| Lagged partner depression F | -0.373* | 0.186 | -2.00 |
| Lagged partner depression M | 0.081 | 0.147 | 0.56 |

Note. F = Female, M = Male, PPM = Perceived partner motivation.

* $p < .05$, ** $p < .01$, *** $p < .001$.

The second hypothesis was therefore partially supported on a lagged design. Partners' daily levels of depressive symptoms were associated with actors' perceived partner motivation; and, partners' depressive symptoms predicted changes in actors' perceived partner motivation for females.

3.3. Perceived partner motivation and actor depression

To examine whether perceived partner motivation was associated with actor's own depressive symptoms, a two intercepts model was tested using lag 1

autoregressive structure. The intercepts were specified as random. Results showed that actor's daily perceived partner motivation was associated with actor's own depressive symptoms for both females and males ($bf = -0.083, p < .001$; $bm = -0.068, p < .001$). This suggests that on the days when actors perceived their partner to be less self-determined in their daily interactions, they also had higher depressive symptoms. Findings are presented in Table 3.5.

Table 3.5. Perceived partner motivation predicting actor's depression

| Variable | Parameter Estimate | SE | t Value |
|-----------------------|--------------------|-------|---------|
| Intercept F | 1.327*** | 0.190 | 6.99 |
| Intercept M | 1.303*** | 0.196 | 6.66 |
| Baseline Depression F | 0.286*** | 0.053 | 5.39 |
| Baseline Depression M | 0.390*** | 0.057 | 6.86 |
| PPM F | -0.083*** | 0.006 | -12.90 |
| PPM M | -0.068*** | 0.007 | -10.30 |

Note. F = Female, M = Male, PPM = Perceived partner motivation.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Then, a stricter test was conducted using a lagged design. The association between previous day's perceived partner motivation and actor's current day depression was modeled using lag 1 autoregressive structure, after controlling for actor's baseline depression. Actor's perceived partner motivation was not associated with actors' own depressive symptoms on the following day for either females or males ($bf = -0.008, p = .309$; $bm = -0.004, p = .580$). This suggested that individuals' depressive symptoms were not associated with their previous day perceived partner motivation. Findings are presented in Table 3.6.

Table 3.6. Lagged perceived partner motivation predicting actor's depression

| Variable | Parameter Estimate | SE | t Value |
|-----------------------|--------------------|-------|---------|
| Intercept F | 1.359*** | 0.203 | 6.70 |
| Intercept M | 1.331*** | 0.216 | 6.17 |
| Baseline Depression F | 0.277*** | 0.057 | 4.86 |
| Baseline Depression M | 0.384*** | 0.063 | 6.08 |
| Lagged PPM F | -0.008 | 0.007 | -1.02 |
| Lagged PPM M | -0.004 | 0.008 | -0.55 |

Note. F = Female, M = Male, PPM = Perceived partner motivation.

* $p < .05$, ** $p < .01$, *** $p < .001$.

The third hypothesis was therefore not supported on a lagged design. Actors' daily levels perceived partner motivation was associated with actors' daily levels of depressive symptoms; however, perceived partner motivation did not predict changes in their depressive symptoms.

To elucidate how daily actors' perceived partner motivation affected their own daily depressive symptoms, the mediating role of basic need satisfaction was examined. Results showed that perceived partner motivation was associated with daily need satisfaction ($bf = 0.071$, $p < .001$; $bm = 0.089$, $p < .001$), and the association between daily perceived partner motivation and depressive symptoms was mediated by need satisfaction for both females (Sobel $Z = -8.032$, $p < .001$) and males (Sobel $Z = -8.750$, $p < .001$). This suggested that individuals who perceived their partner as less self-determined experienced higher depressive symptoms through lower need satisfaction. The fourth hypothesis was therefore supported.

3.4. Hypothesized mechanism

The mediating role of perceived partner motivation in the association between partners' depressive symptoms was examined to test the proposed mechanism of

contagion. Separate analyses were run for female and male participants. Results showed that, after controlling for baseline actor depressive symptoms, daily perceived partner motivation mediated the relationship between daily actor depressive symptoms and daily partner depressive symptoms for both females (Sobel $Z = 5.816, p < .001$) and males (Sobel $Z = 4.585, p < .001$).

The proposed mechanism was also tested using the stricter lagged design. Results showed that the association between partners' previous day depressive symptoms and actors' current day depressive symptoms were mediated by perceived partner motivation on the current day for female participants (Sobel $Z = 1.978, p = .048$), but not for male participants (Sobel $Z = .555, p = .579$).

The fifth hypothesis was therefore partially supported on a lagged design. The association between actor and partner's daily levels of depressive symptoms was mediated by perceived partner motivation. And the association between previous day's partner depressive symptoms and actor's current day depressive symptoms was mediated by actors' perceived partner motivation only for females.

CHAPTER 4

DISCUSSION

The current study aimed to investigate the mechanism through which depressive symptoms of individuals affected those of their partner. Many studies reported finding this contagion effect; yet very few of them attempted to explain the underlying mechanism. This study aimed to fill this gap in the literature by proposing perceived partner motivation as a potential pathway.

4.1. Evaluation of findings

The first hypothesis was concerned with the association between actor and partner's depressive symptoms. Although results of the daily analysis showed that partner depression was associated with actor depression on a given day; results of the lagged analyses showed that partner depression did not predict changes in actor depression on the following day. This suggests that on the days when the partner reported higher depressive symptoms, the actor also reported higher depressive symptoms. However, partner did not have a direct effect on changes in actor's depressive symptoms on the next day. Therefore, the first hypothesis did not receive support.

One may interpret this failure to find a direct association between daily partner depressive symptoms and actor depressive symptoms on the next day to suggest concordance, rather than contagion of depressive symptoms. In other words, the finding that partner depression predicted only the same day depression of the actor may suggest that depressive symptoms occur at the same time, rather than influence each other in couples. This may imply support for the mutual events hypothesis instead of the contagion hypothesis. However, it is possible to find an indirect effect through a mediator in the absence of a direct effect (Zhao, Lynch, & Chen, 2010). Moreover, even though individuals' depressive symptoms were tracked every night, we do not have information about the onset of these feelings for each

individual within the day. Contagion might have occurred during the daily interactions, in which case daily findings would be in support of the contagion hypothesis. Therefore, remaining hypotheses regarding contagion were also tested using daily and lagged design.

The second hypothesis was concerned with the association between partner depressive symptoms and actor's perceived partner motivation. Although results of the daily analysis showed that partner depression was associated with actor's perceived partner motivation on a given day; results of the lagged analyses showed that partner depression predicted changes in actor perceived partner motivation on the following day for women. Therefore, the second hypothesis did not receive support for men.

The reason why only women's next day perceptions were affected by partner depression may be due to gender differences in decoding non-verbal emotional expressions and vigilance to partner mood found in previous studies (McClure, 2000; Noller, 1980, 1993). Research on empathic accuracy, or the extent to which people successfully infer others' thoughts and feelings, have also shown similar gender differences within close relationships (Ickes & Hodges, 2013). Although there was not a consistent finding regarding this gender difference, a review of the literature noted that men rarely showed more empathic accuracy (Hodges, Laurent, & Lewis, 2010).

The third hypothesis was concerned with the association between actor's perceived partner motivation and depressive symptoms. Although results of the daily analysis showed that actor's perceived partner motivation was associated with actor's own depression on a given day; results of the lagged analyses showed that actor's perceived partner motivation did not predict changes in actor depression on the following day. Therefore, the third hypothesis did not receive support.

This suggests, in line with previous work, that perceived partner motivation is associated with well-being. However perceived partner motivation did not appear to have long term effects on individuals. The lagged finding appears to contrast those in marital attributions literature, where long term associations were found

between unfavorable attributions and marital distress (Fincham & Bradbury, 1987). However most studies focused only on attributions about negative events, because they have a stronger effect on marital outcomes (Fincham & Bradbury, 1987, 1993). Considering that the current study assessed perceived motivation in daily relationship activities, these were likely not negative events. Therefore, this finding may confirm that attributions about positive or neutral events did not have a very strong effect.

The fourth hypothesis was concerned with the mediating role of basic need satisfaction in the association between actor's perceived partner motivation and depressive symptoms. Results showed that daily association between actor's perceived partner motivation and depressive symptoms was mediated by daily need satisfaction. When individuals perceived their partner as less self-determined, they experienced higher depressive symptoms through lower basic need satisfaction. Therefore, daily analyses were in support of the fourth hypothesis.

According to theory, a controlling, demanding, and cold interpersonal environment will thwart an individual's basic needs (Vansteenkiste et al., 2010). Current findings suggest that individuals can create such an environment for their partner if they are perceived as unwillingly engaging in relationship interactions. This finding is very interesting because previous work suggested that support of these needs can facilitate self-determined motivation (Knee, Hadden, Porter, & Rodriguez, 2013). Considering the current findings, perceived partner motivation could possibly induce a negative spiral. More specifically, when the partner is perceived less self-determined, actor may later become less self-determined because the environment does not facilitate satisfaction of basic needs.

The fifth hypothesis was concerned with the proposed mechanism of social contagion of depressive symptoms. It was hypothesized that perceived partner motivation would mediate the link between actor and partner's depressive symptoms. Although results of the daily analysis showed that actor's perceived partner motivation mediated the association between actor and partner's depressive symptoms; results of the lagged analysis showed that actor's perceived partner

motivation mediated the association between actor's daily depressive symptoms and changes in partner's depressive symptoms only for women. Therefore, the final hypothesis did not receive support for men.

This finding provided partial support that, even though a direct relationship was not found between previous day's partner depression and actor depression, an indirect association was present. Also, the difference observed in male and female participants is not too surprising considering that there are gender differences in individuals' experience of romantic relationships. For instance, women may view their partner as more integral to their self (Cross & Madson, 1997). As a result, partner depression may have a stronger effect on them.

4.2. Contributions of the study

The current study made several contributions to the literature. First, this study contributed to the depression contagion literature by testing the underlying mechanism. In discussing their findings, many contagion studies pointed at depressive individuals' behaviors or their closeness to others as potential explanations (e.g., Pe et al., 2015; Whisman & Uebelacker, 2009). This study made use of findings regarding depression and motivational processes (Brinkmann & Gendolla, 2008; Strauman, 2002), and investigated the role of perceived partner motivation for the first time. There is evidence from past studies that the actual behavior of depressive individuals may not be very different than non-depressive individuals (Gotlib & Whiffen, 1989; Nezlek et al., 2000). Yet they, as well as others, may evaluate these behaviors more negatively. Therefore, solely studying depressive individuals' behaviors may fall short in explaining the interpersonal effects that depressive symptoms have. This points to the importance of studying how others perceive depressive individuals' behaviors instead of relying on the actual behaviors. Current findings regarding the effect of partner depressive symptoms on perceived partner motivation confirms that future work can benefit from differentiating depressive individuals' behaviors and the motivational underpinnings of these behaviors.

This study also contributed to the self-determination theory literature. Although there are several other studies that investigated the effects of perceived motivation (Radel, Sarrazin, Legrain, & Wild, 2010; Weinstein et al., 2010; Wild et al., 1997), the current study complemented those experimental findings with a diary study. It not only provided evidence that daily perceived motivation is persistently associated with daily depressive-symptoms within romantic partners, but also allowed the examination of within person effects. Specifically, unlike previous studies, current study was able to examine the effect of daily perceived motivation on feeling more or less depressed compared to baseline.

This was also the first study to administer the full self-regulation scale in assessing perceived motivation. Previous studies contrasted the effects of perceiving the interaction partner as either high or low in self-determination (Weinstein et al., 2010; Wild et al., 1997). However, self-determined motivation is not binary. Instead, there are varying levels of individuals' self-determination (Vansteenkiste et al., 2010). Individuals may also perceive interaction partners' behaviors in these varying levels. Further, previous studies examined the effect of knowing that the teacher gets paid for lecturing (Wild et al., 1997), or that the helper has no other option but helping (Weinstein et al., 2010). However we know that a person may still be self-determined in the presence of external reasons to act (Gagne & Deci, 2005). Similarly, individuals may not necessarily perceive their interaction partners as extrinsically motivated when external reasons are present. Earlier work on perceived motivation also suggest that external reasons are not the sole criteria individuals use in making these inferences (Deci et al., 1974; Friedman et al., 2010). Therefore, it is important to consider the full range of self-regulation in assessing perceived motivation.

Also, while previous studies focused on perceived motivation in the education and helping contexts, this is the first study to examine perceived motivation in the relationship context. The currently observed effect on depressive symptoms is similar to those in past studies; however, the nature of the individuals' relationship in this study is different. The previously studied teacher-student and helper-help

recipient relationships involved a subordinate position of the person whose motivation perceptions were studied. Close relationships, on the other hand involve reciprocal interactions where partners are equal to each other. In such relationships individuals may be more likely to count on the interaction partner to provide psychological nourishments (La Guardia & Patrick, 2008), such as basic psychological needs. Therefore, close relationships are a critical context to examine perceived motivation.

Another contribution is that the association between perceived motivation and well-being was further explained by studying the role of basic needs. Although the role of relatedness had been examined before (Weinstein et al., 2010), current study suggested that perceived motivation can affect satisfaction of all basic needs. This suggests that the effect of perceiving the interaction partner as self-determined goes beyond feeling closer to that person. Perceived motivation appears to be a way through which individuals can satisfy or thwart their interaction partners' basic needs. Thus, additional explanatory information is provided on how close relationships can influence personal well-being.

A final contribution of this study has been made to the marital attribution literature. Although current participants were not married, this study introduced partial support that partner depression may precede attributions about cause of partner behavior. The extant marital attributions literature mainly focused on global relationship satisfaction and dissatisfaction as the antecedent of marital attributions (Bradbury & Fincham, 1990; Karney & Bradbury, 2000). Other researchers have previously suggested that it is important to consider the emotional climate in which attributions are made (Waldinger & Schulz, 2006); however, these researchers highlighted the importance of the perceiver's own emotional state. The current study presented that the emotional state of the perceived is also an important consideration.

4.3. Limitations and future research

In evaluating the current findings, the following limitations need to be considered. First, the study design was correlational. Although lagged analyses can

provide information about direction of the effects, this information remains limited. Future studies may test the mechanism of depression contagion using an experimental design.

Second, the sample of the study was university students and their romantic partners. As a result, daily interactions of these couples may have been limited. In fact, the amount of time spent together was assessed each day, and the data yields that many of the couples did not see each other on most of the days. This might have not only restricted the external validity of the study but also prevented individuals from being exposed to their partners' depressive symptoms. Future studies may employ more representative samples.

Third, the average relationship length was two years. As mentioned in the introduction, previous studies identified relationship length as a key variable in the social contagion of depressive symptoms within roommates (Haefffel & Hames, 2014). Health concordance researchers also suggested that we may be more likely to observe associations between partners' depressive symptoms within longer relationships (Meyler et al., 2007). Perhaps studying longer relationships might have yielded different results. Future studies testing the mechanism of depression contagion may benefit from having a larger average relationship length.

4.4. Conclusion

To conclude, the current study provided partial support for a novel mechanism of depression contagion. Main findings showed that, following the days when the partner is more depressive, women perceived the partner to be less self-determined. This in turn predicted higher depressive symptoms in women. The association between perceived partner motivation and depressive symptoms was observed in both gender, and further elucidated by examining the role of basic need satisfaction. Perceiving the partner as less self-determined predicted higher depressive symptoms through lower satisfaction of basic needs.

ENDNOTES

¹Analyses were also repeated using a different approach. Instead of entering the baseline measurements to the models, individuals mean scores within 14 days were entered as a control variable. As a result of this approach, none of the daily tests converged. Separate daily analyses were conducted for female and male participants. Results remained the same with respect to significance except for one hypothesis. The third hypothesis received support for females in the lagged analysis. Other than that, minor changes were observed in the coefficients. Results are summarized below.

1. Partners' daily depressive symptoms predicted actors' daily depressive symptoms for both gender ($bf = .347, p < .001$; $bm = .227, p < .001$). However, the lagged model was not significant ($bf = .046, p = .200$; $bm = .020, p = .476$).
2. Partner's daily depressive symptoms were associated with actor's perceived partner motivation for both gender ($bf = -1.452, p < .001$; $bm = -0.952, p < .001$). The lagged model was only significant for females ($bf = -0.451, p = .012$; $bm = -0.093, p = .502$).
3. Perceived partner motivation predicted actors' daily depressive symptoms for both gender ($bf = -0.090, p < .001$; $bm = -0.070, p < .001$). The lagged model was only significant for females ($bf = -0.016, p = .025$; $bm = -0.009, p = .210$).
4. Perceived partner motivation was associated with daily need satisfaction ($bf = 0.075, p < .001$; $bm = 0.096, p < .001$), and the association between daily perceived partner motivation and depressive symptoms was mediated by need satisfaction for both females (Sobel $Z = -8.655, p < .001$) and males (Sobel $Z = -8.355, p < .001$).
5. Daily perceived partner motivation mediated the relationship between daily actor depressive symptoms and daily partner depressive symptoms for both females (Sobel $Z = 6.095, p < .001$) and males (Sobel $Z = 5.123, p < .001$). Lagged model was significant for female participants (Sobel $Z = 2.462, p = .014$), but not for male participants (Sobel $Z = -.671, p = .502$).

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APPENDICES

A. BASELINE QUESTIONNAIRE

Lütfen aşağıdaki 9 madde için size uygun olan seçeneği ölçekte karşılık gelen rakamı düşünerek değerlendiriniz.

| Hiçbir zaman (1) | (2) | (3) | Bazen (4) | (5) | (6) | Her zaman (7) |
|---------------------|-----|-----|--------------|-----|-----|------------------|
|---------------------|-----|-----|--------------|-----|-----|------------------|

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Partnerimle beraberken kendim gibi olmakta özgür hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Partnerimle beraberken kendimi yetkin biri gibi hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Partnerimle beraberken sevildiğimi ve önemsendiğimi hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Partnerimle beraberken kendimi yetersiz hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Partnerimle beraberken söz hakkım vardır ve düşüncelerimi dile getirebilirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Partnerimle beraberken ilişkimizde çok fazla mesafe olduğunu hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Partnerimle beraberken genellikle çok becerikli ve verimli olduğumu hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Partnerimle beraberken çok fazla yakınlık ve samimiyet hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Partnerimle beraberken kontrol ve baskı altında olduğumu hissedirim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Lütfen aşağıdaki 15 maddeye ne ölçüde katıldığınızı değerlendiriniz. Soruları değerlendirirken partnerinizle olan etkileşimlerinizi (örn., birlikte vakit geçirmek, telefonda konuşmak, mesajlaşmak gibi) düşünün.

Partneriniz sizce sizinle genelde neden etkileşimde bulunur?

| Hiç katılmıyorum (1) | (2) | (3) | Kararsızım (4) | (5) | (6) | Tamamen katılıyorum (7) |
|----------------------------|-----|-----|-------------------|-----|-----|-------------------------------|
|----------------------------|-----|-----|-------------------|-----|-----|-------------------------------|

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Çünkü bunu eğlenceli bulur. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Çünkü benimle bir şeyler paylaşmak partnerim için önemlidir. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Çünkü bunu yapmazsa kendini suçlu hissedecektir. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Çünkü bunu yapmazsa aramızın kötüye gideceğini düşünür. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Bilmiyorum, bunun ona bir getirisi olduğunu düşünmüyorum. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Çünkü bunu ilginç bulur. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Çünkü hayatımın bir parçası olmak onun için önemlidir. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Çünkü kendini iyi bir partner olmak zorunda hisseder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Çünkü bunu yapmazsa ona soğuk davranacağımı düşünür. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Bunu yapmak için onu motive eden bir şey olmadığını düşünüyorum. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Çünkü bunu yapmak hoşuna gider. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Çünkü bana değer verdiğini göstermek ister. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Çünkü bunu yapmazsa kendini kötü bir insan gibi hissedecektir. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Çünkü bunu yaparsa ona daha iyi davranacağımı düşünür. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Bunu yapmak için iyi bir neden gördüğünü sanmıyorum. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Aşağıda insanların bazen yaşadıkları yakınmaların listesi verilmiştir. Lütfen aşağıdaki 5 maddeyi son iki haftada ne derecede hissettiğinizi aşağıdaki ölçekte karşılık gelen rakamı düşünerek değerlendiriniz.

| | | | | | | |
|---------|-----|-----|------------------|-----|-----|---------------|
| Hiç (1) | (2) | (3) | Orta düzeyde (4) | (5) | (6) | Çok fazla (7) |
|---------|-----|-----|------------------|-----|-----|---------------|

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Hiçbir şeye ilgi duymamak. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Yalnız hissetmek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Hüzünlenmek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Kendini değersiz hissetmek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Geleceğe dair umutsuzluk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B. DAILY QUESTIONNAIRE

Lütfen aşağıdaki maddeleri bugün partnerinizle birlikte vakit geçirirken/iletişimde bulunurken ne derecede hissettiğinizi uygun rakamı işaretleyerek belirtiniz.

| | | | | | | |
|-------------------------|-----|-----|-------------------|-----|-----|----------------------------|
| Hiç katılmıyorum (1) | (2) | (3) | Kararsızım (4) | (5) | (6) | Tamamen katılıyorum (7) |
|-------------------------|-----|-----|-------------------|-----|-----|----------------------------|

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Kendim gibi olmakta özgür hissettim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Kendimi yetkin biri gibi hissettim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Sevildiğimi ve önemsendiğimi hissettim. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Lütfen aşağıdaki 5 maddeye ne ölçüde katıldığınızı değerlendiriniz. Soruları değerlendirirken bugün partnerinizle olan etkileşimlerinizi (örn., birlikte vakit geçirmek, telefonda konuşmak, mesajlaşmak gibi) düşünün.

Partneriniz sizce bugün sizinle neden etkileşimde bulundu?

| | | | | | | |
|-------------------------|-----|-----|-------------------|-----|-----|----------------------------|
| Hiç katılmıyorum (1) | (2) | (3) | Kararsızım (4) | (5) | (6) | Tamamen katılıyorum (7) |
|-------------------------|-----|-----|-------------------|-----|-----|----------------------------|

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Onu motive eden bir şey olmadığını düşündüm. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Çünkü bunu yapmazsa ona soğuk davranacağımı düşündü. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Çünkü bunu yapmasaydı kendini suçlu hissedecekti. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Çünkü bu onun için önemliydi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Çünkü bunu eğlenceli buldu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Aşağıdaki 5 maddede insanların bazen yaşadıkları belirtilerin ve yakınmaların listesi verilmiştir. Bugün hissettiklerinizi göz önünde bulundurarak uygun seçeneği işaretleyiniz.

| | | | | | | |
|---------|-----|-----|------------------------|-----|-----|------------------|
| Hiç (1) | (2) | (3) | Orta düzeyde (4) | (5) | (6) | Çok fazla (7) |
|---------|-----|-----|------------------------|-----|-----|------------------|

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Hiçbir şeye ilgi duymamak. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Yalnız hissetmek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Hüzünlenmek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Kendini değersiz hissetmek. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Geleceğe dair umutsuzluk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C. SAMPLE SAS CODES

```
PROC MIXED DATA=TMP1.workingfile COVTEST METHOD=ML;  
TITLE 'TV predicting mediator';  
CLASS CoupleID Sex Day ;  
MODEL prai = Female Male BASEprai*Female BASEprai*Male  
LAGdeprPART*Female LAGdeprPART*Male/ S NOINT notest;  
RANDOM Female Male / TYPE=UN G SUB=CoupleID;  
REPEATED Sex Day / SUB=CoupleID TYPE= UN@AR(1);  
RUN;
```

```
PROC MIXED DATA=TMP1.workingfile COVTEST METHOD=ML ;  
TITLE 'TV and mediator predicting DV';  
CLASS CoupleID Sex Day ;  
MODEL depr = Female Male Female*BASEdepr Male*BASEdepr  
Female*GCprai Male*GCprai Female*LAGdeprPART Male*LAGdeprPART/ S  
NOINT notest;  
RANDOM Female Male / TYPE=UN G SUB=CoupleID;  
REPEATED Sex Day / SUB=CoupleID TYPE= UN@AR(1) r ;  
RUN;
```

D. TURKISH SUMMARY

Giriş

Araştırmacılar uzun yıllardır sosyal ilişkilerin bireylerin iyilik haline etkilerine ilgi duymuştur. Pek çok çalışma sosyal ilişkilerin iyilik haline pozitif etkisi olabileceğini göstermektedir. Yakın zamanda yapılan bir meta-analiz sosyal ilişkilerin hayatta kalma ihtimalini 50% arttırdığını bile göstermiştir (Holt-Lunstad et al., 2010). Fakat sosyal ilişkilerin her zaman olumlu sonuçları olmayabilir. Yakın ilişkilerde görülen karşılıklı bağımlılık, kişilerden birinin fiziksel veya psikolojik iyiliği olumsuz yönde de diğerinin de bundan olumsuz etkileneceği anlamına gelebilir. Çiftlerin birbirlerinin iyilik halini etkilemesi üzerine yapılan çalışmalarda en tutarlı bulgular depresif semptomlarının uyumluluğu üzerinedir (Meyler et al., 2007).

Depresif semptomların hem kişinin kendisi hem de yakınları üzerinde olumsuz etkisi olabilir. Bu nedenle depresif bireylerin başkalarında depresif semptomlar oluşmasını tetikleyebileceği ve böylece bir bulaşma etkisi yaratabileceği önerilmiştir (Joiner & Katz, 1999). Depresif semptomların sosyal bulaşıcılığı kırk yılı aşkın süredir araştırmacılar için ilgi çekici bir konu olmuştur. Fakat, depresif semptomların hangi süreçler aracılığıyla yayıldığı açık değildir. Mevcut çalışmanın ana hedefi bireylerin depresif semptomlarının partnerlerinin depresif semptomlarını nasıl etkilediğini araştırmaktır.

1. Depresif semptomların sosyal bulaşması

1.1. Depresyonun etkileşim kuramı

Coyne'un kuramına göre depresif bireyler başkalarıyla etkileşimde bulunurken depresif sosyal süreçler aracılığıyla başkalarında depresif semptomlar oluşmasını tetikler (Coyne, 1976b). İlk deneysel bulgularda depresif bireylerin 20 dakikalık bir etkileşim sonucunda sağlıklı bireylerde olumsuz duygu duruma yol açtığı görülmüştür (Coyne, 1976a). Başlangıçta çalışmalar klinik örneklemeler ile

yapılsa da daha sonra klinik olmayan örneklemelerde de bulaşma etkisi görülmüştür. Depresif semptomlar şiddetli olmasa bile bulaşıcı görünmektedir.

Mevcut çalışmalar yakın ilişkilerin depresif semptomların sosyal bulaşmasında önemli bir bağlam olduğunu önermektedir. Bireyler romantik partnerlerinin depresif semptomlarını yabancılarınkilere kıyasla daha üzüntü verici bulabilir (Katz et al., 1999). Dolayısıyla kişi depresif bireye ne kadar yakınsa yaşayacağı bulaşma etkisi o kadar büyük olabilir. Nitekim evli çiftlerle yapılan çalışmalarda daha yakın çiftlerde kişilerin depresif semptomları arasındaki bağ daha güçlü bulunmuştur (Tower & Kasl, 1995, 1996).

Yakın ilişkilerde görülen güçlü bulaşma etkisi alternatif açıklamaların önerilmesine neden olmuştur. Bu açıklamalardan biri depresif bireylerin diğer depresif bireylerle ilişki kurmayı seçtiği ve bu nedenle uyumlu depresif semptomları olduğunu önermekteydi. Fakat rastgele eşleştirilmiş oda arkadaşları çalışılırken bu alternatif elenmiştir (Haeffel & Hames, 2014). Bu çalışmadaki öğrenciler oda arkadaşlarını seçememiş olmalarına rağmen birlikte bir süre yaşadıktan sonra uyumlu depresif semptomlar göstermişlerdir. Diğer alternatif açıklama ise yakın ilişkilerde kişilerin aynı olaylara maruz kaldığı ve bu nedenle benzer seviyelerde depresif semptomları olduğunu önermekteydi. Fakat bulaşma etkisi ortak olayların etkisi kontrol edildiğinde de görülmüştür (Bookwala & Schulz, 1996; Goodman & Shippy, 2002; Joiner, 1994). Dolayısıyla alternatif açıklamalar desteklenmemiş ve bulgular bulaşma etkisi olduğunu göstermiştir.

Mevcut çalışmada romantik partnerlerin depresif semptomlarının birbiriyle ilişkili olacağı hipotez edilmiştir. Yani bireylerin yüksek depresif semptomlarının partnerlerinde yüksek depresif semptomlar yordaması beklenmektedir. Bu çalışma ayrıca bulaşma etkisinin mekanizmasını açıklamayı amaçlamaktadır. Bulaşma etkisi üzerine en güncel meta-analizde bazı açıklayıcı mekanizmalar önerilmiştir. Bunlar davranışsal, bilişsel ve kişilerarası açıklamalardır.

1.2.Kuramsal açıklamalar

Kişilerarası açıklamalar yakınlık ve aşırı onay isteme üzerinde durmuştur. Bir derlemede yakın ilişkilerde yapılan tüm çalışmalarda bulaşma etkisi görülmüştür (Joiner & Katz, 1999). Ayrıca geçmiş araştırmalar bulaşma etkisinin belirli bir yakınlığa ulaşılmadığında görülmeyebileceğini göstermiştir (Haefel & Hames, 2014; Pe et al., 2015). Aşırı onay isteme sürekli sevildiğine dair onay istemektir ve bulaşma etkisinde düzenleyici etkisi olduğu önerilmiştir. Daha yüksek derecede onay arayan kişiler depresif semptomlar geliştirmeye, özellikle partnerleri onlardan geri çekiliyorsa, daha yatkın olabilir (Coyne, 1976b). Romantik çiftler ve oda arkadaşlarında daha yüksek onay arayan kişilerde daha güçlü bulaşma etkisi görülmüştür (Joiner, 1994; Katz et al., 1999). Bu tür kişilerarası açıklamalar depresif semptomların bulaşmasını açıklayabilir.

Davranışsal açıklamalar depresif bireylerin bazı davranışlarının başkalarında depresif semptomların tetiklenmesine yol açtığını önermiştir. Depresyonun olumsuz kişilerarası sonuçları vardır (Hames et al., 2013). Örneğin evlilikleri ile ilgili bir konuyu tartışırken depresif bireylerin davranışları eşleri tarafından daha olumsuz değerlendirilmiştir. Depresif semptomlar ayrıca evliliklerde eleştirme gibi olumsuz etkileşimlerle ilişkilidir (Whisman & Uebelacker, 2009). Bu tür olumsuz etkileşimlerin gelecekteki depresif semptomlarla ilişkili olduğu düşünüldüğünde (Beach et al., 2003; Peterson-Post et al., 2014) olumsuz davranışlar bulaşma etkisini açıklayabilir.

Bilişsel açıklamalar depresif birey ile ilgili olumsuz algıların bulaşma etkisini açıklayabileceğini önermiştir (Joiner & Katz, 1999). Bir bireyin depresif ve diğerinin sağlıklı olduğu çiftler ile bir bireyin ağır hastası ve diğerinin sağlıklı olduğu çiftlerde objektif değerlendirmeler benzer miktarda gülümseme, memnuniyet, göz teması, ve heyecanlı yüz ifadeleri olduğunu göstermiştir (Gotlib & Whiffen, 1989). Bu benzerliğe rağmen depresif bireylerin eşleri partner davranışlarını daha olumsuz değerlendirmiştir. Bu bulgu bireylerin depresif eşlerine karşı olumsuz tutumları olduğu bulgusuyla uyumlu görünmektedir (Hooley, 1986). Ayrıca depresif bireylerin davranışlarını ölçmenin onların

kişilerarası zorluklarını anlamakta yetersiz kalabileceğini gösterebilir. Kişiler depresif partnerlerini bir yük olarak da algılayabilir. Depresif bireylerin eşlerinde bu tür algılar hissedilen sıkıntı ile ilişkili bulunmuştur (Benazon & Coyne, 2000; Coyne et al., 1987). Bu tür olumsuz algılar depresif semptomların bulaşmasını açıklayabilir.

1.3.Hipotez edilen mekanizma

Önceki bölümde gösterildiği gibi depresif bireyler bulaşma etkisini açıklayabilecek pek çok sorun yaşarlar. Depresif bireylerin yaptıkları şeyler bu sorunlara önemli ölçüde katkıda bulursa da bu şeyleri nasıl yaptıkları da önemli olabilir. Motivasyon süreçleri depresif bireylerin partnerlerini nasıl etkilediklerini açıklayabilir.

Araştırmacılar depresif semptomların motivasyon için büyük sonuçları olduğunu önermişlerdir (Brehm & Self, 1989). Depresif semptomlar daha yüksek görev zorluğu ve düşük önem (Silvia et al., 2014), daha düşük efor (Brinkmann & Gendolla, 2008; Gendolla et al., 2012), ve daha düşük görev çekiciliği algıları (Franzen & Brinkmann, 2016; Pizzagalli et al., 2008) ile ilişkili bulunmuştur. Ayrıca depresif bireylerin sosyal etkileşimleri daha düşük zevk ve ilgi içerebilir. Bunlar da motivasyonda anahtar değişkenlerdir (Deci & Ryan, 2000). Günlük deneyimlerinde depresif bireyler sosyal etkileşimlerinden daha az keyif aldıklarını belirtmişlerdir (Nezlek et al., 2000). Depresif olmayan bireylerden sosyal aktivite veya sosyal temas miktarında fark göstermemeleri de dikkate değerdir. Ayrıca klinik olmayan bireylerde daha yüksek depresyon sosyal etkileşimlerde daha düşük aidiyet hissi ile ilişkili bulunmuştur (Steger & Kashdan, 2009).

Aşırı onay isteme ile ilgili bulgular da depresif bireylerin sosyal etkileşimlerde daha düşük ilgi gösterdiğini doğrulayabilir. Depresif semptomları yüksek olan bireylerin partnerlerinin onay ihtiyaçlarına karşı daha ilgisiz olacağı önerilmiştir (Katz et al., 1999). Benzer şekilde eşi yük olarak algılamada da depresif bireylerin etkileşimlerden daha az zevk alması (Coyne et al., 1987) ve daha az enerjisi olması (Benazon & Coyne, 2000) bu algısının en büyük kaynaklarından olduğu önerilmiştir. İki nitel çalışma depresif bireylerin

yakınlarını nasıl etkilediğini araştırmıştır. Bulgularda depresif bireylerin enerji ve motivasyon eksikliği ana temalar arasındadır (Sharabi et al., 2016; Skundberg-Kletthagen et al., 2014).

Mevcut çalışmada algılanan partner motivasyonunun depresif semptomların bulaşmasında ara değişken olduğunu hipotez ediyorum. Daha detaylı olarak, bireylerin depresif partnerlerinin motivasyonu ile ilgili olumsuz algıları olacağı ve bunu kişinin kendinde yüksek depresif semptomların takip edeceğini bekliyorum. Motivasyonun rolünü incelerken zevk alma, ilgi duyma, algılanan görev önemi ve optimal zorluk üzerinde duran kendini belirleme kuramından faydalanıyorum.

2. Kendini belirleme kuramı

Kendini belirleme kuramı insanların psikolojik büyüme ve gelişmeye doğal bir yöneliminin olduğunu önerir (Deci, 1971; Deci & Ryan, 2000). Kurama göre motivasyon özerklik derecesi farklı olan altı çeşide ayrılabilir. Artan özerkliğe göre sıralandığında bireyler bir şeyi yapmaya isteksiz, bir ödül almak veya cezadan kaçınmak için, suçluluk ve utanç hislerinden kaçınmak için, yaptıklarının önemini anladıkları için, yaptıkları gerçek benlikleri ile uyumlu olduğu için veya yaptıklarından zevk aldıkları için istekli olabilir (Vansteenkiste et al., 2010). Özerk motivasyona sahip kişiler yaptıklarına karşı ilgi ve seçim hissi duyarlar (Deci & Ryan, 2000). Öte yandan düşük derecede özerklik baskı ve zorlama hisleriyle ilişkilidir. Daha özerk motivasyona sahip kişilerin psikolojik iyiliği daha olumludur.

2.1. Algılanan motivasyon

Bireyler başkalarının motivasyonu ile ilgili çıkarımlar yaparlar (Deci et al., 1974). Kişinin performansı değişmese bile bu çıkarımlar değişik olabilir. Kişilerin faaliyetlerinin çıktıları (Deci et al., 1974), elde ettikleri ödüller (Deci et al., 1974; Wild et al., 1997), veya alıyor gördükleri zevk (Friedman et al., 2010) algılanan motivasyonu değiştirebilir. Doğrudan bir delil bulunmadığında bile

başkalarının özerkliği ile ilgili davranışsal ipuçları görebilecekleri önerilmiştir (Weinstein & Ryan, 2010).

Algılanan motivasyon bireylerin psikolojik iyiliğini etkileyebilir. Yardımlaşma etkileşimlerini inceleyen deneylerde yardım edeni daha özerk algılayanlar daha yüksek olumlu duygu durum (Weinstein et al., 2010), daha az özerk algılayanlar ise düşük olumlu duygu durum, zindelik, ve öz-saygı göstermiştir (Weinstein & Ryan, 2010). Başka bir deneyde öğretmeni daha özerk algılayan öğrenciler daha yüksek olumlu duygu durum göstermiştir (Wild et al., 1997).

Algılanan motivasyon daha önce kendini belirleme kuramı alanyazınında romantik ilişkiler bağlamında çalışılmamış olsa da eş davranışlarına yönelik atıflarda ilgili bulgular sunabilir. Örneğin bireyler eşlerinin olumlu davranışlarını dışsal faktörlere atfettiğinde veya davranışlarını bencil nedenlere atfettiğinde ilişkilerinde olumsuz sonuçlar yaşayabilirler (Bradbury & Fincham, 1990; Fincham et al., 1987). Bu tür atıflarda algılanan özerklik düşüktür. Kendini belirleme kuramı bulgularında olduğu gibi evlilik atıfları da psikolojik iyilik hali ile ilişkilidir (Ellison et al., 2016; Fincham & Bradbury, 1993; Karney et al., 1994). Fakat araştırmacılar olumsuz eş davranışları ile ilgili atıfların ilişki üzerinde daha güçlü bir etkisi olduğunu savunmuş (örn., Fincham & Bradbury, 1993) ve pek az çalışma eşlerin olumlu davranışları ile ilgili atıflarını incelemiştir.

Mevcut çalışmada partnerleri daha yüksek depresif semptomlar hissettiğinde bireylerin onlarda daha düşük özerk motivasyon algılayacağı hipotez edilmiştir. Ayrıca daha düşük özerklik algılamının da kişide daha yüksek depresif semptomlar yordayacağı hipotez edilmiştir. Dolayısıyla algılanan partner motivasyonunun partnerlerin depresif semptomlarının ilişkisinde ara değişken rolü olduğu hipotez edilmiştir.

2.2.Temel psikolojik ihtiyaçlar

Kendini belirleme kuramı kişilerin üç temel psikolojik ihtiyacı olduğunu önerir (Deci & Ryan, 1985, 2000). Bunlar özerklik, yeterlilik ve ilişkisellik

ihtiyaçlarıdır. Özerklik kişinin kendi davranışlarının belirleyicisi olması, yeterlilik yetkin ve optimal ölçüde zorluk hissetmesi ve ilişkisellik aidiyet ve başkalarıyla bağlantılı hissetmesidir. Kişiler kendi iradeleriyle hareket ettiklerinde, ilgi, zevk veya içselleştirilmiş değerler sebebiyle bir davranışı sergilediğinde özerk, sosyal çevre ile etkileşimlerinde etkili hissettiklerinde yeterli, diğerlerine önem verdiklerinde ve önemsendiklerini hissettiklerinde ise ilişkiyel hissederler. Bu ihtiyaçların tatmini mutluluk, zindelik (Ryan & Deci, 2001), duygu durum, fiziksel semptomlar, öz-saygı (Deci & Ryan, 2000), ve depresyon (Ibarra-Rovillard & Kuiper, 2011) gibi psikolojik iyilik değışkenlerini olumlu yönde etkiler. Romantik partnerler birbirinin psikolojik ihtiyaçlarını tatmin edebilir. Örneğin partnerinin bakış açısını anlayan, onun ilgi alanları geliştirmesine yardımcı olan, ve ona ilgi gösteren bir kişi partnerinin özerklik, yeterlilik ve ilişkisellik ihtiyaçlarını tatmin etmesine yardım edecektir (La Guardia & Patrick, 2008).

Temel psikolojik ihtiyaçlar aynı zamanda algılanan motivasyonun psikolojik iyilik üzerine etkisini açıklamak için de faydalı bir araç olabilir. Bireyler başkalarının onlarla etkileşimlerinde özerk olduğunu düşündüklerinde daha fazla önemsendiklerini hissedebilir (Weinstein & Ryan, 2010). Ayrıca özerk olmayan biriyle etkileşimde bulunmak kişilerin bu etkileşimi daha az eğlenceli bulması ve kendini daha az etkili hissetmesine neden olabilir. Dolayısıyla özerk olmayan biriyle etkileşimde bulunmak özerklik, yeterlilik ve ilişkisellik ihtiyaçlarına ket vurabilir. Mevcut çalışmada algılanan partner motivasyonu ile psikolojik iyilik hali arasındaki ilişkide temel psikolojik ihtiyaçların ara değışken olduğu hipotez edilmiştir.

3. Çalışmanın amacı ve hipotezler

Mevcut çalışma romantik çiftlerde depresif semptomların bulaşmasını kendini belirleme kuramı perspektifinden incelemeyi amaçlar. Bir günlük çalışması kullanarak aşağıdaki hipotezler incelenecektir.

1. Çiftler içinde bireylerin depresif semptomlar ilişkili olacaktır.

2. Bireyler yüksek depresif semptomlar gösterdiğinde partnerleri onların günlük ilişki aktivitelerinde motivasyonunu daha az özerk algılayacaktır.
3. Partnerini daha az özerk algılamak daha yüksek depresif semptomlar yordayacaktır.
4. Algılanan partner motivasyonu ile psikolojik iyilik hali arasındaki ilişkide temel ihtiyaçlar ara değişken olacaktır.
5. Algılanan partner motivasyonu partnerlerin depresif semptomları arasındaki ilişkide ara değişken olacaktır.

Yöntem

1. Katılımcılar

En az bir aydır birlikte olan 82 çift çalışmaya katılmıştır. Bunlardan 74'ü katılım kriterlerine uygun olarak çalışmayı tamamlamışlardır. Analizlere dahil edilmeyen katılımcılar diğerlerinden ilişki süresi ve depresif semptomlarda fark göstermemektedir. Katılımcılara ODTÜ SONA sistemi, el ilanları, sosyal ağlardaki öğrenci gruplarında duyurular ve çeşitli derslerde duyurular yapılarak ulaşılmıştır.

2. Desen ve işlem

Çalışmada ikili desen kullanılmıştır. Çalışmanın başında bir başlangıç anketi, daha sonra ise günlük çalışması yapılmıştır. Katılımcılar 14 gün boyunca her günün sonunda anket çözmüştür. Çalışmanın başında her çiftten en az bir kişiye prosedürün detaylı bir açıklaması yapılmıştır. Partnerlerinden ayrı çözmeleri ve cevaplarını gizli tutmalarının önemi vurgulanmıştır. Günlük çalışması boyunca her akşam 19.00'da anketler e-posta ile yollanmış ve ertesi gün öğleden sonra çözenler analizlerden çıkarılmıştır.

3. Ölçekler

Başlangıç anketi Ek A'da, günlük anket Ek B'de görülebilir. Başlangıç ölçeklerinde Cronbach alfa güvenilirlik değeri, günlük ölçeklerde ise değişke ayrıştırma yöntemi (Cranford et al., 2006) kullanılmıştır.

3.1. Demografi ve ilişki bilgisi

Katılımcıların yaşları 19 ile 32 arasında değişmektedir ($Ort. = 22.45$, $S = 2.38$). Çalışma sırasında %65.5'i lise mezunu, %30.4'ü üniversite mezunu, ve %4.1'i yüksek lisans veya doktora mezunu olduğunu belirtmiştir. İlişki süresi 1 ile 114 ay arasında değişmektedir ($Ort. = 24.16$, $SD = 22.78$). Katılan çiftlerden üçü nişanlıdır.

3.2. Depresif semptomlar

Kısa Semptom Envanteri (Derogatis & Melisaratos, 1983) depresyon alt ölçeğinden beş madde hem başlangıç anketinde hem de günlük ankette kullanılmıştır. Ölçek Türkçe'ye Şahin ve Durak (1994) tarafından uyarlanmıştır. Katılımcılar semptomları ne ölçüde hissettiklerini 1 (*hiç*) ile 7 (*çok fazla*) arasında değerlendirmişlerdir. Ölçeğin güvenirlik değeri başlangıç anketinde .86 bulunmuştur. Günlük ankette ise kişiler içi güvenirlik .83, kişiler arası güvenirlik .79 bulunmuştur.

3.3. Algılanan partner motivasyonu

İlişki Aktiviteleri için Motivasyon Ölçeği (Gaine & La Guardia, 2009) ve Çift Motivasyon Formu (Blais et al., 1990) içinden maddeler seçilmiş ve günlük algılanan partner motivasyonunu ölçmek için mevcut bağlama uyarlanmıştır. Türkçe uyarlaması yazar ve danışman tarafından yapılmıştır. Başlangıç anketinde 15, günlük ankette 5 madde ile katılımcılara partnerlerinin neden onlarla etkileşimde bulunduğunu düşündükleri sorulmuştur. Katılımcılar farklı ölçülerde özerklik gösteren maddeleri 1 (*kesinlikle katılmıyorum*) ile 7 (*kesinlikle katılıyorum*) arasında değerlendirmişlerdir. Daha yüksek skorlar partnerin daha yüksek özerklikte algılandığını göstermektedir.

3.4. Temel ihtiyaç tatmini

Temel psikolojik ihtiyaç tatmini ilişkilerde Temel İhtiyaç Ölçeği (La Guardia et al., 2000) kullanılarak ölçülmüştür. Ölçek Türkçe'ye danışman tarafından uyarlanmıştır. Katılımcılar özerklik, yeterlilik ve ilişkisellik tatmini maddelerine

ne ölçüde katıldıklarını (1 (*kesinlikle katılmıyorum*) ile 7 (*kesinlikle katılıyorum*) arasında değerlendirmişlerdir. İhtiyaç tatmini başlangıç anketinde dokuz, günlük ankette üç madde ile ölçülmüştür. Daha yüksek skorlar daha fazla ihtiyaç tatminini göstermektedir. Başlangıç anketinde güvenilirlik .75 bulunmuştur. Günlük ankette ise kişiler içi güvenilirlik .75, kişiler arası güvenilirlik .72 bulunmuştur.

3.5. Analitik strateji

Kişilerin günlük skorları (kişinin bir günlük depresif semptomları ile diğer günlerdeki depresif semptomları), çiftlerin günlük skorları (kişinin bir günlük depresif semptomları ile partnerinin aynı gündeki depresif semptomları) ve birey düzeyindeki skorlar (kişinin ortalama depresif semptomları ile partnerinin ortalama depresif semptomları) bağımlı olduğu için çokdüzeyli modelleme kullanıldı (Bolger & Shrout, 2007).

Modeller iki kesme noktalı ve birinci derece otoregresif tanımlanmıştır. İki kesme noktalı modelin sonuç vermemesi durumunda kadın ve erkek katılımcılar için iki ayrı çokdüzeyli model test edilmiştir. Yordayıcı değişkenler kişi içinde ortalanmıştır. Ek C’de örnek sözdizimi görülebilir. Kadınlar için bulunan katsayılar *bf*, erkekler için bulunan katsayılar *bm* ile gösterilmiştir. Katsayılar standardize edilmemiştir.

Bulgular

Örnekleme bulaşma etkisi olup olmadığını görmek için partner depresif semptomları ile kişinin depresif semptomları arasındaki ilişki incelenmiştir. Hem kadınlar (*bf* = .347, *p* < .001) hem de erkekler için (*bm* = .225, *p* < .001) partner bu ilişki günlük düzeyde anlamlı bulunmuştur. Gecikmeli analiz ise önceki günün partner depresif semptomları ile kişinin günlük depresif semptomları arasında ilişki bulunmadığını göstermiştir (*bf* = .054, *p* = .178; *bm* = .010, *p* = .747).

Daha sonra partner depresif semptomları ile kişinin algılanan partner motivasyonu arasındaki ilişki incelenmiştir. Partner depresif semptomları ile algılanan partner motivasyonu arasında hem kadın hem de erkekler için günlük

düzeyde anlamlı ilişki olduğu görülmüştür ($bf = -1.046, p < .001; bm = -.541, p < .001$). Gecikmeli analiz ise önceki günün partner depresif semptomları ile kişinin günlük algılanan partner motivasyonu arasında sadece kadınlar için anlamlı ilişki bulunduğunu göstermiştir ($bf = -.373, p = .045; bm = -.081, p = .579$).

Algılanan partner motivasyonu ile kişinin kendi depresif semptomları arasındaki ilişki incelenmiştir. Algılanan partner motivasyonu ile depresif semptomlar arasında hem kadın hem de erkekler için günlük düzeyde anlamlı ilişki olduğu görülmüştür ($bf = -.083, p < .001; bm = -.068, p < .001$). Gecikmeli analiz ise önceki günün algılanan partner motivasyonu ile kişinin günlük depresif semptomları arasında ilişki bulunmadığını göstermiştir ($bf = -.008, p = .309; bm = -.004, p = .580$).

Algılanan partner motivasyonu ile kişinin kendi depresif semptomları arasındaki günlük düzeydeki ilişki daha detaylı incelenmiştir. Algılanan partner motivasyonu ile temel ihtiyaç tatmini arasında anlamlı bir ilişki olduğu ($bf = .071, p < .001; bm = .089, p < .001$) görülmüştür. Ayrıca hem kadınlar (Sobel $Z = -8.032, p < .001$) hem de erkekler (Sobel $Z = -8.750, p < .001$) için temel ihtiyaç tatmininin algılanan partner motivasyonu ile depresif semptomlar arasındaki ilişkide ara değişken olduğu görülmüştür.

Son olarak algılanan partner motivasyonunun bulaşma etkisindeki ara değişken rolü test edilmiştir. Günlük düzeyde hem kadınlar (Sobel $Z = 5.816, p < .001$) hem de erkekler (Sobel $Z = 4.585, p < .001$) için algılanan partner motivasyonunun kişi ve partnerinin depresif semptomları arasındaki ilişkide ara değişken olduğu görülmüştür. Gecikmeli analizde ise bu modelin sadece kadınlarda anlamlı olduğu görülmüştür (Sobel $Z = 1.978, p < .048$).

Tartışma

1. Bulguların değerlendirilmesi

İlk hipotez test edildiğinde partnerin depresif semptomlarının yüksek olduğu günlerde kişinin depresif semptomlarının da yüksek olduğu görülmüştür. Fakat gecikmeli analizler partner depresif semptomlarının kişilerin ertesi günü

depresif semptomlarına etkisi olmadığını göstermiştir. Bu bulgu depresif semptomların çift içinde bulaşmaktansa aynı anda ortaya çıktığını gösterebilir. Fakat depresif semptomlar her akşam değerlendirilmiştir ve gün içerisinde hangi sırayla arttığı konusunda bir bilginiz yoktur. Bulaşma gün içerisinde meydana gelmiş olabilir ve bu durumda bulgular hipotezi destekler yöndedir. Ayrıca gecikmeli analizlerde doğrudan bir etki görülmesi de bu gibi durumlarda bir ara değişken yoluyla etki olabilir (Zhao et al., 2010).

İkinci hipotez test edildiğinde partner depresif semptomlarının daha yüksek olduğu günlerde kişilerin partnerlerini daha az özerk algıladığı görülmüştür. Fakat partner depresif semptomlarının ertesi günü algılanan partner motivasyonuna yalnızca kadınlar için etkisi görülmüştür. Bu bulgu partner duygularına karşı uyanık olma ve anlama konularında görülen cinsiyet farklılıkları ile açıklanabilir (Ickes & Hodges, 2013; McClure, 2000; Noller, 1980, 1993), fakat çalışmalarda bu tür farklılıklara ilişkin bulguların tutarlı olmadığı da göz önünde bulundurulmalıdır (Hodges et al., 2010).

Üçüncü hipotez test edildiğinde algılanan partner motivasyonunun daha az özerk olduğu günlerde kişilerin daha yüksek depresif semptomlar gösterdiği görülmüştür. Fakat gecikmeli analizler algılanan partner motivasyonunun kişilerin ertesi günü depresif semptomlarına etkisi olmadığını göstermiştir. Bu bulgu eş davranışlarına yönelik atıflar ile ilgili boyamsal çalışmalara ters görünebilir (Fincham & Bradbury, 1987), fakat bu çalışmalar eşin olumsuz davranışlarına yönelik atıflara odaklanmış ve olumlu davranışlara ilişkin atıfların çok güçlü bir etkisi olmadığını savunmuştur (Fincham & Bradbury, 1987, 1993). Mevcut çalışmada algılanan partner motivasyonunun olumsuz davranışlara yönelik olmaması olasıdır ve bu durumda olumlu veya nötr davranışlara ilişkin atıfların çok güçlü etkisi olmadığını doğrulamaktadır.

Dördüncü hipotez test edildiğinde algılanan partner motivasyonu daha az özerk olduğunda temel ihtiyaçların tatmininin de daha düşük olduğu ve bu yolla depresif semptomların yüksek olduğu görülmüştür. Kendini belirleme kuramına göre kontrol altına alıcı, zorlayıcı ve soğuk bir çevre kişilerin temel ihtiyaçlarına

ket vuracaktır (Vansteenkiste et al., 2010). Mevcut bulgu kişilerin partnerleri ile özerk olmayan etkileşimlerde bulunmasının partnerleri için bu tür bir çevre yaratacağını göstermektedir.

Beşinci hipotez test edildiğinde partnerlerin yüksek depresif semptomları olduğu günler daha az özerk algılandıkları ve bu yolla kişilerin kendi depresif semptomlarının da yüksek olduğu görülmüştür. Fakat gecikmeli analizlerde partner depresif semptomları ile kişinin ertesi günkü depresif semptomları arasında algılanan partner motivasyonunun sadece kadınlar için anlamlı bir ara değişken rolü vardır. Daha önce kadınların erkeklere kıyasla partnerlerini daha çok benliklerinin bir parçası olarak görebilecekleri önerilmiştir (Cross & Madson, 1997). Bu bulaşma etkisinin kadınlar için daha güçlü olmasını açıklayabilir.

2. Çalışmanın katkıları

Mevcut çalışma alanyazınına çeşitli katkılarda bulunmuştur. Öncelikle depresif semptomların bulaşmasının altında yatan mekanizmayı test etmiştir. Mevcut çalışma depresyonun motivasyon ile ilişkisi ilgili bulgulardan yola çıkarak (Brinkmann & Gendolla, 2008; Strauman, 2002) algılanan partner motivasyonunun bulaşmada etkisini ilk kez incelemiştir. Mevcut bulgular depresif bireylerin yalnızca davranışları değil, bu davranışların altında yatan motivasyonu da incelemenin gelecek çalışmalara fayda sağlayacağını göstermiştir. Çalışma aynı zamanda Kendini Belirleme Kuramı alanyazınına katkıda bulunmuştur. Algılanan motivasyon ile ilgili deneysel bulgulara bir günlük çalışmasıyla destek verilmiştir. Ayrıca öz-denetim ölçeğinin tamamını kullanan ilk çalışmadır. Önceki çalışmalarda kişilerin davranışları için para aldığı veya başka çaresi bulunmadığını bilmenin etkisi ölçülmüştür. Fakat kişilerin davranışları için dışsal nedenler varken de özerk olabileceği bilinmektedir (Gagne & Deci, 2005). Benzer biçimde başkalarının motivasyonu ile ilgili algılarda da kullanılan tek kriter dışsal nedenler olmayabilir. Bu nedenle tüm öz-denetim boyutlarını ölçmek önemlidir. Ayrıca algılanan motivasyon Kendini Belirleme Kuramı bağlamında ilk kez yakın ilişkilerde incelenmiştir. Kişiler psikolojik ihtiyaçlarının karşılanması için partnerlerine daha çok bağımlı olabilirler (La Guardia & Patrick, 2008), bu

nedenle romantik ilişkiler algılanan motivasyonu çalışmak için önemli bir bağlamdır. Buna ek olarak algılanan partner motivasyonunun psikolojik iyiliği nasıl etkilediği de açıklanmıştır. Son olarak eş davranışlarına yönelik atıflara da katkıda bulunulmuştur. Daha önce atıfların yapıldığı duygusal ortamın önemine değinen araştırmacılar olsa da (Waldinger & Schulz, 2006), bu araştırmacılar atıf yapan kişinin duygularından söz etmekteydiler. Mevcut çalışma atıf yapılan kişinin duygularının da yapılan atıfları etkileyebileceğini eklemiştir.

3. Özet

Çalışma bulguları değerlendirilirken bulguların nedensellik göstermediği, örneklemin üniversite öğrencileri ve onların partnerlerinden oluştuğu ve ortalama ilişki süresinin kısa olduğu göz önünde bulundurulmalıdır.

Sonuç olarak mevcut çalışma depresif semptomların bulaşmasında özgün bir mekanizma için kısmi destek sağlamıştır. Ana bulgular partnerlerinin daha depresif olduğu günlerden sonra kadınların partnerlerini daha az özerk algıladığını göstermiştir. Bu da kadınlarda daha yüksek depresif semptomları yordamıştır. Algılanan partner motivasyonu ile depresif semptomlar arasında da temel psikolojik ihtiyaçların ara değişken olduğu görülmüştür.

E. TEZ FOTOKOPİSİ İZİN FORMU

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YAZARIN

Soyadı : Aşcıgil

Adı : Esra

Bölümü: Psikoloji

TEZİN ADI (İngilizce) : Social contagion of depressive symptoms:
A self-determination theory approach

TEZİN TÜRÜ: Yüksek Lisans

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1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

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