

PERCEIVED SOCIAL SUPPORT AND RESILIENCE AS PREDICTORS OF
WELLNESS IN ROMAN EARLY ADOLESCENTS

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

ASLI DENİZ

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
THE DEPARTMENT OF EDUCATIONAL SCIENCE

AUGUST 2019

Approval of the Graduate School of Social Sciences

Assoc. Prof. Dr. Sadettin Kirazcı
Director, (Acting)

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science.

Prof. Dr. Cennet Engin Demir
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Assoc. Prof. Dr. Zeynep Hatipođlu Sümer
Supervisor

Examining Committee Members

Prof. Dr. Ayhan Demir (METU, EDS) _____

Assoc. Prof. Dr. Zeynep Hatipođlu Sümer (METU, EDS) _____

Assist. Prof. Dr. Ezgi Toplu Demirtaş (MEF Uni., PCG) _____

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last name : Aslı, Deniz

Signature :

ABSTRACT

PERCEIVED SOCIAL SUPPORT AND RESILIENCE AS PREDICTORS OF WELLNESS IN ROMAN EARLY ADOLESCENTS

Deniz, Aslı

M.S., Department of Educational Sciences

Supervisor: Assoc. Prof. Dr. Zeynep Hatipođlu Sümer

August 2019, 154 pages

The purpose of the current study was to investigate the differences on wellness scores in terms of gender, birth order, and grade level and examine the role of resilience (individual, relational, contextual) in predicting wellness level of Roman early adolescents after controlling for perceived social support from family, friends and teachers. Participants were Roman early adolescents attending to six state secondary schools in the four central and two other districts of Tekirdađ. Purposive sampling was used, and the sample composed of 197 participants (101 females, 96 males). Wellness Evaluation of Lifestyle Teen Version (5F-WEL) Turkish Form, Child and Youth Resilience Scale 28 (CYRM-28), Perceived Social Support Scale (PSSS-R), and a personal information form developed by the researcher were used for data collection. Independent sample *t*-test results revealed that there was not a significant difference in the total wellness scores of male and female participants. One way ANOVA results indicated that wellness scores were not significantly different with respect to birth order and the grade level of participants. The results of hierarchical multiple regression analysis revealed that in the first model, perceived family, friend, and

teacher social support scores explained 25% of the variance of total wellness scores and their contribution to wellness scores was significant. Perceived friend social support was the strongest predictor of wellness. In the final model, perceived social support and resilience were combining to account statistically significant for 42% of the variance of total wellness and resilience scores uniquely explained almost 18% of the variation in wellness of Roman early adolescents level. The findings are interpreted in line with literature, practical implications, and recommendations for future research were presented.

Keywords: Wellness, Perceived Social Support, Resilience, Roman, Early Adolescents

ÖZ

ROMAN ERGENLERDE İYİ-OLUŞUN YORDAYICISI OLARAK, ALGILANAN SOSYAL DESTEK VE YILMAZLIK

Deniz, Aslı

Yüksek Lisans, Eğitim Bilimleri Bölümü

Tez Yöneticisi: Doç. Dr. Zeynep Hatipoğlu Sümer

Ağustos 2019, 154 sayfa

Bu çalışmanın amacı iyi oluş puanlarının cinsiyet, doğum sırası ve sınıf düzeyi açısından nasıl farklılaştığını araştırmak ve aile, arkadaşlar ve öğretmenlerden algılanan sosyal destek değişkenleri kontrol edildikten sonra, yılmazlığın (bireysel, ilişkisel, bağlamsal) Roman ergenlerin iyi oluş düzeylerini ne ölçüde yordadığını incelemektir. Katılımcılar Tekirdağ'daki dört merkezi, iki tane de diğer ilçelerdeki altı devlet ortaokulundaki Roman ergenlerden oluşmuştur. Amaçlı örnekleme yöntemi kullanılan araştırmanın çalışma grubu 197 katılımcıdan oluşmuştur (101 kız, 96 oğlan). Beş Faktörlü İyilik Hali Ölçeği – Ergen Formu (EİHÖ), Algılanan Sosyal Destek Ölçeği (ASDÖ- R), Çocuk ve Gençlik Yılmazlık Ölçeği- 28 (CYRM-28) ve araştırmacı tarafından geliştirilen kişisel bilgi formu veri toplama amacıyla kullanılmıştır. *t*- testi sonuçları oğlan ve kız katılımcıların toplam iyi oluş puanlarında anlamlı bir fark olmadığını göstermiştir. Tek Yönlü Varyans Analizi sonuçları toplam iyi oluş puanının doğum sırası ve sınıf düzeyine göre değişmediğini göstermiştir. Hiyerarşik çoklu regresyon analizi sonuçları birinci modelde algılanan aile, arkadaş ve öğretmen sosyal destek puanlarının toplam iyi oluş puanlarındaki varyansın %25'ini

anlamalı düzeyde yordadığını göstermektedir. Algılanan arkadaş desteđi iyi oluşun en güçlü yordayıcısıdır. Son modelde, sosyal destek ve yılmazlık kavramının birlikte toplam iyi oluş puanlarındaki varyansın %42'sini anlamalı düzeyde yordadığı ve yılmazlığın tek başına varyansın %18'ini açıkladığı görülmüştür. Bulgular literatür doğrultusunda yorumlanmış uygulamaya yönelik çıkarımlar ve gelecekteki araştırmalara yönelik öneriler sunulmuştur.

Anahtar Kelimeler: İyi Oluş, Algılanan Sosyal Destek, Yılmazlık, Roman, Ergenler

To my Parents
&
To my Beloved Husband

ACKNOWLEDGMENTS

During the process of thesis writing, I have been grateful to many precious people and I thank them by all my heart.

First of all, I would like to express my profound thanks and deepest gratitude to my supervisor, Assoc. Prof. Dr. Zeynep Hatipođlu Sumer for her guidance, advice, detailed feedbacks guidance and encouragement throughout the research.

I would also like to express my sincere thanks to my friends Zerrin Bülükbaşı Macit for her guidance, encouragement and being my side whenever I need. I am grateful to Tülay Alkan, for her contribution to the data collection process in Tekirdađ and for her hospitality. And I would also like to express my thanks to my colleague Hatice Tuba Güzelocak in terms of translation and encouragement.

I also would like to express my deepest gratefulness toward my husband Salih Deniz. My husband was the biggest and the most important supporter who was always ready to assist and motivate. His love and friendship have always encouraged when I felt desperate and stressful. He stood by me without any complaint and even pampered me in times of hopelessness.

2.2 Study Variables of Wellness in the Current Study	32
2.2.1 Perceived Social Support.....	32
2.2.2 Resilience	39
2.2.3 Wellness and Social Support	44
2.2.4 Wellness and Resilience	49
2.2.5 Wellness, Social Support, and Resilience	51
2.3 Review of the Literature Regarding the Concept of Roma Citizens .	52
2.3.1 The Roma Culture and History	52
2.3.2 Research about Roma Population	54
2.4 Summary of the Literature Review.....	57
3. METHOD	58
3.1 Design of Study	58
3.2 Population and Participants.....	59
3.3 Data Collection Instruments.....	62
3.3.1 Five Factor Wellness Inventory-Teen Version (Turkish Form) (5F-Wel-T)	62
3.3.2 Child and Youth Resilience Scale -28 (CYRM 28).....	64
3.3.3 Perceived Social Support Scale (PSSS-R)	65
3.3.4 Demographic Data Form	66
3.4 Data Collection Procedure	66
3.5 Description of Variables	68
3.6 Data Analysis	69
3.7 Limitations of the Study.....	70
4. RESULTS	72
4.1 Preliminary Analyses.....	72
4.1.1 Assumption Checks.....	72
4.1.1.1 <i>Testing assumption of independent samples t-test.</i> ..	73
4.1.1.2 <i>Testing assumption for one-way analysis of variance (ANOVA)</i>	73
4.1.1.3 <i>Testing assumption for hierarchical multiple regression</i>	77

4.2 Descriptive Statistics and Gender, Grade Level, and Birth Order Differences	80
4.2.1 Descriptive Statistics of Major Study Variables	80
4.2.1.1 <i>Results of gender differences</i>	81
4.2.1.2 <i>Results of grade level and birth order differences</i>	81
4.2.1.3 <i>Bivariate correlation matrices of the major study variables</i>	83
4.3 Results of Hierarchical Multiple Regression Analysis.....	84
5. DISCUSSION.....	86
5.1 Discussion Regarding Gender, Grade, and Birth Order Differences in Wellness.....	86
5.2 Discussion Regarding Wellness, Perceived Social Support, and Resilience.....	90
5.3 Implications for Theory, Research, and Practice	98
5.4 Recommendations for Future Research.....	99
REFERENCES.....	100
APPENDICES	
A. SAMPLE ITEMS FROM DEMOGRAPHIC INFORMATION FORM.....	129
B. SAMPLE ITEMS FROM EİHÖ-T	130
C. SAMPLE ITEMS FROM ASDÖ-	131
D. SAMPLE ITEMS FROM RÖ-T.....	132
E. APPROVAL LETTER FROM MIDDLE EAST TECHNICAL UNIVERSITY HUMAN SUBJECTS ETHICS COMMITTEE	133
F. PARENT CONSENT FORM / VELİ İZİN FORMU	134
G. INFORMED CONSENT FORM / BİLGİLENDİRİLMİŞ ONAM FORMU.....	135
H. TEKİRDAĞ İL MİLLİ EĞİTİM MÜDÜRLÜĞÜ İZİN YAZISI / TEKİRDAĞ DIRECTORATE OF NATIONAL EDUCATION PERMISSON FORM	136
I. TURKISH SUMMARY / TÜRKÇE ÖZET	137
J. TEZ İZİN FORMU / THESIS PERMISSION FORM.....	154

LIST OF TABLES

Table 3.1 Demographic Characteristics of Participants.....	59
Table 3.2 Demographic Characteristics of the Participants' Parents.....	60
Table 4.1 Skewness and Kurtosis Values for Study Variables.....	76
Table 4.2 Means and Standard Deviations of the Major Study Variables	80
Table 4.3 One-Way Analysis of Variance of Wellness Scores by Grades Level.....	82
Table 4.4 One-Way Analysis of Variance of Wellness Scores by Birth Order...	82
Table 4.5 Pearson Correlation Coefficients of Total Wellness and Subscales of Social Support.....	83
Table 4.6 Results of the Hierarchical Multiple Regression Analysis	85

LIST OF FIGURES

Figure 4.1 Histogram for Sixth Grade	74
Figure 4.2 Q-Q Plot for Sixth Grade	74
Figure 4.3 Q-Q Histogram for Seventh Grade	74
Figure 4.4 Q-Q Plot for Seventh Grade	74
Figure 4.5 Histogram for Eight Grade	75
Figure 4.6 Q-Q Plot for Eight Grade	75
Figure 4.7 Histogram for First Child	75
Figure 4.8 Q-Q Plot for First Child	75
Figure 4.9 Histogram for Middle Child	75
Figure 4.10 Q-Q Plot for Middle Child	75
Figure 4.11 Histogram for Last Child.....	76
Figure 4.12 Q-Q Plot for Last Child.....	76
Figure 4.13 Histogram Showing the Normality of Residuals	78
Figure 4.14 P-P Plot Showing Distribution of Standardized Residuals	78
Figure 4.15 Distribution of the Homoscedasticity of Residuals	79

CHAPTER 1

INTRODUCTION

1.1 Background to the Study

In the world, life has become difficult along with many factors such as changing life conditions, environmental pollution, more sedentary lifestyles, and stressful workplace environments. These conditions negatively affect psychological and physiological well-being of human beings. With these challenges of modern life, most people especially adolescents choose unhealthy habits, such as eating fast food, being immobilized for hours at a time on a computer or phone. According to the literature, individuals acquire both healthy and unhealthy habits in childhood or puberty (Santrock, 2007) and these experiences affect their adulthood experiences and behaviors related to eating and physical activity habits (Brooks & Moore, 2016). Unfortunately, it is difficult to break some habits and attitudes which were developed during this period (Omizo, Omizo, & D'Andrea, 1992). Therefore, it is significant to have a healthy lifestyle and to improve wellness in childhood and puberty.

With a healthy lifestyle, individuals can prevent lots of unhealthy conditions such as addictions and unhealthy lifestyle eating habits. Numerous studies on wellness or wellbeing have found that adolescents who reported to high levels of wellness experience have also increased self-esteem (Myers, Willse, & Villalba, 2011), have a positive body image, personal attitudes, eating behaviors (Russell-Mayhew, Arthur, & Ewashen, 2007) and think more optimistically (Eryılmaz & Atak, 2014), and reported to have less anxiety (Vijayan & Joseph, 2015).

In this study, the concept of wellness was explored based on the theory of Individual Psychology. Unlike the positive psychology, the Adlerian model considers the concept of wellness as a whole (Sweeney, 2009). Holism and unity of individual personality are the basic principles of Individual Psychology. The concept of holism states that human existence is fully comprehensible only within the society and social environment in which it exists. Individual Psychology asserts that people are social beings and strive to belong to or be part of a society (Sweeney, 2009). Moreover, it has been emphasized that for people to exist and be healthy in society, they should fulfill a number of life tasks. These life tasks are defined as spirituality, self, work, love, and friendship. Adler defines these tasks as characteristics of the concept of wellness and argues that the fulfillment of these tasks is an individual's struggle for wellness (Dreikurs, 1953 as cited in Witmer & Sweeney, 1992). Individuals, while fulfilling of these tasks, are both affected by and affect the external factors such as family, society, religion, education, government, media, and industry. Witmer and Sweneey (1992) developed a wellness model based on the five life tasks that Adler stated in order to understand and improve this dynamic structure and the wellness of people.

One of the important concepts of Individual Psychology, birth order, was also examined in the present study. Individual Psychology asserts that each child has a unique position in their family, and this position is affected and shaped by their perceptions and the self. As mentioned above, self-concept is one of the five major life tasks. Accordingly, it can be assumed that birth order is one of the concepts that affected the self and self affected the wellness of individuals. Furthermore, although all children in the family seem to grow up with the same parents, or in the same environment, each individual experiences the same environment differently and draws different conclusions (Ferguson, 1984). Thus, family environment is very important for the personal development of individuals. Although Adler considered the family environment as a whole, he also emphasized the unique effect of birth order. It was stated that the individual's

experiences regarding the current birth order could provide information about the possible experiences he/ she may encounter in the future (Sweeney, 2009).

To date, accumulated empirical evidence has indicated that the concept of birth order has been the subject of research in terms of its relation or interaction with different concepts. For example, in a study with 443 young adults, it was found that birth order and gender are related to social interest. Additionally, only-borns had the lowest social interest than the others, and the middle-borns had greater social interest than did the youngest borns (Schneider & Reuterfors, 1981). In another study, Pilkington, White and Matheny (1997) have examined the coping resources (social confidence, family support, peer acceptance, academic confidence, behavior control, and total resources) and their influences on psychological birth order of 134 adolescents, aged between 9 and 13. Results demonstrated that while the oldest children had significantly higher total resources than all other birth order positions, the middle children had the lowest of all coping resources.

Moreover, a number of studies have investigated the relationships between birth order and personality characteristics (Boccio & Beaver, 2019; Damian & Roberts, 2015). Recently, Kaul and Srivastava (2018) have compared the 50 last-born and 50 first-born adults on their personality traits, perceived social support, and level of perfectionism. The results demonstrated that the first borns and the last borns did not differ significantly on their personality traits, perceived social support, and level of perfectionism.

Studies have also indicated that the descending birth order is related to academic achievement from high school to university (Ferguson, Horwood, & Boden, 2006), influences academic standing of the youngest-borns, and has a protective role against substance use (Horner, Andrade, Delva, Grogan-Kaylor, & Castillo, 2012). However, some other studies indicated that birth order did not have a significant effect on happiness, hardiness, emotional intelligence, and generalized

self-efficacy of 200 adolescents and 200 young adults (Khodarahimi & Ogletree, 2011).

Several researchers have stated that existing birth order literature reveals inconsistent results (Herrera, Zajonc, Wieczorkowska, & Cichomski, 2003). Engels (1995) claimed that the confusion about the concept of birth order in the literature may have stem from the fact that Adlerians were based on the definition of psychological birth order and others were based on the definition of ordinal birth order. In fact, Shulman and Mosak (1977) have mentioned the two definitions of birth order. The first one was emphasized the “ordinal birth order”, and the other one was “psychological birth order” that focused on the role of individual’s interaction with others. Adler also accentuated the importance of psychological position. Likewise, Shulman ve Mosak (1977) underlined the importance of that psychological birth order and even claimed that many studies based on the ordinal position are inaccurate. Nevertheless, some researchers argued that lack of psychometrically sound instruments to measure psychological birth order can be one of the reasons of inconclusive results in the birth order literature (e.g., Eckstein, Aycock, Sperber, McDonald, Van Wiesner, Watts, & Ginsburg, 2010).

To sum up, individuals’ unique perceptions and experiences in the family constellation influence their social interest, personality characteristics, and lifestyle. These experiences and perceptions seem to contribute to the individuals’ wellness. If individuals’ perceptions and experiences were healthy, their social interest would enhance, which in turn would influence their personality characteristics, lifestyles, coping resources and ultimately their wellness. Yet, there has been no research regarding the relationships between wellness and birth order. However, based on the proven effects of birth order on personality characteristics, social interest, lifestyle, and coping resources, it appears critical in terms of personality development of individuals. Considering the definition of the

concept of wellness, it seems possible to expect that birth order has a notable role on an individual's physical, mental, and spiritual wellness.

Adler's perspective on the existence of people demonstrates the tendency of individuals to belong to a society and the need to care for others while in a difficult situation, and importance of social support in terms of holistic health (Sweeney, 2009). From this perspective, it is possible to say that social support is more than a necessity for the wellness of individuals. The social support was considered as a protective factor from the influence of negative life experiences due to it acted as a buffer against stress situations (Barrera, Chassin, & Rogosch, 1993; Herman- Stahl & Petersen, 1996; Willis & Cleary, 1996). Moreover, perceived social support bears positive outcomes and prevents negative indicators. Thus, perceived higher and positive social support contribute to the wellness of adolescents (Chu, Saucier, & Hafner, 2010; Corsano, Majorano, & Champretavy, 2006; Spurr, 2009). These positive effects of social support on individuals and its protective effect against the negative situations have also been proved by the studies with at risk children. For example, Rothman and Cosden (1995) investigated the relationship between self-concept and social support in 56, third through sixth grade children with learning disabilities. Results of the study showed that children who felt the support from friends and family more, had more positive self concept than others.

In another study, Kashani, Canfield, Borduin, Soltys and Reid (1994) examined the relation of 100 psychiatric inpatient children' perceived parent support and social support to their behavior and their level of hopelessness. Results indicated that fewer perceived family and social support linked to harmful, inattentive, and uncooperative behaviors. Additionally, fewer perceived support related to higher level of hopelessness. Demeray and Malecki and (2002a), on the other hand, studied 125 Hispanic at risk secondary school students. According to the results, family support was an important factor for the emergence of all positive and negative outcomes, friend support for the emergence of clinical results, and

teacher support for the emergence of school problems. Based on these results, the researchers recommended that school counselors should not ignore the significance of family support in working with at-risk adolescent groups. Studies have also showed that especially the support of friends (Spurr, 2009) as well as the family (Corsano et al., 2006) and teacher support (Cristini, Scacchi, Perkins, Santinello, & Vieno, 2011; Chu et al., 2010 ; Wentzel, 1998) have a positive effect on the wellness of individuals especially in the adolescence period.

Furthermore, studies with adolescents revealed that higher levels of wellness are associated with higher levels of social support. During adolescence, the network of family, friends, and teachers have been restructured. In childhood and early adolescence, the support of friends is important; however, the significant effect of family support still maintains to be more important in some cases (Bekir, Arbaş, & Aydın, 2018; Demeray & Malecki 2002a; Malecki & Demeray, 2003). Malecki and Demeray (2003) reported that families provide the most positive support of individual wellness. Nevertheless, in the literature, results of empirical studies are controversial. Although some of them have reported that during early adolescence family support diminishes and friend support increases (Helsen, Vollebergh, & Meeus, 2000), the others have claimed that perceived family support is independent of age (Demeray, Malecki, Davidson, Hodgson, & Rebus, 2005; Kerr, Preuss, & King, 2006). On the contrary, some researchers have suggested that the importance of the peer group may decline again in late adolescence (Newman, Newman, Griffen, O'Connor, & Spas, 2007). As can be seen in the literature, the age at which source of social support is effective, is still unclear.

In the literature, another significant variable related to wellness is resilience. Douce and Keeling (2014) stated that the concept of resilience acted as a protective factor for the wellness of individuals, and that resilience was the most important elements of wellness. Cowen (1991; 1994) also emphasized that resilience is an important part of wellness. Lai and Mak (2009) stated that

resilience promoted the positive wellness of individuals, contributed to better mental health, and helped to maintain high levels of wellness of student.

Resilience can be defined as a sort of stress inhibitor and a factor that protects the wellness of individuals (Lai & Mak, 2009). In other words, resilience has a kind of buffer effect on the wellness of individuals. The relevant literature provides us with results that support this definition. For instance, it was reported that resilience served as a protective buffer against negative outcomes, such as depression and anxiety, and contributed to achieve positive outcomes for adolescents (Knowles, 2009) and their academic success (Berry-Mitchell, 2010). Another study conducted with 237 university students on the positive contribution of resilience to wellness showed that resilience contributed to the positive wellness of students and helped them to maintain their wellness (Lai & Mak, 2009). Likewise, Van Schaick's (2011) study with 431 university freshmen revealed that resilience is positively related to total wellness.

In Turkey, resilience studies have expanded significantly over the last 20 years. Most of the researches related to resilience have been conducted with college students and adolescent samples. Among university samples, there are studies regarding various concepts, such as one exploring the effect of resilience in training programs (Gürkan, 2006a), the other examining the influential factors of resilience (Güngörmüş, Okanlı, & Kocabeyoğlu, 2015), and another one testing the resilience characteristics of adolescents through emotional expressions (Çelik, 2013). Likewise, studies related to resilience concept with secondary school students have reported nearly the same results with this sample. The researchers emphasized on the protective role of resilience and stated the existence of relationships between resilience and some other variables. For example, Özcan (2005) compared the divorced and non divorced high school students' protective factors and resilience traits in terms of participants' gender and their parents' marital status and found that adolescents' resilience levels as protective factors were higher in nondivorced families than divorced families. In another study with

391 middle school students, how self esteem, hope, and external factors predicted resilience of adolescents were examined and found that hope and some external factors were predictors of resilience, whereas self-esteem, school caring relationships, high expectations, and school connectedness were not (Kaya, 2007). Yılmaz and Sipahioğlu (2012) found that high school students' resilience levels varied by gender, being in poverty, and living with single parents. In another study, it was analyzed that perceived social support, depression, and life satisfaction as predictors of the resilience of secondary school students of low socioeconomic levels. It was revealed that perceived social support and life satisfaction were significant predictors of resilience, whereas depression was not a significant predictor (Şahin-Baltacı & Karataş, 2015). Most recently, Akman, Abaslı, and Polat (2018) tested the relationships among student resiliency, student trust in the teacher, and the students perceptions regarding the problem solving skills, and found that trust in teacher variable had a partial mediation role on students' resiliency.

Masten and Reed (2002) emphasized that in order to talk about the concept of resilience, a risk factor should be present. Similarly, Garmezy (1993) argued that the definition of resilience involving real risks or negative situation would always be insufficient. Therefore, when there is no risk, it is not possible to say that individuals are resilient. Consequently, in order to work with the concept of resilience, it is possible to say that there should be risky environments and risky conditions that have negative effects on the working group, and that the group studied must have adapted to these conditions in a vigorous way (Gizir, 2004). Masten (2004) defined the concept of risk factor as a set of features that defined especially the groups of children and adolescents that might cause undesirable negative consequences. Gizir (2004), based on studies on resilience in the relevant literature, categorized risk factors as follows: (a) individual risk factors (premature birth, adverse life events, chronic diseases), (b) familial risk factors (parental illness or psychopathology, parental divorce, death or living with a single parent, being a teenage-mother), and (c) environmental risk factors

(economic difficulties and poverty, child neglect and abuse, social traumas such as war and natural disasters, social violence and familial disasters, and homelessness). Turan (2014) stated that in addition to these risk factors, there were individual risk factors such as school failure, school drop-out, and inability to adapt to school. Hence, when the definitions of risk and risk factors are considered, Roman early adolescents, which is the sample of the current study, can be defined as a group that faces with many challenges, social exclusion, and various risk factors. Therefore, examining their adaptability to adverse conditions appears to be substantial.

Limited available literature has also accentuated the several risk factors in the lives of Roman children and adolescents. For instance, according to their study in which they investigated the reasons and consequences of child poverty in terms of children in the Roman culture, Okutan and Turgut (2018) concluded that children could not access to the formal educational system due to poverty and exclusion, and could not complete their education even if they managed to enter to it. Likewise, Uzun and Bütün (2015) conducted a qualitative study in order to determine the reasons of absenteeism among Roman children in pre-school and primary schools. The results of the study demonstrated that the most notable reasons of school absenteeism and drop-out were the economic insufficiency of the families and the belief in their families that their children could not have a good future. Tor (2017) interviewed with teachers about the reasons of academic failure of Roman children. According to the teachers' opinion, the reasons were the students' absenteeism, not to complete their homework, unwillingness to come to school, and lack of communication with parents. Genç, Taylan and Barış (2015) identified the prejudices against the Roman community, some negative teacher attitudes, or other students' cynical and exclusionary attitudes as the causes of Roman children's school failure and dropout.

Another risk factor related to Roman children is teenage marriages especially the marriages of girls. The European Union Project's report (2010) on Roman

citizens living in the provinces of Bartın, Antakya, and Çorlu provided information that teenage marriages were one of the most important factors in school drop-out, especially for girls and that girls dropped out of school more frequently than boys.

Furthermore, another factor that can be considered as a risk factor in Romans' lives is undoubtedly the concept of "social exclusion". Genç and Seyyar (2010, p. 645) defined the concept of social exclusion as "the fact that groups are unable to benefit from basic needs such as education, health, and similar for reasons such as unemployment and poverty, and cannot participate in decision-making processes and in business life." The types of exclusions are defined as unemployment, deprivation of the social security system, malnutrition, diseases, and premature deaths due to lack of access to health services, distancing from educational opportunities, and alienation from the society. The study report by the Marsh (2008) provided another evidence of Roman exclusion, particularly in the school environment. The report stated that if there were Roman students in some schools or classrooms in Roman-populated areas, other children were taken from these schools or classes, and these schools were turned into isolated schools. It was also stated that these schools were given less opportunities and teachers worked with less motivation. It was also pointed out in the report that the attitude of school administrators towards Roman parents kept the parents away from the school environment, and this situation triggered the indifference of the parents about the education of their children. Another study conducted by Genç et. al., (2015) to determine the effect of perceived social exclusion on academic failures of Roman adolescents aged between 10-17 in the province of Sakarya yielded that social exclusion led adolescents to develop negative attitudes towards school, absenteeism, and dropouts. As a result of this, children had difficulties in adapting to social life due to being away from school environment.

Along with the educational problems, it has been commonly known that the Romans have worked in low-income and socially insecure jobs, lived in extreme

poverty and in poor conditions without proper security, had limited use of public services, , and were subject to exclusion as a result of prejudices in the society (Kolukırik, 2009). On the contrary, a research on Roman people showed that they lived a secluded life and had a strong solidarity among themselves that played a protective role in combating against difficult conditions and protecting themselves against outsiders (Genç et. al., 2015). In the same study, it was observed that Roman children were very attached to their families; even though they lacked many opportunities, they still liked their lifestyles, and had a sense of belonging to their communities.

Moreover, previous studies yielded that close and positive relationships with at least one of the parents or other family members had a protective role for the child at risk (Buchanan, 2000; Rutter, 1990, as cited in Gizir, 2004). Protective factors contribute to the resiliency by relieving the effects of risk factors (Gizir, 2007) and facilitate individuals' constructive responses to those negative factors (Masten, 1994). Therefore, in the present study, as one of the protective factors related to resilience of Roman early adolescents, perceived social support from various resources was also examined.

To sum up, existing research has indicated that wellness was related to social support (Chu, Saucier, & Hafner 2010; Corsano, Majorano, & Champretavy 2006; Doğan & Yıldırım, 2006; Gençöz, Özlale, & Lennon 2004; Spurr, 2009) and resilience (Bağcı, Rythland, Kumashiro, Smith, & Blumberg, 2014; Eley, Walters, Cloninger, & Laurence 2013; Gürgan, 2014; Lai & Mak, 2009; Terzi, 2005; Van Schaick, 2011). Based on the available empirical evidence, it is still blur whether perceived social support and resilience are significant indicators of wellness separately or jointly. However, little work has been done on the relationships among these three variables and existing studies have been conducted with mostly college samples. Available research has also reported that well-being and social support from family and friends promoted resilience (Stumblingbear-Riddle & Romans, 2012) and social support, and coping skills

mediated the relationship between resilience and psychological well-being (Malkoç & Yalçın, 2015). In spite of the several risk factors exist in the lives of Roman adolescents, no research has yet addressed to understand their strengths and resources that may enable them to cope with these adverse factors. Hence, the present study has attempted to fill the gap in the literature by examining the unique and joint contributions of perceived social support and resilience in predicting Roman early adolescents' wellness.

1.2 Purpose of the Study

The current study aimed at examining the role of resilience in predicting wellness of Roman early adolescents after controlling for perceived social support from family, teachers, and friends. Additionally, the differences on wellness scores in terms of gender, grade level, and birth order of Roman early adolescents were explored.

1.3 Research Questions

Based on the purposes of the current study, two main research questions are presented as follows:

1. Do total wellness scores of Roman early adolescents differ in terms of gender, grade level, and birth order?
2. To what extent do components of resilience (individual, relational, and contextual) predict total wellness scores of Roman early adolescents after controlling for perceived social support from family, teachers, and friends?

1.4 Significance of the Study

To the best knowledge of the researcher, this study is one of the first attempts to understand the role of perceived social support and resilience in wellness of Roman early adolescents in Turkey. Wellness is particularly a significant concept during childhood and adolescent periods. In the literature, it has been emphasized that it is difficult to break some attitudes that were developed during childhood and adolescence. If individuals have developed healthy habits and attitudes during childhood and adolescence, they live healthy and well across their life spans; therefore, the adults, such as parents, teachers, and school counselors have to be responsible for raising the wellness level of children and adolescents (Omizo, Omizo, & D'Andrea, 1992). Unfortunately, up to now, very few studies have been conducted on wellness level of secondary school students. Nevertheless, those studies were mostly focused on subjective well-being and not concentrated on Roman early adolescent samples.

Roman citizens are one of the minority groups in Turkey, and are exposed to discrimination (Arayıcı, 2008). As a result of this, they have difficulties in accessing education, health, nutrition, or accommodation (Arayıcı, 2008). Because of these conditions, it can be said that Roman citizens are in at risk group. Therefore, Roman adolescents are an important ethnic cultural and at risk group to be studied in terms of wellness level. However, so far, studies regarding Roman society have focused on the adult population and their problems; they have neither dealt with wellness nor studied with secondary school populations. Moreover, in the literature, it has been emphasized that ethnic discrimination and race related factors influenced wellness levels. However, in Turkish literature, studies regarding the wellness of minority and racially or ethnically excluded groups are lacking.

In addition, because of the problems regarding access to education, unfortunately, the ratio of literate population is limited among Roman adolescents. The

European Union Project report (2010) on Roman citizens living in Bartın, Antakya, and Çorlu, provides information on the educational problems of the Roman citizens (Employment, Social Affairs, Inclusion Report, 2010). Presented information regarding education problems based on the results of this report. Most of the elementary school dropouts recorded in Çorlu region. In the report, the reasons for the high dropout rates were explained as follows: The girls' dropout rates were higher than the boys, explained by early marriages. The other reasons were related to the financial conditions of the families. As a result of financial problems of families, it was reported that children had to work and contribute to the family budget. The proportion of Roman who is illiterate in Çorlu region, especially among elderly population is quite high (90%). It was reported that post-primary school attendance rates of Roman children in all three regions were very low. In all three regions, poverty is the biggest obstacle for all levels of education. Roman families are not able to pay for educational costs. Therefore, it is difficult to gather written data from the population. Moreover, in Turkey and in the world, Roman citizens have been exposed to discrimination and labeling for years (Arayıcı, 2008). Hence, they are cautious to let foreign people be in their community. Thus, the present study attempts to make a valuable contribution to the available literature by exploring the strengths of Roman early adolescents in their cultural context.

Furthermore, in Turkey various resilience-based studies have been carried out with different at-risk populations, such as street children, working children (Eminağaoğlu, 2006), impoverished children (Gizir, 2004), and shattered families' children (Er, 2009). Although several researchers have reported that resilience has a protective role against risk factors which may occur in adolescence, yet, Roman adolescents have not been considered and studied as an at-risk group.

Additionally, studies regarding the demographic characteristics provide controversial findings, especially regarding the effects of gender and grade level

on wellness. Hence, determining the influence of gender and grade level on these variables would help to identify if there are any specific needs of females and males in different ages. Hence, relevant and necessary activities could be planned for the gender groups or age groups.

Findings of the present study might also provide some important cues for both school counselors and other mental health practitioners about relevant variables that enhance student wellness. Furthermore, the result of the present study might contribute to further studies that aim at developing wellness-based and resilience programs to help Roman students improve their wellness levels.

1.5 Definition of Key Terms

Wellness: Myers, Sweeney and Witmer (2000, p. 252) define wellness “as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human natural community. Ideally, it is the optimum state of health and well-being that everyone can achieve.” This definition is the basis for the Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). In the present study, Wheel of Wellness Inventory Teen Version (WEL) Turkish Form was used to measure wellness level of Roman early adolescents.

Perceived Social Support: Yıldırım (1997) defined social support as social and psychological resources that have been received from environment (peers, family, teachers, etc.) by the individual to deal with problems they encounter. In the current study, the Perceived Social Support Scale (PPS) was used to measure perceived social support from family, friends and teachers.

Resilience: In present research, the concept of resilience was defined according to the definition of Ungar (2008, p, 225). As far as the resilience is concerned, its definition includes two parts; firstly, it is defined as an individual’s capacity to

find his/her way around to health-sustaining resources when confronted with psychological or environmental adversity; this includes the opportunities for him/her to experience the feelings of well-being: Secondly, it is also defined as a condition in which these health resources and experiences are provided by the individual's family, community and culture in culturally meaningful ways.

The Child and Youth Resilience Scale – 28 (CYRM 28) was used to measure resilience in the current study. Item clustering suggests that individual component represents individual characteristics of resilience, relational component represents relational resources with parents or primary caregivers, and contextual component represents contextual resources that facilitate a sense of belonging.

Roman: The Council of Europe suggested the “Roma” terms as an umbrella term to denote many sub-groups which are Roma, Sinti, Kale, Gypsies, Romanichals, Travellers, and Yenish (Council of Europe, 2012). However, in the world, Roma citizens have taken different names. In Turkey, Roman citizens have also taken names according to their living region; these groups are Rom, Dom, and Lom. Rom groups who are the most well-known Gypsies group and defined as “Roman or dark-skinned citizens” live in western and Thracian areas (Kolukırık, 2008). Thus, in the present study “Roman” term is used to define Roma citizens who live in Thracian region in Turkey and “Roma” term is used to refer to all the Roma citizens.

CHAPTER 2

LITERATURE REVIEW

This chapter includes the review of the literature of the current study. . In the first section, the concept, models, and current studies of wellness are explained. Then perceived social support and resilience concepts and their relationship with wellness are presented. The results of the previous studies investigating the relationships among wellness, social support, and resilience are summarized. In the third section, review of the literature regarding concept of Roman citizens, Roman culture and history, and previous studies related to Roman populations are discussed. Lastly, a summary of the literature review is presented.

2.1. Review of the Literature Regarding the Concept of Wellness

2.1.1 The Concept of Wellness

Though the concept of wellness is in the central point in positive psychology movement (Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005), the background of the wellness concept in counseling field is very long. Wellness is viewed in central paradigm for counseling field (Myers, 1991; 1992). Moreover, several models and wellness instruments have been developed (Roscoe, 2009). Despite this intense attention to the concept, there has not been exact consensus on the definition of wellness. There is some consensus on the multidimensional nature of wellness (Roscoe, 2009).

Attempts to define wellness have been started after the end of the Second World War with increasing health problems and changing society's health needs, driving the need to find an effective way to maintain healthy human functioning, prevent

illness, and to promote individuals in staying healthy. As a result of these conditions, wellness concept has been started to be discussed. Researchers have attempted to examine healthy human functioning and define health with a holistic view which has combined of physical and psychological health. Despite the previous definitions of health concerned with physical illness (Panelli & Tipa, 2007), this new perspective was focused on examining healthy living conditions and improving the level of wellbeing of individuals.

In the literature, many definitions of wellness can be encountered, and the most common of them define several key dimensions of wellness. Miller and Foster (2010) stated that some of the researchers refer to physical, emotional, social, intellectual, spiritual, environmental, and occupational dimensions. Some of the other researchers define three dimensions, body, mind, and spirit wellness (Rickhi & Aung, 2006, as cited in Miller & Foster, 2010). For example, in his positive attitude and definition towards the concept, Dunn (1977) offers an integrated method of functioning emphasizing the individual's capability for maximizing the potential. In this method, it is necessary to the individual to strike a continuum balance in an environment in which s/he functions purposefully.

In the present study, one of the most common descriptions of wellness was used. Wellness term was defined based on Myers and Sweeney's the Indivisible Self Wellness Model, which has been used in counseling field. Myers et.al., (2000, p.252) define wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community".

The confusion in the definition and the use of wellness concepts interchangeably with wellbeing concepts causes the problems. Although they are different concepts and have different definitions, in the literature, wellness and wellbeing concepts have been used interchangeably or synonymously. Wellbeing has been related with positive mental health and happiness, indicating life satisfaction

(Diener & Ryan, 2009; Myers & Sweeney, 2005a; Ryff & Singer, 2006), and it has two dimensions, subjective well being and psychological well being; whereas wellness is interested in an individual's functioning and has been viewed as an inclusive concept which overarching wellbeing (Myers et al., 2000).

2.1.2 Models of Wellness

In the literature, several models of wellness have been developed within various disciplines such as public health, medicine, psychology, and counseling. There are also several models of wellness for counseling; however, these models were developed for specific populations such as cancer patients and college students (Hermon & Hazler, 1999). For example, Zimpfer's (1992) wellness model is based on his treatment with cancer patients. Roscoe (2009) examined the nine models while Miller and Foster (2010) examined the thirteen models. In this section, reviews of some of the wellness models are presented.

2.1.2.1 Ardell's original wellness model

The Original Wellness Model was the first wellness model that developed by Ardell (1977). Self-responsibility and stress management were emphasized through five dimensions in a simple circle: (1) self-responsibility, (2) nutritional awareness, (3) stress awareness and management, (4) physical fitness, and (5) environmental sensitivity. Self-responsibility constituted the center of the model (as cited in Ardell, 2001). The model was revised twice, first time in 1982 and later in 2001. The last model includes 3 domains of self-management and 14 skill areas within these three domains: (1) Physical Domain (Exercise and Fitness, Nutrition, Appearance, Adaptations/ Challenges), (2) Mental Domain (Emotional Intelligence, Effective Decisions, Stress Management, Factual Knowledge, and Mental Health), (3) Meaning and Purpose (Meaning and Purpose, Relationships, Humor and Play) (Ardell, 2001).

2.1.2.2 Hettler's hexagonal model of wellness

Hettler observed the changes in the causes of the death from fatalities due to accidents to heart disease as a consequence of lifestyle choices from early adulthood to middle adulthood and then he proposed a preventive model (Hartwig, 2003). As a preventive approach the Hexagon model emphasizes the importance of teaching people how to stay healthy and avoid illness (Hartwig, 2003). Hettler (1984) proposed six aspects of wellness; social, occupational, spiritual, physical, intellectual, and emotional. It is stated that for optimal well-being, these six dimensions have been balanced. To evaluate the six dimensions of healthy functioning, test well instruments were developed by National Wellness Institute in 1988 (Hartwig, 2003). Although, the instruments assess the most of dimensions of wellness such as nutrition, self-care, physical exercise, it fails to account for the influence of gender, culture, realistic beliefs, and humor. In 1995 Donagy, adopted the Hettler's (1984) Hexagon Model to apply wellness interventions to empower and enhance the womens' health in women shelters.

2.1.2.3 The wellness energy system model

Travis and Ryan (1988) are from medical profession like Hettler. The model sees the human life functions as various forms of energy (as cited in Sarı, 2003). The life functions are identified as breathing, sensing, eating, moving, feeling, thinking, working, communicating, sex, finding meaning, and transcending. The model states that the balance of life functions cause good results in health and well-being.

2.1.2.4 The wheel of wellness model

In contrast to these models, there is only one current holistic model based on a counseling theory. Sweeney and Witmer (1991) and Witmer and Sweeney (1992) developed the original Wheel of Wellness Model as the first theoretical model of

wellness based on a counseling theory. This model was developed based on the principles of Alfred Adler's Individual Psychology (Myers & Sweeney, 2005b; Witmer, Sweeney, & Myers, 1998) and the results of the research across disciplines were regarded with characteristic of healthy people. These characteristics were organized based on Adler's three major life tasks of work, friendship, and love, and the two additional tasks of Mosak and Dreikurs (1967). At the beginning, the original model included seven subtasks but after a revision, new subtasks were added to the model (Myers et al., 2000).

The Wheel of Wellness model is represented with a wheel with spokes and includes five life tasks and twelve subtasks which are interrelated and interconnected with each other. Five life tasks are; spirituality, work and leisure, friendship, love, and self direction; the subtasks are (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self care, (j) stress management, (k) gender identity, and (l) cultural identity. Changes in daily life positively or negatively affect the life tasks because life tasks interact dynamically with a variety of life forces (Myers et al. 2000). In the model, it was hypothesized that spirituality was the most important component of wellness (Myers & Sweeney, 2004). Self-direction is functioning as providing self-management to meet the work, friendship, and love life tasks. Life forces are identified as family, religion, education, business/industry, media, government, and community, and these forces surround the life tasks. Lastly, the global forces are depicted in the outermost circle of the model. In the model, it was emphasized that life forces and global forces affect the personal wellness (Myers & Sweeney, 2004).

To assess each of the components of the model, The Wellness Evaluation of Lifestyle (WEL; Myers, 1998; Myers, Witmer, & Sweeney, 1996) was developed. Several studies were conducted to improve the psychometric properties of the WEL (Hattie, Myers, & Sweeney, 2004; Myers, 1998).

Although the psychometric properties of the instruments were supported, the expected relationships among wellness components were not supported.

2.1.2.5 Indivisible self: An evidence-based model of wellness (IS Wel)

Since the results of empirical research did not support the expected relationships among the components of the Wheel of Wellness and wellness, the Indivisible Self: An Evidence-Based Model of Wellness (IS-Wel) was presented in 2004 (Myers & Sweeney, 2004; 2008). The structure of wellness was reexamined based on the factor analyses results (Hattie et al., 2004). The new model was developed based on the Adlerian Theory and provides an understanding of the holistic and developmental nature of wellness across the lifespan. Various influential factors on health and wellness such as gender differences and the external forces are included in the new model (Myers et al., 2000). The model is unique in terms of assessing the influence of gender upon well-being. Moreover, this model constitutes the theoretical base for the Five-Factor Wel, Teenage version (5F-Wel; T) (Myers & Sweeney, 2005b) that has been used in the present study.

The Indivisible Self Model described five second-order factors and 17 third order or subfactors. Five second- order factors: These factors were identified based on confirmatory factor analyses using the scales of the WEL (Hattie et al., 2004). Five factors which comprised the indivisible self were named as "Essential Self," "Social Self," "Creative Self," "Physical Self," and "Coping Self" (Myers & Sweeney, 2004). Each of the 17 third-order factors were included in five second-order factors.

1. *The Essential Self* included four components; spirituality, self-care, gender identity, and cultural identity. Spirituality was viewed as an important component of holistic wellness and core characteristics of the healthy people (Seaward,

1995). It provides an existential sense of meaning, hopefulness and a deep sense of connectedness to the universe (Myers et al., 2000). Gender and cultural identity components act as a filter in meaning-making process in relation to life events, self, and others. Self-care consists of one's preventive efforts to live well.

2. *Creative Self* is related to thinking, emotions, control, positive humor, and work. It provides individuals to make a unique place among other people. Clinical experiences are reported that emotions and cognitive responses are intercorrelated (Myers & Sweeney, 2004). Changes in one of them affect the others and affect the body. Control refers to one's perception of whether to control events in his/her life. Positive humor is another component of creative self and known to have a positive influence on physical and mental health. Lastly, work enhances one's capacity to live more fully within the natural community.

3. *Coping Self* contains four components; realistic beliefs, stress management, self-worth, and leisure. It is known that most of the individual disappointments or frustrations with life arise from irrational beliefs. These kinds of beliefs also cause stress. Thus, to learn stress management skills and to have realistic beliefs are the important components of the healthy life. Likewise, effective coping styles and realistic beliefs can enhance one's self-worth. Finally, leisure is identified as another essential concept of well-being.

4. *Social Self* consists of two components; friendship and love. These two concepts are also considered as Adler's major life tasks (Mosak & Dreikurs, 1967). Isolation or separation from others was associated with poor health conditions (e.g., Lightsey, 1996; Ulione, 1996), while the friendship and other social support patterns on wellness have been repeatedly confirmed as the strongest predictor of wellness by multiple studies (e.g., Corsano et al., 2006; Spurr, 2009).

5. *The Physical Self* factor refers to exercise and nutrition. These two components are directly related to physical health. The research studies confirmed the importance of nutrition and exercise on the wellness (e.g., Doğan, 2006; Demirbaş-Çelik & Korkut-Owen, 2017).

Contextual Variables: It was stated that indivisible self and the surrounding world influence each other (Myers & Sweeney, 2004). Local, institutional, global, and chronometrical are presented as contexts. These contexts were not part of the WEL, they emerged from literature reviews. Local contexts include the interactions with families, neighborhoods, and communities. Institutional system consists of education, religion, government, business and industry, and the media and affect directly or indirectly people's lives. Actually, it can be said that local context is like Bronfenbrenner's micro-system while institutional system corresponds to macrosystem of Bronfenbrenner's model. Politics, culture, global events, media, and the environment constituted the global context. Lastly, chronometrical contexts refer to individual's changes over time. To sum up, this model in a way reveals the characteristics of healthy people. Thus, the practitioners can use the model to help clients understand the components of wellness and can also use it as a roadmap to improve the wellness of clients.

2.1.2.6 *The well-star scale model (WSSM)*

The Well-Star Model (WSSM) was developed by Korkut-Owen and Owen in 2012 for the use with Turkish population to assess the wellness level of individuals. The name of the model based on the use of the star metaphor as an accommodation in Turkish as “brighten the star or brightness of the star” (Korkut-Owen, Doğan, Demirbaş-Çelik, & Owen, 2016). Researchers also reported that as another reason for the use of the star metaphor, the starfish has five arms and if one arm is broken, starfish is able to renew it (Bedir & Kocabaş, 2015). Lastly, the literature with wellness models has underlined the emotional, physical, spiritual, social, and intellectual dimensions of wellness (Roscoe, 2009).

Therefore, at the beginning, the original model has benefited from these factors and included physical, psychological/ emotional, intellectual, and spiritual factors. However, in the scale development process, five factors were handled as emotional, meaning of life and being goal-oriented, cognitive, social, and physical factors (Korkut-Owen et al., 2016).

Realizing one's own emotions and being able to control them, being able to handle the conflicts in a positive way is defined as emotional wellness. Determining a goal and making an effort for that and searching for the meaning of life are defined as meaning of life and being goal oriented wellness. The cognitive wellness includes such characteristics as being open to learning and problem solving and being intellectually active. To have healthy lifestyle habits such as healthy food habits, being active as physically form physical wellness. Lastly, social wellness includes the quality of one's social support system and level of individuals' interactions with other people

2.1.3 Research on Wellness

To introduce the predictors and factors affecting wellness, several studies have been conducted with different populations and some of these studies were explained in the following section.

In the adult population, psychological well-being and perceived wellness of 97 graduate students in a CACREP were measured with the Scale of Psychological Well-Being and Perceived Wellness Survey to examine the relationship between psychological well-being and perceived wellness by Harris (2010). The results showed that there was a high positive correlation between overall psychological well-being and perceived wellness.

In another study, with a sample of 25 young Americans aged between 18 and 33, Brooks and Moore (2016) supported that individuals' health and wellness

experiences in childhood affected their adulthood experiences and behaviors related to eating and physical activity habits.

Bigbee (2008) studied the relationship between between wellness and age. The relationship between religion, social interest, and wellness in a 125 adult sample was also investigated. The findings replicated Makinson's (2001) findings that social interest was positively and significantly related to wellness. Regarding the age variable, older participants' total wellness scores were found higher. In another study, Vijayan and Joseph (2015) obtained a similar result with a sample of 400 adolescents belonging to the age range of 15 to 20years. It was found that adolescents' wellness level increased with age, whereas no significant gender difference in wellness scores of adolescents was found. Contrary to the results of Vijayan and Joseph (2015), Preskit, Menear, Goldfarb, & Menachemi (2015) found different results. In a sample of 34601 adolescents aged between 12 and 17 years, they found that older adolescents' and male adolescents' total wellness score was lower.

To introduce the predictors and factors affecting wellness, several studies have been conducted with different populations and some of these studies were explained in the following section.

There was also some different predictor and factors affecting wellness. For instance, some other studies examined the effect of internet usage on wellness of adolescents (Gross, Juvonen, & Gabi, 2002; Valkenburg, Peter, & Schouten, 2006). Another study tested the relationship between perceived interpersonal and general mattering and overall wellness with a sample of 462 high school students (Rayle, 2005). The results indicated that two measure of perceived mattering significantly correlated with overall score on the Wellness and mattering significantly predicted wellness for females.

In the literature, one may also encounter studies which found the negative or positive effects of ethnic identity, immigration, culture, and acculturation on wellness levels of adolescents and children. For example, Rayle and Myers (2004) examined the impact of ethnic identity, acculturation, and mattering on wellness for 176 minority and 286 non-minority adolescents in high school. The results of structural equation model revealed that perceived sense of mattering and acculturation were the significant predictors of wellness; particularly mattering was the strongest predictor of wellness. Additionally, it was found that ethnic identity explained a significant portion of wellness for the minority group.

In another study, in a review of the literature, it was suggested that racial and ethnic characteristics, socioeconomic characteristics, and policy of the population, all together, explain up to % 90 of the variance in child well-being across states (O'Hare & Lee, 2007). In the same year, Mirsky, Slonim-Nevo, and Rubinstein (2007) compared the wellness of adolescents (aged between 14-17) and parents' who immigrated to Israel and to Germany from the former Soviet Union in a longitudinal research. The results indicated that adolescents' and children's wellness continued during the first year of the study; moreover, the wellness level of adolescents who immigrated to Israel showed improvement. In terms of parents' scores, different results were observed. Parents' level of psychological well-being did not show a significant change over the years.

Moreover, Tatar and Myers (2010), in their cross-cultural study, compared the sample of 629 middle school pupils in the United States with to 240 middle school pupils in Israel to investigate the wellness with holistic wellness model. Findings showed that there were significant differences between two cultures regarding five wellness factors of scales and gender. Gender difference was just valid for the United States samples on the three factors United States males scored higher on Coping Self and Physical Self and females scored higher on Social Self. In terms of total wellness scores, there was not a significant

difference between two cultures, and students generally reported higher wellness scores.

In another cross-cultural study, Asamsama, Huang, Nelson, Chen, Huang, Kwon, and Kodama (2014) compared the Child and Adolescents Wellness Scale (CAWS) scores of Asian adolescents (Japan, Korea, Taiwan, and Thailand) with a sample of 1452 American children and adolescents between the ages of 8 to 19. The results indicated that students generally perceived themselves as psychologically well but there were significant differences in each of the sub dimensions. Particularly, Japanese students scored lower compared to the other nationalities. Regarding gender, there was not a significant difference between nationalities. Based on these findings, it can be said that the level of wellness seems to vary with cultural and ethnic identity and immigration, and acculturation experiences.

Along with increased interest in wellness, researchers have commenced to develop programs and examine the effectiveness of these programs. The results of some specific studies have shown the positive effect of wellness programs in childhood and adolescent period. For example, Wagstaff (1997) conducted a school- based wellness program in a high school sample. Experimental group (n= 62) composed of urban and suburban secondary school students and they participated in the four- day Looking Good, Feeling Great Program, while control groups (n=37) from the same schools and did not attended to any program. The findings yielded that the wellness scores of the adolescents who participated in this program increased significantly. Although females' total wellness scores were higher than males', there was not a significant difference in terms of gender. Effectiveness of wellness-based prevention program on elementary and junior high students, parents' and teachers' body image, personal attitudes, and eating behaviors was also tested by Russell-Mayhew, Arthur, and Ewashen (2007). Their study involved three separate groups. They suggest that a focus on wellness-based materials for prevention may be worth further investigation.

To investigate the variations in wellness scores of 367 seventh grade students, Wirth (2012) implemented an evidence-based school classroom guidance curriculum. The findings replicated the prior findings that adolescents' wellness scores significantly increased after the program.

In another study, Farmer (2016) also documented the positive outcomes of a wellness program with an action research, studying with 13 early adolescent girls in the 5th through 8th grades and aimed to identify the impact of a 15-week wellness program on adolescents. Results indicated that adolescents understood the sense of wellness and maintained it through the challenges presented to them, had connections with individuals in their life such as family, peers, society, and their individual self, and lastly they settled a short term and a long term goal.

In Turkey, the literature which was specifically related to adolescents' wellness in high school and university setting contains an abundance of articles which have been published over the last 20 years. Most studies have been conducted with college samples. The studies with college samples found that wellness was significantly related to academic self-concept (Sarı, 2003), thinking style (Gürel, 2009), parental attitudes, relations with instructors and friends and pocket money (Şahin & Karabeyoğlu, 2010), levels of altruism (Kasapoğlu, 2014), usage of social network sites (Doğan, 2016), and healthy lifestyle (Demirbaş-Çelik & Korkut-Owen, 2017).

In terms of demographic variables, gender- related findings revealed mixed results. For example, Sarı (2003) examined the relationships among wellness, relationship status, gender, and place of residence of 506 Başkent University prep-school students. The result showed that there were significant gender differences in terms of wellness subscale scores. It was found that females scored higher in social interest and empathy sub-scales while males scored higher in self-consistency, love and environmental sensitivity sub-scales. Similarly, Gürel (2009) investigated the effect of thinking styles and gender on the psychological

well-being of 372 college students. Gender-related findings showed that females' psychological well-being level was higher than males.

However, some other researchers agree that level of wellness of college students do not vary according to gender (Demirbaş-Çelik & Korkut-Owen, 2017; Kasapoğlu, 2014; Şahin & Karabeyoğlu, 2010). For example, Şahin and Karabeyoğlu (2010) examined the relationship between wellbeing and other variables with university students who had lived abroad. The results indicated that there was not a significant relationship between wellbeing and gender.

Most recently, Sünbül, Malkoç, Gördesli, Arslan, and Çekici (2018) examined the role of mindful self-care dimensions in predicting well-being level of 262 undergraduate students. The results of regression analysis showed that all the mindful self-care dimensions were significant predictors of well-being. Additionally, supportive relationships, self-compassion, purpose, and mindfulness were also found positive significant factors of wellness.

Furthermore, when the studies conducted with adolescents are examined, majority of them focused on subjective well-being and emotional well-being which are not directly related to wellness. For example; in a sample of 227 high school students, the relationship between subjective well-being, self-esteem, and optimism of adolescents were studied by Eryılmaz and Atak (2014). The results indicated that there was a strong relationship between subjective well-being and optimism and subjective well-being was moderately related to self-esteem. In another study, Erbaş and Kağnıcı (2017) conducted an experimental study with the aim of analyzing the effects of a psycho-education program on adolescents' risky behaviors and general well-being with 45 adolescents. The psycho education program was based on the choice theory and reality therapy. The results indicated that the program was not effective for increasing the wellbeing of adolescents.

Another study with adult population was conducted by Çelik, Turunç and Bilgin (2014) which aimed to determine the effect of 683 employees' perceived justice and well-being on psychological capital and examine the moderating role of well-being in this effect. They found that both perceived justice and well-being had a positive effect on the employees' psychological capital. Moreover, employee's well-being has a moderating role for the influences of the perceived justice.

Korkut-Owen and Demirbaş-Çelik (2018) conducted a research on related studies on wellness in different developmental stages, such as childhood/youth, young adulthood, and late adulthood. They also presented some suggestions for professionals. Firstly, they suggest that, professionals who study with this field can inform to families, teachers and caregivers related to healthy lifestyle behavior, because the basis of a healthy lifestyle acquired from the family. Secondly, they suggested that all professionals and all institutions such as family health centers, psychologists, and nurses working on human health may all provide facilities that will support the health of individuals as a whole.

Most recently, Demirbaş-Çelik and Korkut-Owen (2018) have examined the mediator role of wellness in the relationship between the stability and plasticity and meaning in life. They conducted the study with 273 adult participants. They found that the relationship between plasticity and meaning in life was fully mediated by wellness.

Most of the studies in the realm of resilience literature also include studies conducted with the aim of adapting resilience scales to Turkish or developing new scales to measure resilience of individuals. For example, Korkut-Owen et al., (2016) developed the Well-Star Scale for use with Turkish population; Korkut-Owen and Öğretmen (2013) adapted The Five Factor Wellness Inventory, Teen Version (5F-Wel-T), which scale is also used in the present study. The validation process was conducted with 328 6th-9th grade students. In 2013, another scale, the Psychological Well-Being, was adapted - with a sample of 529 pre-service

teachers by Telef (2013) to measure the subjective well-being of participants, Tuzgöl- Dost (2005) developed the Subjective Well-Being Scale (SWS) with a college sample.

To sum up, a review of the literature on wellness indicates the importance of identifying a proper healthy and positive family environment, healthy lifestyle and habits, accurate use of the internet, positive family and school climate to promote wellness among individuals. The limited literature regarding the relationship between wellness and ethnic identity, culture and cultural diversity reveals that wellness plays a protective role against cultural obstacles. Furthermore, the results of specific studies have shown the positive effects of wellness programs in childhood and adolescent period. In consideration of the findings of previous studies related to wellness, it can be concluded that wellness is one of the most important concepts for a totally healthy lifestyle.

2.2. Study Variables of Wellness in the Current Study

2.2.1. Perceived Social Support

In the literature, social support concept was defined diversely and was examined on their relations with miscellaneous variables. In a study, it was examined the effects of eight types of social support (e.g. listening support, emotional support, technical challenge support) and their impact on school performance outcomes of 808 middle and high school students (Richman, Rosenfeld, & Bowen, 1998). Results showed that middle and high school at-risk students perceived more support from parent and adult caretakers. Types of social support (listening support, emotional support, technical challenge support, etc.) predicted desirable school outcomes.

Malecki and Demeray (2003) aimed to explore the most preferred types of support (e.g., emotional, informational, appraisal, and instrumental) and

relationships between types of social support and students' social, behavioral, and academic indicators. With a sample of 263 middle school students they found that both genders perceived similar levels of all types of support from their parents and teachers and females perceived more support from classmates and friends. In another study, Barrera, Fleming, and Khan (2003) examined the role of emotional social support plays in the psychological adjustment of 47 siblings of children with cancer between the ages of 6-18 and it was found that higher levels of emotional supports was predictive of fewer symptoms of depression, anxiety, and fewer behavioral problems of siblings pediatric cancer patient.

In the present study, perceived social support was considered as a type of support that Roman early adolescents received. Perceived social support was widely acknowledged to be playing a buffering role against depression/ anxiety or stress in adolescence. For example, in a study, the mediating role of social support on the relationship between stressful life events and depression in times of high stress among 249 Chinese students from the grades 7-9 was explored. Results indicated that, social support was a mediator between stressful life events and depression in times of high stress. Moreover, in time of high stress perceived family and peer support mitigated the depression. The researcher also stated that adolescents who exposed to too much stress and received lacked family and peer support were at risk for high level of depression (Cheng, 1997).

In another study, Rueger, Chen, Jenkins, and Choe (2014) examined how perceived support from mothers, fathers, and teachers predicted developmental patterns of depression symptoms during adolescents' transition to middle school longitudinally with a sample of 636 middle school students. The findings revealed that perceived mother, father, and teacher support predicted decrease in levels of depression symptoms at the beginning of the 7th grade. Support from friends was related to lower depression and higher self esteem. Similarly, Newman et al., (2007) with a sample of 104 eighth graders and 101 ninth graders from middle-to high-income in southern Rhode Island and Rueger, Malecki, and

Demeray (2010) with a sample of 636 middle school found that there were significant associations between perceived social support and depressive symptoms. In another study, carried out with 220 suicidal adolescents (ages 12-18), Kerr et al. (2006) examined the perceptions of social support from different sources in relation to psychopathology. The results indicated that low family support was related to suicidal ideation, depressive and hopelessness among females, and alcohol /substance abuse problem among males.

However, Colarossi and Eccles (2003) found a different source of support which affects depression. They collected data from 217 adolescents, ages 15 to 18. Their study results indicated that lower depression was related to friend support. Similarly, Silvers (2006) conducted a study with 100 adolescents to analyze the associations between depression and perceived social support during the transition to college. The results demonstrated that social support was not a predictor of depression over time; perceived social support was a buffer effect against depression at the beginning of the semester, but not near the end of the semester.

Researchers have also focused on at-risk students to investigate social support, like at-risk urban middle school students (n=125, Demeray & Malecki, 2002a) (n=82, Demeray et al., 2005); suicidal adolescents (n=220) (Kerr et. al., 2006). As mentioned before Barrera, Fleming, and Khan (2003) studied with a different risk group. They studied with 47 siblings of children with cancer between the ages of 6-18.

Conflicting information exists with respect to differences in perceived social support by gender and grade level. Some of the research findings claimed that there was a significant difference in terms of gender and female adolescents' perceived support was higher than males in middle school level (Çakmak & Şahin, 2017; Demeray & Malecki, 2002b; Köksal-Akyol & Salı, 2013; Malecki & Demeray, 2006) in high school level (Karataş, 2012; Kerr et al., 2006; Oktan,

2005) and also in college level (Yamaç, 2009); whereas other studies revealed that there was not a significant difference in terms of gender in middle school level (Demeray et al., 2005; Malecki & Demeray, 2003; Rueger et al., 2010), or high school level (Colarossi & Eccles, 2003; Kemer & Atik, 2005) or college level (Çeçen, 2008).

The results of the studies regarding grade level or age were also inconsistent. The results varied based on source of support. For example, Çakmak and Şahin (2017) examined the effect of perceived social support on the school fatigues of 393 secondary school students. The findings revealed that there was only a difference in the results of family support in terms of the relationship between social support and age. It was reported that 5th grade students perceived more family support than 8th grade students. However, in another study it was examined the 220 adolescents (age 12 to 18) perceptions of social support in relation to psychopathology. The findings of the study indicated that friend support associated with increased age, but perceived family support was not associated with age. (Kerr et al., 2006). Similarly, Helsen, Vollebergh, and Meeus's (2000) study results demonstrated that although friends' support increased during early adolescence, family support diminished. Meeus and Dekovic's (1995) also revealed similar results. They reported that peer support had the most influence on identity development of Dutch adolescents between the ages of 12 to 14 when compared to the family support.

However in another study, Karataş (2012) reported different results in terms of family and friend support effect. Karataş investigated perceived social support and trait anxiety scores of adolescents in terms of gender and grade level. The results of the study indicated that perceived friend support scores were not differ with age, but younger adolescents perceived more support from teacher and family compared older adolescents.

In another study with a sample of 211 middle school students, source of support varied according to grade level in a different way. The results of the study revealed that 8th grade adolescents perceived more support from family and friends support than 7th grades; 6th grades perceived more support from family and friends than 7th grades (Bekir et al., 2018).

Other studies asserted that, social support did not vary regarding grade level or age. For example, Demeray et al. (2005) conducted a longitudinal study with a sample of 82 at-risk urban middle school students and found that adolescents' social support scores did not differ over time. In addition, Kerr et al. (2006) studied with 220 suicidal adolescents and found that perceived family support was found to be independent of age.

Finally, one of the most controversial issues regarding social support is that it is the most significant source of support for adolescents. Research results were contradictory. Some of the researchers reported that parent support (Demeray & Malecki, 2002a) and teacher support (Demeray & Malecki, 2002b) were significant source of support for early adolescents. Holt and Espelage (2005) emphasized the especially maternal support importance against physical dating violence for middle and high school students. Similarly, Rueger et al. 2014 also emphasized the importance and protective role of mother support in reducing levels of depressive symptoms of 1,163 secondary school students. On the other hand, some other research findings indicated that friend support was the most significant source of support for adolescents (Bru, Murberg, & Stephens, 2001; Demeray et al., 2005; Kerr et al., 2006; Malecki & Demeray, 2003).

In Turkey, throughout the literature, perceived social support was associated with many positive indicators for adolescents. For example, higher level of family support was consistently associated with rural and urban area high school students' hope levels (Kemer & Atik, 2005). In another with 521 high school students, it was found that, perceived support from parents, teachers, and others

related to positive problem orientation, rational problem solving, and total problem-solving scores (Arslan, 2009). In another study, a higher level of friend support was found as an important factor of school attachment for 515 high school students (Kızıldağ, Demirtaş-Zorbaz & Zorbaz, 2017). Karababa, Oral and Dilmaç (2018) also tested the school attachment levels of 317 middle school students in terms of perceived social support and human value with a secondary school sample. In that sample, the results indicated that human value, perceived support from teachers and friends were significant predictors of school attachment.

While many researchers have investigated the social support relations with miscellaneous variables, few studies have examined loneliness and social support relations. Çeçen (2008) examined the gender differences and perceived parents' attitudes with respect to loneliness and perceived social support on a sample of 521 university students. Regarding gender differences, there were no significant differences on loneliness and social support, whereas there were significant differences with respect to perceived parents' attitudes. The loneliness scores of the students in the families with democratic and egalitarian attitudes were found to be lower than those in the families with the other parental attitudes. Researchers explained this situation with children receiving more support from families in democratically oriented families.

Kahriman and Yeşilçiçek (2007) examined the social support concept from a different point of view with a sample consisting 441 college students. They investigated the factors which affect social support and found that perceived family and friend support were affected by several variables, such as the educational level of mother, friend group, and relationships among friends. Furthermore, the authors suggested that psychological counseling services should focus on improving relationships with friends and families should take on more responsibility regarding the education of their children.

Social support concepts have been studied much in Turkey by different researchers. Yıldırım was one of the researchers who to a great extent contributed the social support literature in Turkey. In 1997, Yıldırım developed an inventory to measure perceived social support from family, friends, and teachers for using with adolescents and then, in 2004, he revised the scale (Yıldırım, 2004a). The researcher examined the how test anxiety, daily hassles, social support, and gender predicted depression among 8th-11th-grade students and found that test anxiety, daily hassles with family, friends and environment, family and teacher support, and gender were the predictors of depression (Yıldırım, 2004b). In another study (Yıldırım, 2006), the author examined the influences of the same variables, except for test anxiety, on academic achievements of adolescents. The results indicated that family and friend support, daily hassles of life, school and family significantly predicted academic achievement whereas perceived teacher support or daily hassles with peers did not.

Most recently, Bekir et al. (2018) designed a descriptive study to determine the perceived social support level and maternal attachment level of adolescents. The sample of the study consisted of 211 middle school students living in a socially disadvantaged region. The analyses indicated that adolescents perceived support more, respectively, from family, friends, and a special person. Regarding family and friend support, 8th grade adolescents perceived support to a higher extent than 7th graders and 6th graders perceived support more than 7th graders. Lastly, there were negative relationships among some sub dimensions of perceived support scale and maternal attachment sub dimensions.

In brief, the extant literature indicated that social support was examined thoroughly. The results reported that there were different types of support and most of them were related to positive outcomes for adolescents. The studies indicated that source of perceived social support affected the positive indicators for adolescents. Furthermore, support from parents and, rarely, teacher support may serve as a protective buffer against some variables such as depression,

anxiety and stress. In addition, conflicting information existed with respect to differences in social support by gender, age, and grade and to which source of support was the most important.

2.2.2 Resilience

Studies with adolescents revealed evidence for an association between resilience and parental support. Studies with adolescents have found that a higher level of parental support is associated with a higher level of resilience. For example, Loukas and Prelow (2004) suggested that parental support and teacher support served as a protective buffer for middle school adolescents (n=521); moreover, mother-son relationship quality had the same protective role for male adolescents. Furthermore, Knowles (2009) added that resilience and adjustment were related to social support and parents' social support had a buffer effect against depression and anxiety in adolescents.

In another study, the results supported the relationship between resilience and parental support among youth sample consisting of 212 Indian adolescents, grade fifth through eighth (Lafromboise, Hoyt, Oliver, & Whitebeck, 2006). A particular attention was paid to the negative effects of cultural discrimination on resilience. Additionally, Lafromboise et al. (2006) found that higher levels of maternal warmth and parental support lead to increase in resilience levels of the youth.

The effects of parent-child relationships, sibling relationships, and parental favoritism are other subjects studied. Holmes (2006) explored how parental favoritism, sibling relationships, and parent-child relationships affect the resilience level of adolescents, and the impact of resilience on depressive symptoms, peer relationships, and delinquency with a sample of 124 suburban middle school students. The results of this study indicated that there was not a significant relationship between parent-child relationship and resilience level of

adolescents whereas sibling relationship was significantly related to resilience. Also, resilience was found as the strongest predictor of peer relationships.

Existing research has indicated that resilience has been related to various concepts, one of which is birth order. Berry-Mitchell (2010) investigated the relationship between birth order, resilience, and perceptions concerning academic success. The study was conducted with 30 adolescents with emotional or behavioral disorders (EBD), aged between 12- 18. The results indicated that adolescents with EBD were moderately resilient. The analyses further revealed that a higher level of resilience contributed to academic success of students. Additionally, the results showed that social and emotional factors also contributed to a higher level of resilience. Regarding birth order, middle and fourth children's resilience levels were the highest. Similarly, Miner (2016) tested the birth order effect on adolescents' resilience after experiencing parental separation on 246 adults, aged 18 or older, who experienced separation during their adolescence. However, the results indicated that sibling position did not predicted resilience whereas age at which separation was experienced was a significant predictor of resilience, specifically parental separation in early adolescence led to lower a level of resilience.

In another study, Neuman (2008) explored the effects of the use of E5 groups in developing social interests, aspects of lifestyle, and resilience in group. The concept of E5 groups is related to Individual Psychology and this strength -based approach allows individuals to self-identity and resources. No significant difference was found in the resilience scores of the students who participated in the E 5 groups.

Resilience research has expanded significantly for the past three decades in the world but in Turkey, resilience research has expanded remarkably recently, starting from 2001. Most of the research related to resilience was studied in college samples and adolescent samples. In the national literature, the research in

college sample include studies such as gender differences and internal protective factors which predict resilience (Terzi, 2008), a study on the combined effects of the perceived maternal and paternal acceptance on depression symptoms and resilience (Serbest, 2010), an empirical study exploring the effect of Resiliency Training Program on resilience level of 419 college students (Gürgan, 2006a), a study examining the influential factors of resilience in 437 nursing students of the Faculty of Health Science, (Güngörmüş et al., 2015), and a study analyzing the role of Big Five personality in predicting resilience of 300 university students aged 18 to 25 (Çetin, Yeloğlu, & Basım, 2015).

Resilience was also found related with learned resourcefulness (Dayıoğlu, 2008) and self- construal (Koç-Yıldırım, 2014). Karataş and Savi-Çakar (2011) examined the predictor role of hopelessness of resilience of 223 high school students and they found a negative relationship between hopelessness and resilience. In another study, Çelik (2013) tested the resilience characteristics of 381 twelfth grade students in terms of emotional expression. The researchers reported that children and adolescents having high perceived support were often found to have higher levels of resilience (Savi-Çakar & Karataş, 2011; Şahin-Baltacı & Karataş, 2015; Turan, 2014).

The findings in secondary school sample include most of the relational variables regarding resilience (Eminağaoğlu, 2006; Gizir, 2004; Özcan, 2005; Yılmaz & Sipahioğlu, 2012). Kaya (2007) tested the predictor roles of self-esteem, hope and external factors on resilience. To investigate the predictor roles of social support, depression and life satisfactions on resilience, Şahin- Baltacı and Karataş (2015) conducted a study. Perceived social support and life satisfaction were found to be significant predictors of resilience.

The findings in secondary school sample include most of the relational variables regarding resilience (Eminağaoğlu, 2006; Gizir, 2004; Özcan, 2005; Yılmaz & Sipahioğlu, 2012). Kaya (2007) tested the predictor roles of self-esteem, hope and

external factors on resilience. To investigate the predictor roles of social support, depression and life satisfactions on resilience, Şahin- Baltacı and Karataş (2015) conducted a study. Perceived social support and life satisfaction were found to be significant predictors of resilience.

In another study, Kaya, Peker and Gündüz (2016) examined predictive role of educational stress on resilience of 344 secondary school students. They found that success anxiety positively predicted resilience whereas course load and studying pressure negatively predicted it. Studying pressure was also found as the most significant predictor of resilience.

Most recently, Akman et al. (2018) have tested the relationships among student resiliency, student trust in teacher, and the students' perceptions regarding the problem-solving skills. The sample of the study consisted of 584 secondary school students. Students' resiliency, perceptions of trust in teacher, and emotional autonomy levels were high. Additionally, trust in teacher variable had a partial mediation role between students' resiliency, emotional autonomy, and problem-solving skills.

Researchers have also attempted to examine whether resilience levels differ according to demographic factors. For example, Önder and Gülay (2008) examined the relationships between resilience and several variables, such as self-concept, gender, education level of mother and father of 98 eighth grade students. The results indicated that, gender and self-concept were significantly related to resilience and female students' resilience scores were higher than male students. As a demographic factor, possible gender difference in terms of resilience was tested but the results were contradictory. Some research results asserted that resilience levels varied according to gender, which showed that female middle school students' resilience levels were higher than males' (Dayıoğlu, 2008; Önder & Gülay, 2008; Koç- Yıldırım, 2014; Yılmaz & Sipahioğlu, 2012). However, another group of research stated that resilience did not vary based on

gender (Çelik, 2013; Güngörmüş et al., 2015; Özcan, 2005; Terzi, 2008; Şahin-Baltacı & Karataş, 2015).

At-risk children and adolescent population were the salient point in the literature. Various resilience-based studies were implemented with different at-risk populations and mostly, the role of protective factors to promote resilience level of individuals was assessed. In a notable research regarding protective factors' promotive role in resilience, Gizir (2004) conducted a study with impoverished 872 8th grade middle school students. In another study, 27 street children and 27 working children were compared in terms of resilience levels (Eminağaoğlu, 2006). Results indicated that both groups' abilities regarding dealing with problems were found inadequate, whereas self-esteem of both groups was normal. Furthermore, street children's level of resilience was found higher than working children because of their more positive perceptions about friends relations, and their inclined to cooperation.

Poverty and living with single parent were determined as risk factors in some other research (Özcan, 2005; Sipahioğlu, 2008; Yılmaz & Sipahioğlu, 2012). In a few studies, the concepts related to family structure like shattered families (Er, 2009) and extended, nuclear, and broken families (Saka & Ceylan, 2018) were also regarded as risk factors.

Finally, most studies within the realm of resilience literature in Turkey deals with developing new scales or adapting resilience scales to Turkish. For example, Terzi (2006) adapted the Resilience Scale (RS) to Turkish. The validation process was conducted with 155 college students. The results showed that the Resilience Scale was valid to use in Turkish culture. Gizir and Aydın (2008) adapted the California Resilience and Youth Development Module with a sample of 872, 8th grade students. Basım and Çetin (2011) adapted The Resilience Scale for Adults. The validation process was conducted with 350 students and 262 adult workers. Moreover, Gürkan (2006b) developed an inventory in order to measure the

resiliency levels of Turkish university students. The analyses showed that the Resiliency Scale was a reliable and valid instrument for Turkish college students. The Adolescent Psychological Resilience Scale was the other resilience scale which was developed by Bulut, Doğan and Altundağ (2013) to measure the resiliency levels of Turkish adolescents.

In sum, it can be concluded that there are some individual, familial, and environmental protective factors for resilient people when they struggle with difficult conditions. The results of the studies showed that social support, self-esteem, hopelessness, and family factors are significant predictors of resilience. Based on the related literature, it can be concluded that promoting resilience factors of children and adolescents is important especially for at-risk population.

2.2.3 Wellness and Social Support

Studies with various populations have found evidence of associations between different sources of social support and wellness. The studies with adolescents revealed that a higher level of wellness is associated with a higher level of social support. Corsano et al. (2006) investigated the influence of loneliness and relationships with parents and friends on the psychological well-being or adolescent malaise with a sample of 330 Italian adolescents between aged 11 and 19. They stated that positive friend and parent relationships promoted psychological well-being of adolescents, acceptance, and integration into peer group was a requirement for psychological well-being of adolescents during early adolescence. Similarly, in another study, Spurr (2009) explored the relationship between wellness, and developmental dimensions of 280 adolescents in two mid-sized Western Canadian high schools. The results indicated that a higher perception of wellness was associated with friendship. In contrast, Dekovic, Engels, Shirai, De Kort and Anker (2002) emphasized that the quality of peer relations is strongly related to adolescents' well-being rather than existence of social support. In the study which compared the sample of 253 Dutch and 308

Japanese adolescents between 15 to 18 years of age, the results suggested that interpersonal relationships were more important for the individual's development and well-being in Japan than in the Netherlands.

Traylor, Williams, Kenney, and Hopson's (2016) study made a different contribution to the literature regarding social support and wellness relationship. They collected data between the year 2001 and 2005 from 37354 middle and high school students. In their study, the results yielded that friends' behavior may be more important for well-being than the level of support. In other words, less perceived support from well-behaved friends was more effective on better well-being than more support from friends with problem behavior.

Granello (2001) compared the wellness and social support network scores of 97 young adults (18 to 22 aged) and 74 older adults (ages 35 - 77). Young groups' wellness scores were higher than the older population except for self-care. Additionally, total wellness score positively correlated with social support networks. Although older people were reported to have larger social networks, they perceived support three times less than younger participants.

Regarding teacher, school personnel or school environment support, there was little research compared to friend and parental support. Based on 167, 6th grade student, Wentzel (1998) stated that teacher support had an effect on students' overall emotional well-being at school.

Similarly, Spurr's (2009) qualitative study results indicated that student's wellness was contributed by supportive school environment and teachers. Adolescents' supportive relationships with parents, teachers, and peers were examined in relation to motivation at school (school and class-related interest, academic goal orientation, and social goal pursuit).

In another study, Chu et al. (2010) examined the relationship between social support and well-being in children and adolescents via a meta-analysis. 248 studies were collected and analyzed. The results indicated that perceived support was strongly associated with well-being, and particularly, perceived teacher and school personnel support was more strongly related to well-being. Moreover, it was added that the association between social support and well-being increased with age.

Cristini, Scacchi, Perkins, Santinello, and Vieno (2011) found teacher support to be the only significant protective factor for psychological well-being of 214 immigrant adolescents in grades 9th to 13th. The results also yielded that perceived discrimination negatively affected psychological well-being of students. However, Clark's (2008) study result was exactly the opposite regarding positive effects of school support on wellness. Clark tested the moderating effects of the sources of support in stress and well-being of 127 middle school students. The results indicated that, contrary to expectations, well-being of the students was not predicted by perceived school support. Insomuch that, perceived support constituted as a lower source of support.

In Turkey, the relationships between social support and wellness/ well-being/ subjective well-being and psychological well-being have been studied more. However, almost all the researchers studied with college sample. The results revealed a positive relationship and emphasized the effects of other variables on its magnitude. For example, Gençöz, Özlale, and Lennon (2004) investigated the effects of social support on the psychological well-being of 342 university students and found that appreciation-related social support was directly affected psychological well-being of college students. Moreover, experiencing less life stress mediated the relationship between social support and psychological well-being.

In another study, Toplu-Demirtaş, Kemer, Pope and Moe (2018) examined the relationships between perceived social support, self-compassion, and subjective well-being among LGB individuals in Turkey without age restriction. According to the results, when LGB individuals perceived their families and significant others as supportive, they tended to feel more self-compassionate and as a result reported more subjective-well being.

Doğan and Yıldırım (2006) examined the difference between the “Friendship” and “Love” sub- scales of wellness and gender, friendship with opposite sex, frequency of exercise, level of family support and support from friends among 936 university students. It was found that there was a positive relationship between perceived social support from friends and family and both subscale scores of wellness. Similarly, the wellness levels of 936 university students, who perceived enough parent and friend support and had physical exercise and positive opinions about future, were higher (Doğan, 2006). In another study of Doğan (2008), it was determined that the family and friend support, and wellness predicted the effects of psychological symptoms in college students. A positive relationship among social support, wellness, and psychological symptoms was found. Additionally, one of the subscales of wellness, self-direction, and parental support were found to be predictors of psychological symptoms.

Saygın (2008) and Sarı and Özkan (2016) studied on the subjective well-being and social support concepts using two different samples. Saygın studied with college students; Sarı and Özkan (2016) studied with 659 secondary school students. Saygın (2008) examined the relationship between social support, self-esteem, and subjective well-being and reported that there was not a significant relationship between self-esteem and well-being whereas there was a significant relationship between well-being and social support. On the other hand, Sarı and Özkan investigated the effect of perceived parental attitudes on subjective well-being of students and concluded that parents’ positive attitudes and support contributed to subjective well-being of adolescents.

Kocayörük (2012), with a structural equation model, explored the effect of perceptions of parents on emotional well-being of 227 adolescents through the perspective of the Self-Determination Theory. The results supported the previous findings and the researcher suggested that parental autonomy and support encouraged adolescents' emotional well-being by promoting self-determination.

The first meta-analysis in Turkey, which examined the overall relationship between well-being and social support, was conducted by Yalçın (2015). The results of the study were obtained from four groups; 17 studies with college students, 8 studies with high school, just one study with middle school and nine studies with the elderly. A positive relationship between well-being and social support was detected and the strongest relationship was perceived family support. It was followed by perceived significant others' support and support from friends and teachers. Perceived friend support was determined to be the most important source of support compared to others.

Uz-Baş, Öz-Soysal and Aysan (2016) investigated a different variable, problematic internet usage, and its relations with well-being and social support among 309 university students. The results indicated that when individuals' level of wellness and perceived friend support decreased, the negative effect of internet usage increased. Moreover, a lower level of wellness was found to be a significant predictor of overuse of the internet.

Lastly, in a study, the relationship between social support and psychological well-being of nursing students was investigated and it was found that there was a positive relationship between perceived social support and psychological well-being. Moreover, the results indicated that perceived social support and psychological well-being level were better in upper grades (Aydın, Kahraman, & Hiçdurmaz, 2017).

To sum up, a review of literature on the relationship between wellness and social support indicates the importance of social support on wellness among children and adolescents. The comprehensive literature reveals that social support has a protective role in terms of students' wellness. Moreover, it can be said that social support is a component of wellness. Regarding source of support, parents' and friends' support are significant predictors of wellness. In terms of teacher support, there is a limited amount of research, but teacher support has a positive influence on wellness of adolescents.

2.2.4 Wellness and Resilience

One of the significant variables related to wellness is resilience. That relationship was studied to a great extent in relation with different variables. Lai and Mak (2009) investigated the moderating effect of resilience on daily-hassles and well-being among 237 Chinese undergraduate students. Lai and Mak (2009) found that the increase in daily hassles did not affect the positive well-being of resilient participants compared to their less resilient peers. The results also yielded that resilience promoted the positive well-being of individuals contributed to better mental health and helped to maintain high levels of well-being of students.

In another study, Van Schaick (2011) investigated the effect of religion in childhood and adolescence on well-being and resilience among 431 college freshmen. It was found that religiousness in childhood had no effect on well-being and resilience in early adulthood. Contrary to expectations, resilience did not mediate the relationship between religiousness and well-being, but resilience was positively related to overall well-being.

Katchur (2013) examined the relationship among parenting and family factors, resilience and subjective well-being (SWB) in a sample of middle and high school students ($n = 125$). The results indicated that both resilience and parenting and family factors significantly predicted subjective well-being. Additionally,

family influence significantly affected resilience and SWB. Regarding gender differences, contradictory to the common literature, males' SWB score was found to be higher than females.

Eley et al., (2013) examined the effects of resilience and personality traits in association with enhancing well-being in 479 family practitioners and concluded that resilience was a component of well-being and functioning. Results yielded that persistence, self-directedness, and cooperativeness were positively correlated with resilience and resilience differed regarding personality traits. The researchers stated that these personality traits were distinguished healthy people from unhealthy people.

Bağcı et al. (2014) conducted a cross-cultural study to investigate how cross-ethnic friendships diminish the effects of perceived ethnic discrimination (PED) on well-being and resilience within 247 middle school children. As predicted, perceived cross-ethnic friendships' quality was found to be related to higher psychological well-being and resilience. Based on the results, it was suggested that cross-ethnic friendship may play a protective role against negative effects of discrimination.

In the literature in Turkey, as a significant predictor of wellness, resilience was investigated in college sample. For example, Terzi (2005) proposed a model related to subjective well-being and resilience and tested the model within college sample. The research yielded that resilience had an effect on subjective well-being through cognitive assessment and coping.

In another study, Gürgan (2014) tested resiliency and wellness level of college students in connection with gender, grade, department, and university. The results revealed that there was a significant positive relationship between resilience and wellness level of students. No significant difference was detected between female

and male students. Additionally, the results showed wellness level of students increased with grade level.

In line with findings from previous research, Korkut-Owen, Demirbaş-Çelik and Doğan (2017) investigated the predictor role of gender, year of school, self-rated health status, and resilience on wellness with a sample of 244 undergraduate students. The results indicated that resilience was the moderator predictor of both overall wellness and sub-dimensions of the Well-Star.

Most recently, Akdoğan and Yalçın (2018) studied on the effects of conflict resolution, psychological resilience levels of high school students, and their levels of subjective well-being. The results indicated that there was a negative relationship between aggression and subjective well-being of adolescents whereas there was a positive relationship between subjective well-being and problem solving. Family support, peer support, and school support were determined as significant predictors of subjective well-being. Additionally, it was concluded that resilience was the most significant predictor of subjective well-being of adolescents. It was reported that those who had a high level of wellness also had a higher level of resilience and that individual was identified as a resilient person. Moreover, it was stated that resilience was a component and a predictor of wellness. In addition, there is a reciprocal relationship between wellness and resilience.

2.2.5 Wellness, Social Support, and Resilience

In the literature, although bilateral relations of social support and wellness and resilience and wellness were studied abundantly, the relationships among three variables were rarely explored.

Stumblingbear-Riddle and Romans (2012) examined the effects of enculturation, self esteem, subjective well-being, and social support on resilience with a sample

of 196 urban American Indian (AI) adolescents. It was found that enculturation, subjective well-being, and social support from family and friends explained 34% of the variance in resilience. Perceived friends' support was still the strongest predictor of resilience.

In Turkey, Malkoç and Yalçın (2015) investigated the relationships among resilience, social support, coping, and psychological well-being among college students. Resilience, coping, and family, friend, significant others' support were found to be the predictors of psychological well-being. Additionally, it was found that social support and coping skills mediated the relationship between resilience and psychological well-being. Moreover, consistent with the previous literature, perceived family, friend, and significant others' supports contributed to psychological well-being of students.

The limited literature regarding the relationship among wellness, social support, and resilience indicated that there were positive relationships among those variables. In addition, wellness was predicted by social support and resilience relationship.

2.3 Review of the Literature Regarding the Concept of Roma Citizens

2.3.1 The Roma Culture and History

Roman population is considered the largest ethnic minority group in Europe since they have a population over twelve million (Gençoğlu-Onbaşı, 2012). In fact, Simhandl reported that "minority" word is used synonymously with Roma (2006; as cited in Gençoğlu-Onbaşı, 2012). Historically after the 9th century, Gypsies leaved India and came to Iranian (Lewy, 1999), some of them migrated to Siberian, the majority of migrated to Anatolia and from there divided into two different sides. The first group came to İstanbul and then continued from there to Bulgaria, Romania, Greece, Yugoslavia, and Hungary (Marushiakova, 2001). The

second group dispersed to Europe via Egypt and Spain. Despite the more than twelve million populations, it is still unknown the official numbers of Roma citizens in the world. The same uncertainty is valid for Turkey; because there is no verified statistics regarding ethnic minorities in Turkey and official numbers are unknown. According to unofficial records, the number of Roma population living in Turkey is 500000–700000 (Reyniers, 1995).

Throughout history, Gypsies have taken different names in every country such as in English “Gipsy”, in Greek language “Gyphos”, in Romenian “Tigani”, in Caucasion “Basa” (Sađer, 2004). In their own language, Gypsies called themselves as “Romani” which means human or human being (Berger, 2000, as cited in Sađer & Eroy, 2013). The Council of Europe suggested the “Roma” term to denote many sub-groups, which are Roma, Sinti, Kale, Gypsies, Romanichals, Travellers, and Yenish (Council of Europe, 2012). Correspondingly, in Turkey, Roma citizens have also taken different names according to their living region such as Rom, Dom, and Lom. Rom groups, who are the most well-known Gypsies group and defined as “Roman or dark-skinned citizen”, live in western areas. Lom group lives in Northern Black sea Region and named as “Poşa”. Dom group lives in Southeast Anatolia Region and is named as “Mitrip”, in Mediterranean region Roma identity named as “Arabacı or Manuş”, and in Adana and Osmaniye they are named as “Cono” (Kolukırık, 2008). In present study, it has been studied with Roman adolescents who were living in Tekirdağ at the time of data collection. According to unofficial figure, the number of Gypsies living in Tekirdağ is between 7.000 and 11.000.

In terms of business life, Roma citizens often do noninstitutional and non-regular work such as “hamal” which means porter or carrier, storekeeper, musicianship, and “bohçacı” which is prevalent among women. Some of them work as municipal worker, driver, or in public institution. Musicians are frequently accepted as elite. They are also named based on their occupation such as bohçacı, çiçekçi, kalaycı, sepetçi, demirci, and trampacı (Kolukırık, 2006). In terms of

religion, most of them defined themselves as Sunni Muslim and some of them are Alaouite. As for language, the older generations of Rom and Dom groups still speak Romani (the Roma tongue) among themselves as well as Rom groups speak Turkish and Dom groups speak Kurdish (Kolukırık, 2008).

Despite the cultural or socioeconomic conditions of Roma populations may vary from country to country, their living conditions are the same. Roma is characterized by poverty, social exclusion, and general rejection, difficulties in accessing employment, poor health, and low level of education (European Commission, 2010). The living conditions of Roma populations in Turkey is not much different from the European Countries, the biggest problems of them are low level of education, poverty, and discrimination (Kolukırık & Toktaş, 2007).

In present study, data collection was carried out with Rom/Roman group who lives in Tekirdağ. This group migrated to Turkey after the signing of the Lausanne Peace Treaty in 1923. These groups mostly live in Aegean, Thrace, and Black Sea region (Arı, 1995). In terms of settlement, there are two groups in Tekirdağ region: a small group lives in tents and the others live in squatter houses. They do not live with local communities in the neighborhood rather they live in certain areas. In the center of Tekirdağ, Roman citizens live in Aydoğdu, Tattalla, and Çiftlikönü neighborhood and they live in certain settlement in Çorlu, Malkara, Şarköy, Çerkezköy, Saray, and Hayrabolu (Sağır & Eroy, 2013). Divorce is common in this region and after the divorce, grandmothers take care of children. The age of marriage is very low within Romans; typical marriage age is between 14 and 17.

2.3.2 Research about Roma Population

Despite this long history of the Roma population in Turkey, there is little research on them. Most of these studies focused on the problems of Roma populations and political issues and conducted with adult population (Bayraktar- Akkaya, 2011;

Öke & Topuz, 2010; Önen, 2011). In a study, Kolukırık (2006) investigated the socio-economic and cultural characteristics of Roma citizens who lived in Tarlabası district in Bornova, İzmir. In another study with an anthropological method, Kolukırık and Toktaş (2007) to draw a profile of Roma population in terms of their political participation, and their experience of citizenship and European Union. The data was gathered from Tarlabası district between 2001 and 2003.

Uğurlu and Duru (2010) analyzed the social and economic effects of urban transformation on community in İzmit. The study was maintained mostly in neighborhoods where Roma citizens lived. In another study Gençoğlu- Onbaşı (2012) analyzed the Romani Opening in Turkey, which was initiated by the government in 2009 as a project to take attention to discrimination against Roma in Turkey. Over the years several books were published regarding Roma citizens such as “Çingenerler” by Arayıcı (1999); “Başka Dünyanın İnsanları: Çingenerler” by Alpman (2003). However, there is no research regarding Roman adolescents.

Despite the concept of the resilience, wellness, and related concepts with wellness are not studied in Turkish literature with Roma population, in the world these concepts are employed with different samples. For example, Dimitrova, Chasiotis, Bender, and Van de Vijver (2012) investigated the associations of ethnic identity, acculturation orientations, psychological well-being, and socio-cultural adjustment in a sample of 279 Turkish-Bulgarian adolescents. According to the results, Turkish ethnic identity and Turkish maintenance were significantly associated with psychological well-being and socio-cultural adjustment. In another study, Dimitrova, Chasiotis, Bender and Van de Vijver (2014) examined the psychological wellbeing of Roma adolescents in Bulgaria in terms of the protective factors of collective identity which are encompassing ethnic, familial, and religious identity. Their sample consisted of 194 Roma adolescents and their mothers. Results indicated that mothers’ and adolescents’ total well-being scores were low. As expected, a positive relationship between greater well-being and

feeling connected to ethnic, religious, and familial identity was found. A path model results showed that collective identity was positively predict well-being of both groups, and the mothers' collective identity was predicted by adolescents' well-being. Additionally, familial identity was found the stronger identity than the others based on that results authors suggested that familial identity may have buffer effect against the negative ethnic experiences.

Fernandez, Ferrero, Molero, Gaviria, and Garciael (2015) explored the perceived discrimination and psychological wellbeing of adult Romanian immigrant in Spain. It was reported that seeking social support mediated between perceived discrimination and psychological well-being. Moreover, Novotny and Kremenkova (2016) aimed to assess the relationship between resilience and academic performance among youth placed at risk and low-risk youth. They tested their hypothesis on 467 adolescents, between the age of 13 to 21, by dividing them into three groups:1) youth living in family environment, 2) Caucasian, and 3) Romany youth in residential care. Regression analysis indicated that there was a relationship between resilience and academic performance, but it was different in each group. The greatest association was found in a group of Romany adolescents.

Gerganov, Varbanova, and Kyuchukov (2005) examined the degree of school adaptation among Roma children in Bulgaria. The participant children were included in a special program which aimed to terminate the discrimination against Roma children with mixed class and with the support of Roma teacher. The results of the study revealed that Roma students in mixed class with Bulgarian students adapted to the school more easily than students in homogeneous classes.

To sum up, research studies in Turkey mostly focused on political issues, life situations of Roma citizens, socio-economic factors, and Roma citizen rights. However, there has been no research that explored psychological factors or

concepts in adolescent samples. The same situation is valid for related literature in the world; there are few studies about school problem of Roma children, psychological well-being of them, and resilience factors in Roma citizens. However, wellness concept has not been examined in middle school population.

2.4 Summary of the Literature Review

Literature review related to the relationship between wellness and social support indicates the importance of social support on wellness among children and adolescents. Additionally, results of studies are revealed that social support has a protective role in terms of students' wellness. Regarding resilience and wellness relationship it can be seen that resilience promoted the positive well-being of individuals contributed to better mental health and helped to maintain high levels of well-being of adolescents. Another important issue about resilience is that there must be a risk situation in order to talk about resilience. The literature shows that for many reasons Roma are in the risk group. Therefore, Roman adolescents are an important ethnic cultural and at-risk group to be studied in terms of resilience level. Nonetheless, in Turkey, research studies regarding Roman citizens focused on political issues or difficult life situations of citizens. However, there has been no research that explored psychological factors or concepts in adolescent sample. Similar limitations in terms of the number of studies in the literature are valid for relationships among wellness, social support, and resilience. The scarce literature regarding the relationships among wellness, social support, and resilience indicated that there were positive relationships among those variables. In addition, wellness was predicted by social support and resilience relationship.

CHAPTER 3

METHOD

This chapter consists of seven sections regarding the methodological details of the study. The first section presents the overall design of the study. The second section presents information regarding demographic characteristics of the participants and sampling procedure. The third section presents information about data collection instruments and their psychometric properties. The fourth section explains the data collection procedure. In the fifth section, variables of the study are introduced. Next, in the sixth section, data analyses are presented. Finally, in the last section, the limitations of the present study are presented.

3.1 Design of the Study

This study was attempted to investigate the strength and direction of relationships among proposed variables, thus, the overall research design of the study was quantitative and correlational (Fraenkel, Wallen, & Hyun, 2011). The purpose of the study was to investigate the differences on wellness scores in terms of gender, birth order, and grade level and examine the role of resilience (individual, relational, contextual) in predicting wellness of Roman early adolescents after controlling for perceived social support from family, friends, and teachers. In the current study, criterion variable was total wellness scores and predictive variables were perceived social support from family, friends and teachers, and resilience (individual, relational, contextual) scores. The demographic information such as gender, grade, and birth order were collected through demographic data form which was developed by the researcher. Total wellness scores were obtained using the Wellness Evaluation of Lifestyle Teen Version (5F – Wel - T) Turkish Form (Korkut - Owen & Öğretmen, 2013). Perceived family, friend and teacher

support scores were obtained using the Perceived Social Support Scale (PSSS) (Yıldırım, 2004a), and resilience scores were obtained through the Child and Youth Resilience Scale – 28 (CYRM 28) (Aydoğan, Terzi, Eşici, & Tomar, 2012). Data were collected with paper-pencil surveys and instruments were filled out by the secondary school students in four different state secondary schools located in Tekirdağ city center and two secondary schools located in Malkara and Çorlu districts.

3.2 Population and Participants

As it is represented in Table 3.1, the sample consisted of 197 students [101 females (51.3 %), 96 males (48.7 %)] attending to four secondary schools in the central ($n = 129$) and the two other districts (Malkara and Çorlu, $n = 68$) of Tekirdağ. Grade level of the participants was almost equally represented. Majority of the participants had 2 or 4 siblings ($n = 161$; 81.7 %). Regarding birth order, merely 5.1% ($n = 10$) of the participants were only-child; remaining of them were first-born ($n = 77$; 39.1 %), middle-born ($n = 51$; 25.9%), and last born ($n = 59$; 29.9%) The student selection was not based on random sampling; rather, purposive sampling was used.

Table 3.1

Demographic Characteristics of the Participants (N = 197)

Group	<i>f</i>	%
Gender		
Male	96	48.7
Female	101	51.3
6	76	38.6
7	64	32.5
8	57	28.9

Table 3. 1 (Continued)

Number of siblings		
Only child	10	5.1
2-4 siblings	161	81.7
5-7 siblings	22	11.2
8-10 siblings	4	2.0
Birth order		
Only child	10	5.1
First born	77	39.1
Middle born	51	25.9
Last born	59	29.9

As it is represented in Table 3.2 almost all participants' mothers (100 %) and fathers (99 %) were alive, and majority of them married and living together ($n=163$; 82.7 %) at the time of data collection. Regarding educational level of parents, almost half of the mothers ($n= 89$; 45.2%) were illiterate, while most of the fathers ($n= 73$; 37.0 %) were primary school graduate. Furthermore, majority of the mothers ($n =148$; 75.1%) were unemployed, while majority of the fathers ($n = 155$; 78.7%) were employed.

Table 3.2

Demographic Characteristics of the Participants' Parents (N = 197)

Group	<i>n</i>	%
Mother alive		
Yes	197	100.0
No	0	0
Father alive		
Yes	195	99.00
No	2	1.0

Table 3. 2 (Continued)

Parents' marital status		
Married and living together	163	82.7
Married but separated	6	3.1
Divorced	24	12.2
Others	4	2.0
Family Structure		
Living with parents	163	82.7
Living with mother	24	12.2
Living with father	8	4.1
Others	2	1
Mother education level		
Illiteracy	89	45.2
Literacy	36	18.3
Primary school graduate	47	23.9
Secondary school graduate	19	9.6
High school graduate	3	1.5
Unknown	3	1.5
Mother employment status		
Employed	49	24.9
unemployed	148	75.1
Father education level		
Illiteracy	38	19.3
Literacy	37	18.8
Primary school graduate	73	37.0
Secondary school graduate	35	17.8
High school graduate	4	2
Unknown	10	5.1
Father's employment status		
Employed	155	78.7
Unemployed	42	21.3

In addition to the demographic variables, the researcher has similar observations with the literature regarding the study group. Since the statistical information about the official student registrations could not be obtained from the schools, the statistical value related to the population could not be specified. However, in the

informal interviews with the principals and teachers in the schools, the researcher managed to obtain specific information about the students regarding the characteristics of the group. Accordingly, school administrators and teachers stated that Roma children were absent from school excessively; they were often late for school; they did not come to school even though they were registered; and the number of school children increased at certain times of the day and very few children were present at school at certain time intervals. Studies in the relevant literature also provide data to support this situation (Okutan & Turgut, 2018, Uzun & Bütün, 2015; Tor, 2017; Genç et al., 2015). Even though six schools were involved in the present study, the reason why the sample ended up with only 197 participants is related to this situation. Regarding the working group, the teachers emphasized that children did not have the necessary tools for the school and that families were not supportive in this regard.

3.3 Data Collection Instruments

Data were collected using three self-report instruments: The Wellness Evaluation of Lifestyle Teen Version (5F- Wel-T) Turkish Form (Korkut-Owen & Öğretmen, 2013) (Appendix A); The Perceived Social Support Scale (PSSS) (Yıldırım, 2004a) (Appendix B); The Child and Youth Resilience Scale – 28 (CYRM 28) (Aydoğan, Terzi, Eşici, & Tomar, 2012) (Appendix C). A demographic data form (Appendix D) was also used to collect demographic information about the participants.

3.3.1 Five Factor Wellness Inventory - Teen Version (Turkish Form) (5F– Wel- T)

5F– Wel- T was developed by Myers and Sweeney (2004) to measure the wellness level of adolescents in multiple areas and to assist them in making healthy lifestyle choices based on their wellness. The original scale contains 99 items followed by a four-point Likert response set: (4) strongly agree, (3) agree,

(2) disagree, and (1) strongly disagree. The original scale composes of 5 subscales; The Creative, Coping, Social, Essential, and Physical regarding the adolescents from 9th grade to 12th grade (14 to 18 years of age). 5-F-Wel- T is based on the original adult version and procedures. However, factor structure has not been empirically tested for teen version (Watson & Lemon, 2011). In a study it was examined the reliability and validity of the 5F-Wel- T with a sample of 377 adolescents (Myers & Sweeney, 2005, as cited in Tatar & Myers, 2010). Cronbach's alpha coefficients varied across the subscales between .75 and .88 for the second order factor scales.

Turkish adaptation was done by Korkut-Owen and Ögretmen (2013) to measure wellness level of Turkish adolescents from 6th to 9th grades. The measure composed of 5 subscales including 41 items. The participants in this investigation were 328, 6th thru 9th grade students. The results of the Turkish adaptation generated quite a different set of subscales that were identified as Positive Self Esteem (8 items), Social Life (8 items), Control and Meaning of Life (8 items), Coping and Problem Solving (8 items), and Physical and Emotional Health (9 items). The respondents answer each item by using 4-point Likert-type scale ranging from strongly agree (4) to strongly disagree (1). Total wellness represents the sum of all items in the instrument; since the twenty fourth item is reverse, the highest possible score is 161 while the lowest possible score is 43. The highest possible score for Positive Self Esteem factor is 29 because there is a reverse item. The highest possible score for other eight factors is 32. The highest possible score for Physical /Emotional Health is 36. Higher scores reflect greater wellness and interpreted as individual perceived himself/ herself at a better level. A Cronbach's alpha coefficient for total wellness was computed as .85 and .86. Alphas for the five factors were .42 and .55 for Positive Self Esteem, .69 and .62 for Social Life, .70 and .56 for Control and Meaning of Life, .70 and .58 for Coping and Problem Solving, and .45 and .52 for Physical /Emotional Health. Moreover, the test-retest reliability of the scale was calculated based on a 21-day interval. The reliability coefficient for the total score was .84, for sub

dimensions as .74 for Positive Self Esteem, .68 for Social Life, .65 for Control and Meaning of Life, .79 for Coping and Problem Solving, and .62 for Physical /Emotional Health.

Due to the fact that the alpha values in some subscales (e.g., .40 for Positive Self Esteem, .63 for Coping and Problem Solving, and .67 for Physical/Emotional Health) were very low, and the total score allowed to be used in the study, the total score was used in the analyses. In this study, the reliability analysis yielded Cronbach's alpha coefficients of .88 for the total scale, which indicates a high internal consistency among items, especially for psychological constructs (Kline, 1999). Complying with the suggestions of the researchers, who adapted the scale into Turkish, the total score of the scale was used in the present study.

3.3.2 Child and Youth Resilience Scale – 28 (CYRM 28)

Child and Youth Resilience Scale (Child and Youth Resilience Measure- CYRM 28) was developed by Ungar and Liebenberg (2005) to measure resilience level of youth more comprehensively in terms of cultural and contextual dimensions. The original scale contains 28 items followed by a five-point Likert response; all items are rated on a 5-point scale from 1 = does not describe me at all to 5 = describes me a lot, with higher scores indicating the presence of increased resilience processes. The original scale is composed of three subscales; Individual, Contextual, and Relational levels of the youth, aged between 13 to 23. The participants in that study were 497 youth from rural and urban communities in Atlantic Canada region, with the mean age of 16.85. Cronbach's alphas for the three factors were .80 for individual, .83 for relational, and .80 for contextual components.

The Turkish adaptation was done by Aydoğan, Terzi, Eşici, and Tomar (2012) to measure the resilience levels of children and adolescents in Turkish culture. The measure composed of 3 subscales including 28 items. The participants in this

investigation were 296 adolescents with the mean age of 16.04, and 270 young adults with the mean age of 23.9. Furthermore, each subscale has its own grouping of items that serve as indicators of the construct's major categories. The first subscale reflects an individual factor that includes 13 items. The second subscale deals with care giving that includes 8 items. The third subscale comprises contextual components that facilitate a sense of belonging in youth and includes 7 items. Item clustering suggests that Individual component represents individual characteristics of resilience, relational component represents relational resources with parents or primary caregivers, and contextual component represents contextual resources that facilitate a sense of belonging. Respondents answer each item by using 5-point Likert-type scale ranging from 1 =does not describe me at all to 5 = describes me a lot, with higher scores indicating greater global resilience. The highest possible score is 140 while the lowest possible score is 28. A Cronbach's alpha coefficient for total resilience was computed .92 for the children and adolescent group. Alphas for the three factors were .86 for individual, .82 for relational, and .75 for contextual components. A Cronbach's alpha coefficient for total resilience was computed .90 for the young adult group. Alphas for the three factors were .86 for individual, .84 for relational, and .73 for contextual components.

In the present study, the reliability analysis yielded Cronbach's alpha coefficients of .80, .72, .63 for the subscales of individual, relational, and contextual components, and .87 for the total scale.

3.3.3 Perceived Social Support Scale (PSSS-R)

Perceived Social Support Scale (PSSS- R) was developed by Yildirim (1998) and then revised in 2004 to measure perceived social support from three sources: family, friend, and teacher for eighth grade and high school students. The participants in this investigation were 660 students who were attending eighth to eleventh grades between the ages of 14-17. The scale contains 50 items followed

by three-point Likert response; all items are rated on (1) disagree to (3) agree. The scale is composed of three subscales Family Support (20 items), Peer Support (13 items), and Teacher Support (17 items). Each subscale has one reverse item. Total perceived social support represents the sum of all items in the instruments; the highest score is 150, the lowest score is 50. The possible range of the sub scales is as follows: family support 20-60, peer support 13-39, and teacher support 17-51. Higher scores reflect more perceived support. The reliability of the ASDÖ-R was found in two ways. First, alpha reliability coefficient was found for whole ASDÖ-R and its subscales. Secondly, the reliability of the scales was examined by test-retest method on 218 students with four –week interval. A Cronbach’s alpha coefficient for total perceived social support was .93, and .91. Alphas for the three factors were .94 and .89 for family, .91 and .85 for friends, .93 and .86 for teachers.

In present study, the reliability analysis yielded Cronbach’s alpha coefficients of .80, .70, .89 for the subscales of family, friends, teachers, and .90 for the total scale respectively.

3.3.4 Demographic Data Form

In the demographic data form, the students were asked to state their age, gender, and grade, and respond to questions related to their family (see Appendix D).

3.4 Data Collection Procedure

A set of three scales (EİHÖ, RÖ-T, ASDÖ) and a demographic data form were used to collect data. Before collecting data, permission from the Ethics Committee of Middle East Technical University was obtained (Appendix, E). The Committee examined the proposal of the study in terms of its purpose, significance, method, and measures that were going to be administered to the volunteered participants together with parent consent forms. After having

approval from the committee, permission from Tekirdağ Directorate of National Education was obtained in order to conduct this study in 2015-2016 Academic Year (Appendix, H). Data gathering process was conducted in two phases. In the first phase, while it was being determined which schools to be chosen, The City Directorate of National Education and a school counselor who worked in one of those schools where Roman children attended were asked for their help. The researcher visited the headmaster of the schools in Tekirdağ and requested for their permission. The six headmasters agreed to cooperate with the researcher. Next, the school principals were asked for their help with the delivery of the consent forms (Appendix, F) to the parents beforehand and data was gathered from the students after obtaining consents of their parents. Before gathering data from the students, the researcher introduced herself, gave information about the aim of the study and what would happen in the end (Appendix, G). Furthermore, it was explained to the participants that they did not have to take part in if they did not want to. A set of instruments consisting of a demographic data form and three scales (EİHÖ, RÖ- T, ASDÖ) were administered to the students during class hours by the researcher. Some of the students were illiterate ($n = 15$; 7.6 %); therefore, the researcher approached them and read the questions one by one and filled in their responses to the scales. At first, a total of 129 students from 4 different schools participated in the study. Due to the insufficient number of participation, it was decided to collect additional data from the other towns of the city. Pertaining to the issue of determining the schools, once again, The City Directorate of National Education was asked for their help. In the second phase, with their guidance and approval, the researcher went to two public schools in Malkara and Çorlu, and the total number increased to 197. One of the schools in the city center and the schools in the towns consisted of ethnically mixed groups (Roman children and other children living in the local area). Because of the difficulty to reach Roman early adolescent students, the study was conducted in these schools as well. In order to gather data, the principals of these schools invited Roman children to a separate classroom, and this class was mixed in the sense of class levels. As it was the case with the other schools, the information

about the aim of the research was also explained to the students along with obtaining their signed consent forms.

3.5 Description of Variables

Wellness: The mean total of scores was measured with the Five Factor Wellness Inventory- Teen Version (Turkish Form). The score ranges from 43 to 161.

Perceived Social Support: The mean total of scores which was measured with the Perceived Social Support Scale (PSSS). The score ranges from 50 to 150.

Perceived Social Support from Family: The mean scores as measured by the Family Subscale of the Perceived Social Support Scale (PSSS). The score ranges from 20 to 60.

Perceived Social Support from Friends: The mean scores as measured by the Friends Subscale of the Perceived Social Support Scale (PSSS). The score ranges from 13 to 39.

Perceived Social Support from Teacher: The mean scores as measured by the Teachers Subscale of the Perceived Social Support Scale (PSSS). The score ranges from 17-51

Resilience: The mean total of scores as measured by the Child and Youth Resilience Scale – 28 (CYRM 28). The score ranges from 28 to 140.

Individual: The mean scores as measured by the Individual Subscale of the Child and Youth Resilience Scale – 28 (CYRM 28). The score ranges from 13 to 65.

Relational: The mean scores as measured by the Relational Subscale of the Child and Youth Resilience Scale – 28 (CYRM 28). The score ranges from 8 to 40.

Contextual: The mean scores as measured by the Contextual Subscale of the Child and Youth Resilience Scale – 28 (CYRM 28). The score ranges from 7 to 35.

Gender: A dichotomous variable with categories of (0) female and (1) male.

Birth Order: A categorical variable. Because of the small number of participants in “only child” category, participants were grouped as (1) the first born, (2) middle born, and (3) the last born.

Grade: A categorical variable with categories of (1) sixth grade, (2) seventh grade, and (3) eighth grade.

3.6 Data Analysis

In present study, the aim of summarizing the characteristics of the sample in detail, descriptive statistics were employed.

Independent sample *t*-test was conducted to compare total wellness scores in terms of gender. To examine whether there is an impact of birth order (first born, middle born, and last born) on wellness scores (total wellness) measured by 5F-Wel-T Turkish Form, one-way analysis of variance was conducted. In addition, to examine whether the grade levels (6th grade, 7th grade, 8th grade) make a difference on total wellness scores measured with 5F-Wel –T Turkish form, one-way analysis of variance was employed.

Finally, the hierarchical multiple regression analysis was conducted to investigate the role of resilience in predicting total wellness scores after controlling for perceived social support.

The analyses were carried out with IBM Statistical Packages of Social Sciences 17.0 (SPSS). The alpha level of .05 was chosen as criterion for statistical significance in all the statistical analyses performed in this study.

3.7 Limitations of the Study

There are some limitations of the study related to the design and sampling. Firstly, the participants were selected via purposive sampling, and only among the students of six state secondary schools in Tekirdağ. Therefore, the sample did not represent all secondary school students and the results cannot be generalized to all Turkish secondary school students. In addition, the sample was Roman early adolescents and cannot be generalized to more diverse demographics.

Secondly, the information regarding the age of the students was not obtained in the data collection process. The age range may deviate compared to typical secondary school students because the age of schooling of Roman children can vary and there is no definite information on whether the dates of the birth are accurate.

Thirdly, the questionnaires are self-report instruments and participants can be biased on reflecting reality. Participants may not be absolutely honest about reflecting their own thoughts, feelings and behaviors. Moreover, some students were illiterate; therefore, the researcher had to read the questions to the students one by one. Thus, students may have felt anxious or excited and they may not have stated their accurate thoughts.

Fourthly, because of the small number of participants in “only child” category, participants were grouped as (1) the first child, (2) middle child, and (3) the last child. Therefore, not all the categories of birth order were examined in the current study. Additionally, due to the fact that the alpha values in some subscales were very low, the total score of wellness was used. Thus, there were no detailed

results regarding sub-factors of wellness. Moreover, the methodological shortcoming of the current study should also be considered in further studies. In other words, current study employed a correlational design, thereby limiting the ability to make causal attributions and obtaining in-depth information. Finally, the last limitation was the small sample size. Although sample size was enough for the analyses conducted in the present study, it was too small to be used for sophisticated/robust statistical procedures.

CHAPTER 4

RESULTS

This chapter presents the results of the study. In the first section, preliminary analyses of missing values, outliers and assumption checks for statistical analyses of the study are explained. In the second section, descriptive statistics of the major variables including means and standard deviations of the criterion and predictor variables of the study along with gender, birth order, and grade level differences in terms of total wellness scores are provided. In the last section, results of hierarchical multiple regression analysis are summarized.

4.1 Preliminary Analyses

In the data collection process, a total number of 198 participants were reached for the study. As a data cleaning procedure, 1 case was excluded from the analyses because the participant did not fill out the scales completely. Then missing values for each scale were detected and no missing data were found. In order to detect outliers in the data, z scores for each variable computed. All the cases have z value between the range of -3.29 to 3.29 (Tabachnick & Fidell, 2007). Thus, the final sample consisted of 197 participants.

4.1.1 Assumption Checks

Assumptions underlying the statistical analyses performed were assessed to assure that no violations exist. The result of the testing of assumptions underlying each analysis is summarized below.

4.1.1.1 *Testing assumptions for independent samples t-test*

To start with, in all *t*-test performed, the assumption that scores are independent can be valid for the present study as the researcher observed the participants' responding to the questions independently, one participant's score is not systematically related to the scores of the other participants in the data collection process.

Secondly, all the significance values reported by normality tests (Kolmogorov-Smirnov and Shapiro –Wilk) indicated no significant difference between a perfect normal and the samples of interest ($p = .12 - .13$; $p > .05$).

Lastly, homogeneity of variances tests (Levene's test) for *t*-test demonstrated the equality of variances among the levels of dependent variable ($F = 1.06$). Therefore, the homogeneity of variances assumptions can be assumed for the *t*-test performed.

4.1.1.2. *Testing assumptions for one- way analysis of variance (ANOVA)*

To begin with, in all of the one-way ANOVAs performed, the dependent variable is wellness (total wellness) measured by 5F-WEL-T scores, which constitutes a continuous variable. Secondly, independent observations assumption can be assumed for the present study as the researcher observed the participants' as they were responding to the questions independently of one another in the data collection process.

Next, normality tests histograms; and Q-Q plots of the dependent variable (total wellness) at each level of the independent variable (birth order and grade level) were explored to examine the validity of normality assumption. Results

demonstrates that shape of distribution is nearly normally distributed and no violation was observed (see Figures 4.1 to 4.12).

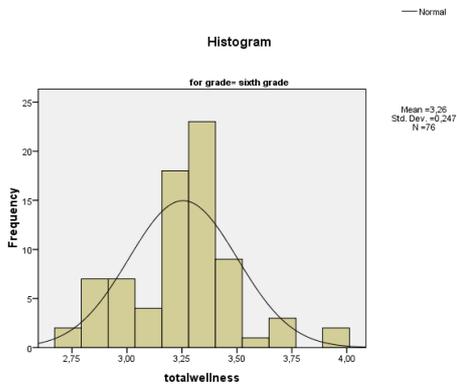


Figure 4.1: Histogram for sixth grade

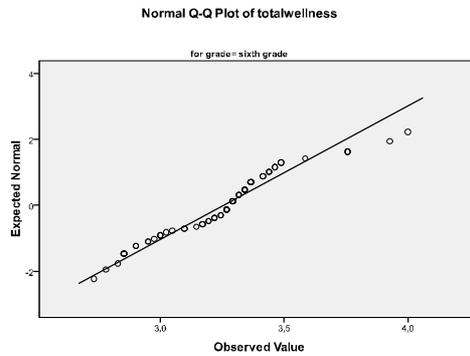


Figure 4.2: Q-Q Plot for sixth grade

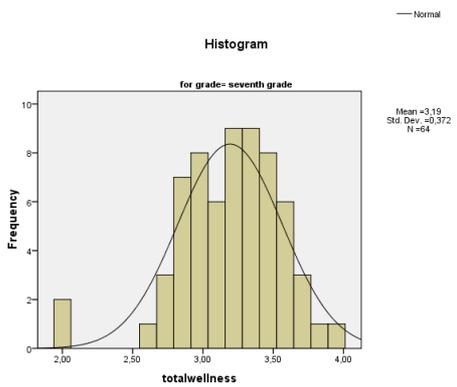


Figure 4.3: Histogram for seventh grade

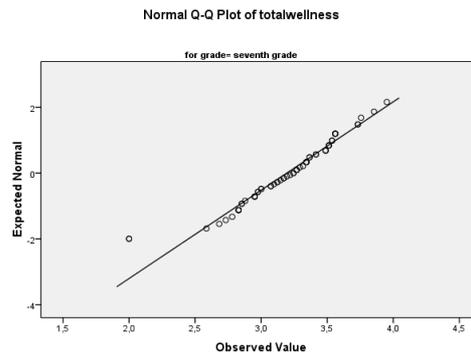


Figure 4.4: Q-Q Plot for seventh grade

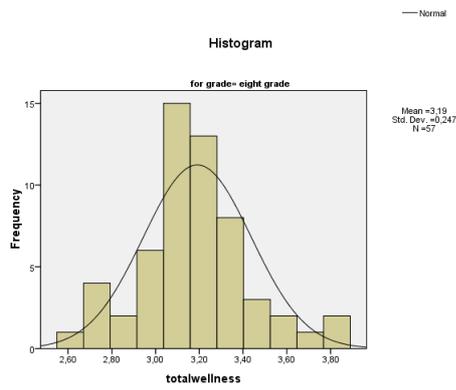


Figure 4.5: Histogram for eighth grade

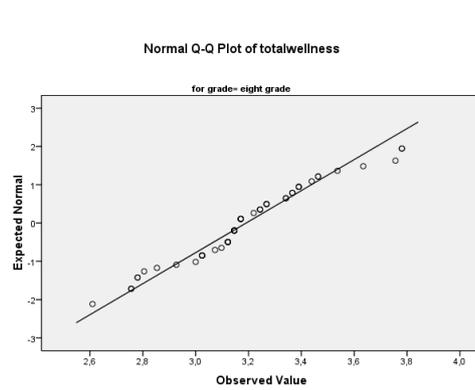


Figure 4.6: Q-Q Plot for seventh grade

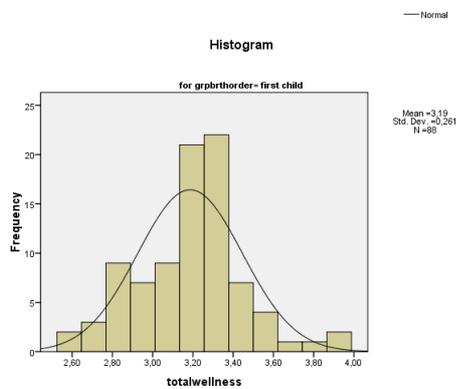


Figure 4.7: Histogram for first child

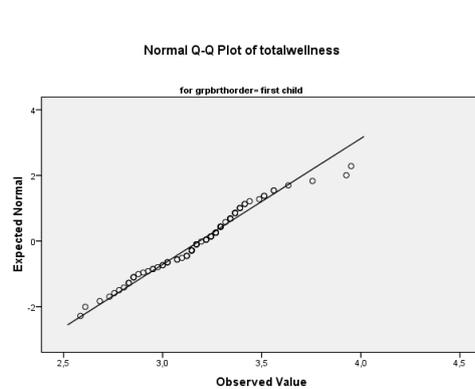


Figure 4.8: Q-Q Plot for first child

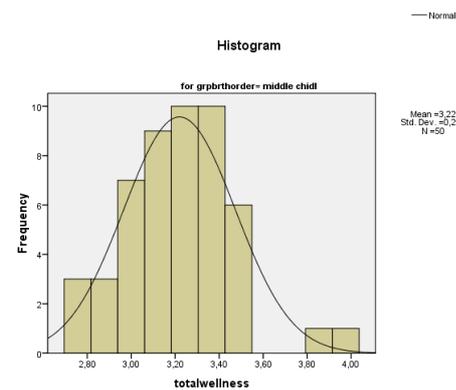


Figure 4.9: Histogram for middle child

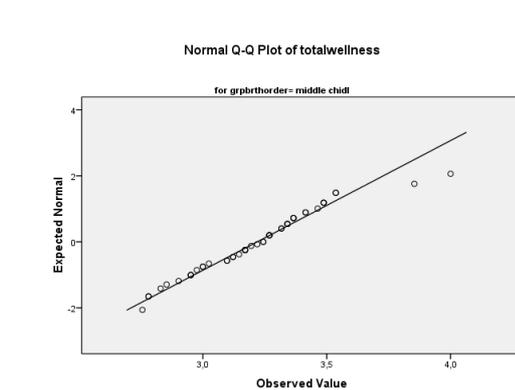


Figure 4.10: Q-Q Plot for middle child

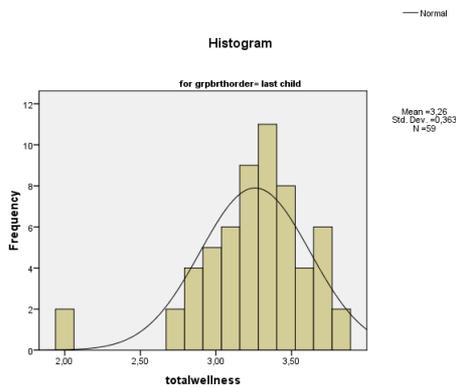


Figure 4.11: Histogram for last child

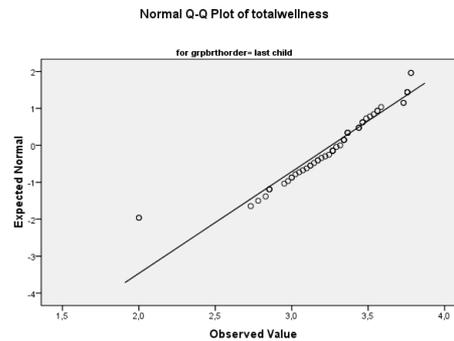


Figure 4.12: Q-Q Plot for last child

Moreover skewness and kurtosis values were also examined in order to check normality assumption. Table 4.1 demonstrates that each of the variables are between -3 and 3.

Table 4.1

Skewness and Kurtosis Values for Study Variables

	Skewness		Kurtosis	
	<i>Statistics</i>	<i>S.E.</i>	<i>Statistics</i>	<i>S.E.</i>
First child	.16	.26	.72	.51
Middle child	.49	.34	1.08	.66
Last child	-1.29	.31	3.25	.61
Sixth grade	.34	.28	.99	.55
Seventh grade	-.82	.30	1.76	.59
Eight grade	.22	.32	.61	.62

Approximately all the significance values reported by normality tests (Kolmogorov- Smirnov) indicated no significant difference between a normal distribution and the samples of interest for seventh grade ($p=.2$), middle child ($p=.2$) and last child ($p=.18$), ($p> .05$). These findings can be accepted as an evidence of normality (Tabachnick & Fidell, 2001). On the other hand, normality tests violated the normality assumption of the dependent variable at three levels of independent variable (first child, eighth and sixth grade).

Lastly, for grade level and wellness, homogeneity of variances tests (Levene's test) for ANOVA demonstrated the difference of variances among the levels of dependent variable. Therefore, the homogeneity of variances assumptions violated for the *ANOVA* performed ($p = .001, p < .05$).

For birth order and wellness, homogeneity of variances tests (Levene's test) for ANOVA demonstrated the equality of variances among the levels of dependent variable. Therefore, the homogeneity of variances assumptions can be assumed for the *ANOVA* performed ($p = .89, p > .05$).

4.1.1.3. Testing assumptions for hierarchical multiple regression

Before conducting the regression analysis, assumptions were checked. To begin with, the 6 predictor variables; family, friend, and teacher subscales of social support, individual, relational, contextual subscales of resilience, and the dependent/criterion variable (total wellness) were quantitative.

To test normality of residuals, normal probability plot and histogram of regression standardized residuals were inspected (Field, 2009). In Figure 4.13 the histogram revealed approximately a normal distribution and indicated no serious deviation from the normality for the criterion variable of total wellness score. Similarly, in Figure 4.14 the normal P-P plot with approximately all points lying on the reasonably straight line showed that the distribution of the residuals was normal. Thus, the assumption of normally distributed errors was met.

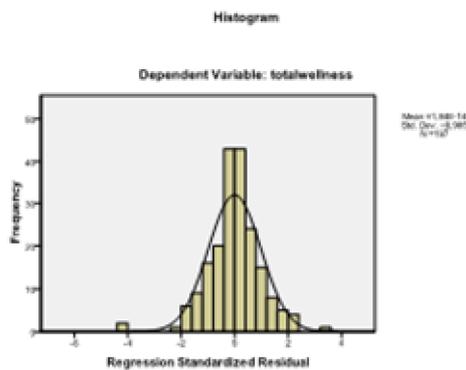


Figure 4.13 Histogram showing normality of residuals

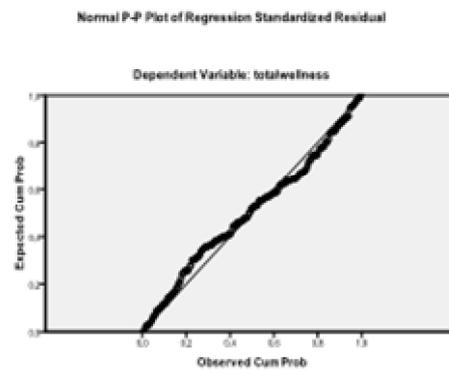


Figure 4.14 P-P plot showing the distribution of standardized residuals

For homoscedasticity, multivariate outliers, normality of residuals, independence of errors, type of variable linearity and absence of multicollinearity (Field, 2009) were examined.

To test the assumption of independence of errors which requires errors' not being correlated, Durbin- Watson statistic was checked (Field, 2009). The Durbin Watson values should be between 1.50 to 2.50. The value should be close to 2 in order not to violate the assumption (Tabachnik & Fidell 2013). In the present study Durbin- Watson value was 2.26, indicating no violation.

To address the assumption regarding homoscedasticity, the scatter plot of regression standardized residuals against regression standardized predicted values were inspected (Field, 2009). In Figure 4.15 regarding total wellness score, three scatter plots indicated that the residuals appeared to be randomly dispersed around zero, it means there was no violation of homoscedasticity assumption.

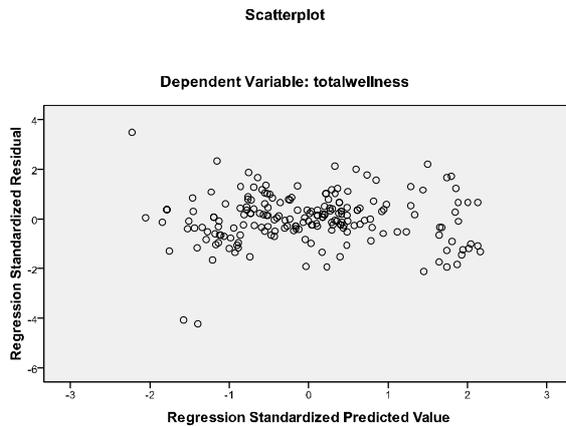


Figure 4.15 Distribution of the homoscedasticity of residuals

In terms of the assumption that there was no perfect multicollinearity, correlation matrix of the variables was checked to detect predictors that have high correlations ($r > .90$), which provides the evidence of substantial collinearity (Tabachnick & Fidell, 2001). Furthermore, collinearity diagnostics of VIF value is supposed to be less than 4 and tolerance statistics must be greater than .20 (Fidel, 2009). In present study, the highest VIF value was 2.21 and tolerance values were higher than .20.

Linearity assumption, which refers to the necessity of linear relationship between each predictor variable and criterion variable (Field, 2009), was checked by inspecting partial plots for each predictor variable on the criterion variable and by inspecting bivariate scatter plots between these pairs of variables. The scatter plots revealed a linear relationship between each predictor variable and criterion variable. As a result, there was no evidence for the violation of the assumption of linearity.

Finally, to examine assumption of influential observations, Mahalanobis distance, Cook's distance, Centered leverage statistics were used. According to Field (2009), standardized DFBETA Intercept values should not be higher than 1. In present study, all these values were lower than 1. The average leverage value is

calculated by the formula $3(k+1) / n$ (Stevens, 2009, as cited in Field, 2009). The results of this formulation was 0.12, and 2 participants were detected in that test. For the Mahalanobis distance with a sample of 200 and five predictors values above 22.59 are cause for concern (Reinald, 2006). For the current study, two participants were detected in that test too. Although there are few outliers in the present study, standardized DFBETA Intercept values and Highest Cook's distance confirmed for the assumption of multivariate outliers.

Overall, the findings indicate no violation of the main assumption of the hierarchical regression analysis.

4.2 Descriptive Statistics and Gender, Grade Level, and Birth Order Differences

4.2.1 Descriptive Statistics of Major Study Variables

Means and standard deviations, possible and actual score ranges (in terms of total mean scores) for predictor variables and the criterion variable are presented in Table 4.2.

Table 4.2

Means and Standard Deviations of the Major Study Variables (N = 197)

Variables	<i>M</i>	SD	Possible Range	Actual Range
Total Wellness (5F-Wel)	3.22	.29	1-4	2.00-4.00
Family (PSSS)	2.45	.26	1-3	1.65-3.00
Friends(PSSS)	2.51	.24	1-3	1.38-3.00
Teacher(PSSS)	2.88	.39	1-3	1.18-2.88

Table 4. 2 (Continued)

Individual (CYRM 28)	3.82	.49	1-5	2.92-5.00
Relational (CYRM 28)	4.04	.55.	1-5	1.75-5.00
Contextual (CYRM 28)	4.05	.50	1-5	3.00-5.00

According to the mean score of total wellness, participants had a higher level of total wellness ($M= 3.22$; $SD= 0.29$). They reported higher level of perceived social support in all dimensions; the mean score of perceived family support was 2.45 ($SD= .26$), the mean score of perceived friend support was 2.51 ($SD= .24$) and the mean score of perceived teacher support was 2.88 ($SD = .39$). According to the mean score of resilience level, participants had higher scores on contextual ($M=4.05$; $SD= .50$), relational ($M= 4.04$; $SD= .55$), and individual ($M= 3.82$; $SD= .49$) levels.

4.2.1.1 Result of gender differences

Regarding the first research question of the present study, independent sample *t*-test was conducted to compare total wellness scores in terms of gender. Results revealed that there was not a significant difference in the total wellness scores of male participants ($M = 3.20$, $SE = 0. 03$) and female ($M = 3.23$, $SE = 0. 03$) participants; $t (195) = .87$, $p > .05$.

4.2.1.2 Results of grade level and birth order differences

In relation to the first research question of this study, One-way ANOVA was conducted to investigate whether the grade levels (6th grade, 7th grade, 8th grade) made a difference on wellness scores (total wellness) measured by the 5F-Wel-T. Results indicated that the total wellness scores were not significantly different

with respect to grade level of students, $F(2,194) = 1.09$, $p > .05$. The summary of ANOVA results is presented in Table 4.3.

Table 4.3.

One-Way Analysis of Variance of Wellness Scores by Grades Level

Source	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	2	0.19	0.09	1.09	.34
Within Groups	194	16.73	0.09		
Total	196	16.92			

Moreover, in relation to the first research question of this study, One-way ANOVA was conducted to investigate whether the birth order (first born, middle born, and last born) made a difference on wellness scores (total wellness) measured by 5F-Wel-T Turkish form. Results indicated that wellness scores were not significantly different with respect to birth order of the participants, $F(2,194) = 1.13$, $p > .05$. The summary of ANOVA results is presented in Table 4.4.

Table 4.4

One-Way Analysis of Variance of Wellness Scores by Birth Order

Source	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	2	0.19	0.1	1.13	.33
Within Groups	194	16.73	0.09		
Total	196	16.92			

4.2.1.3 Bivariate correlation matrices of the major study variables

Pearson Correlation Coefficients were computed to examine the associations between predictor and criterion variables to compare correlation among total wellness scores, subscales of social support (family, friend, and teacher) and resilience (individual, relational, contextual). The results stated that there were significant relationships among these variables. The summary of Pearson Correlation results is presented in Table 4.5.

Table 4.5

Pearson Correlation Coefficients of Total Wellness and Subscales of Social Support and Resilience

	1	2	3	4	5	6	7
1-Total wellness score	1	.44**	.41**	.35**	.57**	.54**	.49**
2- Family (PSSS)	-	1	.50**	.62**	.68**	.47**	.53**
3- Friends (PSSS)	-	-	1	.20**	.49**	.29**	.34**
4- Teacher (PSSS)	-	-	-	1	.58**	.41**	.70**
5- Individual (CYRM-28)	-	-	-	-	1	.55**	.57**
6- Relational (CYRM- 28)	-	-	-	-	-	1	.52**
7- Contextual (CYRM- 28)	-	-	-	-	-	-	1

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

As can be seen in Table 4.5., Pearson Correlation Coefficients among predictor variables and the criterion variable yielded a significant correlation between wellness scores and each predictor variable. Wellness was significantly and positively correlated with perceived support from family ($r = .44, p < .01$), perceived support from friends ($r = .41, p < .01$), and perceived support from teacher ($r = .35, p < .01$). Wellness was also significantly and positively related to individual context ($r = .57, p < .01$), relational context ($r = .54, p < .01$), and contextual resilience ($r = .49, p < .01$). Additionally, all predictor variables (family support, friends support, teacher support, and individual, relational, contextual resilience) were also significantly and positively associated with each other.

4.3 Results of Hierarchical Multiple Regression Analysis

In relation to the second research question of current study, Hierarchical Multiple Regression Analysis was conducted to find out whether resilience scores predicted total wellness score after controlling for perceived social support from family, friend, and teacher.

In the first model, perceived family, friend, and teacher social support scores were entered. As it is shown in Table 4.6, perceived family, friend and teacher support were significantly contributed to the model ($R^2 = .26$, $F_{inc}(3, 193) = 22.79$, $p < .001$). The three variables explained 25% of the variances in total wellness. Social support from family ($\beta = .19$, $p < .05$), friend ($\beta = .28$, $p < .001$) and, teacher ($\beta = .18$, $p < .05$), were significant predictors of wellness. In model 1, perceived friend social support was the strongest predictor of wellness.

In the second model, individual, relational, and contextual resilience scores were entered. All the variables were significantly contributed to the model ($R^2 = .44$, $F_{inc}(6, 190) = 24, 71$, $p < .001$), and explained 42% of the variances in total wellness. However, $R^{2change}$ between two models demonstrated a statistically significant increase and it means that resilience scores explained an additional almost 18% of the variation in wellness. In the second model, individual level ($\beta = .30$, $p < .01$), relational level ($\beta = .28$, $p < .001$), and contextual level of resilience ($\beta = .19$, $p < .05$) were positively and significantly predicted wellness. On the other hand, it has been observed that perceived social support from parents and teachers which were significant in the first model became nonsignificant once resilience scores were included. Only perceived social support from friends predicted wellness positively

Table 4.6

Results of the Hierarchical Multiple Regression Analysis

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2	Adjusted <i>R</i> ²	<i>F</i>
Model 1						.26	.26	.25	22,787***
Constant	1.52	.21		7.26	.000				
Family	.21	.10	.19	2.08*	.039				
Friend	.34	.09	.28	3.92***	.000				
Teacher	.13	.06	.18	2.23*	.027				
Model 2						.44	.18	.42	24,711***
Constant	1.23	.19		6.38	.000				
Family	-.02	.10	-.02	-.19	.846				
Friend	.18	.08	.15	2.19*	.029				
Teacher	-.07	.06	-.09	-1.03	.304				
Individual	.18	.05	.30	3.50**	.001				
Relational	.15	.04	.28	4.07***	.000				
Contextual	.11	.05	.19	2.28*	.024				

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

CHAPTER 5

DISCUSSION

This study aimed at examining the role of resilience (Individual, Relational, Contextual) in predicting the total wellness scores of Roman early adolescents in Tekirdağ after controlling for perceived social support (from family, friend, and teacher). The study also aimed to examine the gender, birth order, and grade differences in reported levels of total wellness. In accordance with the two research questions, independent sample *t*-test, One-way ANOVA, and Hierarchical Multiple Regression analyses were conducted.

5.1 Discussion Regarding Gender, Grade, and Birth Order Differences in Wellness

The results of the independent sample *t*-test indicated that there was not a significant difference in the total wellness scores of male and female adolescents. These results suggest that wellness level is similar for both males and females. The mixed results in the relevant literature regarding the gender differences in student wellness made it difficult to interpret the findings of the present study. In a study, it was investigated the gender differences in wellness scores of students (Dekovic, Engels, Shirai, De Kort, & Anker, 2002), the results revealed that males experienced a higher level of well-being than females in another study (Myers, Willse, & Villalba, 2011), it was revealed that wellness scores of adolescents did not vary according to gender. In another study, Vijayan and Joseph (2015) obtained a similar result with a sample of 400 adolescents (belonging to the age range of 15 to 20 years). No significant gender difference in wellness scores of adolescents was found. They explained this result with family factors and social support given to the adolescents irrespective of their gender.

The same rationale may be valid for the sample in this study as well. When the results of the study on social support were examined, it was found that the perceived social support level of the students was high. Therefore, it seems possible to say that this support factor (parent, teacher, and friend) affects the similarity between boys and girls in terms of wellness.

The situation related to the gender variable is valid in studies in Turkey as well. In Turkey, there are limited numbers of published studies that have investigated this difference in college samples; however, the results are contradictory. For example, Gürel (2009) reported that females' psychological well-being level was higher than males. However, some other researchers found that the levels of wellness of college students did not vary according to gender (Demirbaş-Çelik & Korkut-Owen, 2017; Kasapoğlu, 2014; Şahin & Karabeyoğlu, 2010).

This result can also be explained with the Indivisible Self Model. In the model context component includes local, institutional, global and chronometrical contexts. Individuals are both affected by and affect the contexts in which they live. They function in relation to others through their families, neighborhoods, work, and so forth (Sweeney, 2009). At this point, the gender identity, which is one of the components of the essential self-concept in the model, is affected by the context. Gender identity components act as a filter in the meaning-making process in relation to life events, self, and others. Gender identity also refers to feelings of satisfaction with one's gender. Based on the effect of mutual interaction with this system and gender, it seems possible to speculate that Roman culture influences the development of gender perception. Consequently, although gender identity was not measured directly in the present study, it seems possible to say that the Roman culture in that region did not make any difference in the wellness levels of females and males. In other words, this gender equality at the wellness level of Roman early adolescents may also reflect greater gender equality in the Roman society in Tekirdağ.

In the present study, the subscales of the wellness have not been investigated; therefore, the “essential self-concept” results have not been achieved. For this reason, there are no detailed results regarding the gender identity. However, because of the high level of total wellness of the participants, it can be argued that females and males may have positive perceptions about their gender identities. In fact, previous studies explained the necessity of detailed results on the sub-dimensions of wellness. For example, in the study of Sarı (2003), relationship between gender and wellness varied according to the subscales of wellness. At some subscales, the wellness levels of the females were higher, while at some of the scales, males’ wellness levels were high. Similarly, Tatar and Myers (2010) found differences in the levels of wellness of females and males, and they reported that it varied by subcomponents of wellness.

To sum up, it is hard to conclude that no gender difference exists among Roman adolescents who reside in and around the city of Tekirdağ. Thus, additional research with male and female Roman adolescents living within a more diverse region needs to be conducted.

Results of the One-way ANOVA revealed that total wellness level was not significantly different with respect to students’ grade level. The relevant literature, however, reported contradictory results regarding grade levels, which made it hard to comment on the present findings. In one study, it was reported that wellness scores increased with grade, and older adolescents’ wellness scores were higher than the younger ones (Bigbee, 2008). However, in another study, in a sample of 34601 adolescents aged between 12 and 17 years, Preskit et al. (2015) found that older adolescents’ and male adolescents’ total wellness scores were lower. These results were explained with the combination of increased expectations in both social and academic settings, the adolescent demanded for increased independence. Similarly, Tatar and Myers (2010) found that in their cross-cultural study in which a sample of 629 middle school pupils were compared, younger pupils’ wellness scores were higher than the older pupils.

However, age differences in wellness were more prevalent in the Israeli sample than in the US sample. Although they studied with a different age group, they found the same result as Preskit et al. (2015), and they explained this result with the cultural differences. Contrary to these studies, Vijayan and Joseph (2015) obtained the opposite result with a sample of 400 adolescents belonging to the age range of 15 to 20 years. It was found that adolescents' wellness level increased with age. Vijayan and Joseph explained this result with a decrease in social interaction anxiety with age. As a result, as social interaction anxiety decreased with age, the level of wellness increases.

Consequently, when the studies were examined, in addition to the grade level, information about the age of the participants was obtained and discussions were mostly made on an age basis. When the results related to class level and age were examined, it was seen that similar results could be obtained in different age groups as well as different results in the same age group. Therefore, the age factor is thought to be more important for the discussion of the findings. Unfortunately, in the present study, information about the age of Roman adolescents was not demanded. One reason of that, students may not know their actual birth dates because as stated in the European Commission Report (2010) related to Roman citizens in three regions that in Turkey a group of Roman citizens does not have an ID card. In a field study in Çorlu, it was also determined that many Romans, especially women and children, do not have an ID card. Unfortunately, this situation made it difficult to learn about the exact age of children. If the actual age of Roman adolescents could be obtained rather than the grade level, perhaps the findings would have been different. It is because comparison based on actual age is not the same as comparison based on grade-level. For instance, the fact that a student in the 6th grade does not necessarily mean that he/she is 12 years old, or students in grade 6, 7, and 8 may be almost at the same age. As a result, the lack of data on age variable makes it difficult to interpret the finding related to the grade level. Therefore, it seems necessary and important to consider the age variable instead of the grade level in future studies.

Lastly, results of the study revealed that the total wellness level was not significantly different with respect to students' birth order. According to Adler's theory of Individual Psychology, an individual's personality is formed in the first years of life, and the early experiences are crucial for the well-being of the children (Ferguson, 1984). Adler considers the family influence as a whole, not only in relation to parents but also in relationships with siblings in personality development. Adler's theory is known for its emphasis on birth order. It is emphasized that the position of the individual in the birth order provides, only probabilities, that the individual will have different types of experiences. There are two definitions of birth order: One is called ordinal position and it refers to the actual order of birth of the siblings. The other one is called psychological position, and it refers to the role the child adopts in his or her interactions with others (Shulman & Mosak, 1977, as cited Eckstein et. al., 2010). Adlerian uses the latter definition. Moreover, some other researchers claimed that the studies which were based on the ordinal position were inaccurate (Shulman & Mosak, 1977). In the present study, demographic questions included birth order of the participants within the family constellation (size of family, number of siblings, etc). But these were not enough to get information about their psychological positions. Hence, as Adlerians pointed out, it would not be very accurate to comment based solely on ordinal birth order. Therefore, future studies should evaluate the birth order not only in terms of ordinal position but also in terms of psychological position.

5.2 Discussion Regarding Wellness, Perceived Social Support, and Resilience

Hierarchical multiple regression analysis was employed to determine if the addition of information regarding resilience scores improved the prediction of total wellness score beyond with differences in perceived social support.

The results of this study promoted the previous research results, which suggested friend, parent, and teacher social support played an important role in the wellness

levels of adolescents. The result of the present study revealed that perceived family, friend, and teacher social support scores explained 26 % of the variance of total wellness scores, and their contribution to wellness score was significant. An explanation for this result could be that the increased sense of support might have acted as a buffer against negative life experiences. As a result, sense of safety and protection might have provided a state of balance among developmental difficulties, influenced Roman early adolescents' wellness positively.

Wellness and social support relation can also be explained with one of the concepts of the Adler's Individual Psychology theory, which is named as "social interest". Adler's theory also provided the theoretical basis for the wellness model examined in the current study. According to the Individual Psychology, humans are accepted as a social being; they strive to feel belongingness and have a natural inclination towards being with other people. They need nurture and care for another person if they are to survive. This natural inclination of being part of the society is called social interest (Sweeney, 2009; p. 31). The individuals with high social interest enjoy and like themselves, others, and the life. Wellness requires liking own self, others, and life, and living life more fully within the human (Myers, Sweeney, & Witmer, 2000). As a result, the more support the person perceives from his/her environment, the more he/she feels belonging. As the sense of belonging increases, one feels better and safer in his or her community and as one's social interest level increases, it improves individual's wellness. For instance, Makinson's (2001) research with high school students supported the relationship between social interest and wellness. The results revealed that social interest significantly predicted six characteristics of wellness similarly for male and female adolescents. In another study, the correlation between wellness and social interest was studied with an adult sample by Bigbee (2008). The findings replicated Makinson's (2001) findings that social interest was positively and significantly related to wellness. In conclusion, it is possible to

say that these results were in line with the theoretical foundations of both wellness and social interest.

Social support is also related to the social self in the indivisible self-model. The social self is one of the five factors that make up the whole self. It is comprised of friendship and love sub-factors and contributes to both wellness in that self and total wellness. Sweeney (2009) emphasized the importance of friendship and intimate relationships to enhance the quality and length of individual life and the negative effect of isolation and separation from others on poor health conditions. Family is seen as the mainstay of this support, and it is possible to say that healthy families provide the most positive support of individual wellness which supports the results of a previous study (Malecki & Demeray, 2003). In the present study, specifically, friend support was found significantly and positively related to student wellness. This was partially supported by the research by Corsano et al. (2006), which stated that positive friend and parent relationship promoted the psychological well-being of early adolescents. Similarly, Spurr (2009) emphasized the association between higher perception of wellness and friendship. In most of the studies, friend support was cited as the most significant source of support for adolescents (Bru, Murberg & Stephens, 2001; Demeray et al., 2005; Kerr et al., 2006; Malecki & Demeray, 2003).

The importance of friend support can also be explained by considering the developmental tasks of adolescents. One of the tasks of adolescence is to separate from the family and form an individual identity. This may make the influence of family support less effective for the adolescence. In this way, friend and peer support may be viewed as more important. Previous research results revealed that during early adolescence, perceived friend support increases whereas family support decreases (Helsen, Vollebergh, & Meeus, 2000). With the increase in age, attachment to and perceived social support from parents decrease while confidence in friend support increase (Buist, Dekovic, Meeus, & Van Aken, 2002). Similarly, in another study, it was reported that adolescents consulted

mostly to the friend support with increase in age in puberty (Paterson, Field, & Pryor, 1994).

Furthermore, according to the present study's results, while the parental support impacted less than friend support, they still had a positive impact on students' wellness. In a study, parents reported deterioration in the quality of their relationships with their children during adolescence period (Buist et. al., 2002). However, the result of this study suggested that adolescents' perceptions of this support from parents were still an important influence on their wellness level. Similarly, Clarks (2008) reported that perceived family support was the strongest predictor of well-being. In a study carried out in Turkey with middle school students, Sarı and Özkan (2016) examined the relationship between subjective well-being and social support and found that parents' positive attitudes and support contributed to the subjective well-being of adolescents.

Teacher support was another source of support which had a positive impact on the wellness of Roman early adolescents in the current study. This result is consistent with the previous studies' findings. In fact, those studies reported that teacher or school support was the strongest predictor of wellness (Chu et. al., 2010; Eley et. al., 2013; Wentzel, 1998). Similarly, Christini et. al., (2011), reported that teacher support was the only significant protective factor for the psychological well-being of immigrant adolescents in grades 9th to 13th. In another study (Spurr, 2009), students reported that teacher support strongly affected their wellness levels. In a report, these results were explained as teachers' instrumental effect on the enhancement of students' well-being (The Saskatchewan Education Indicators Report, 2008). It was stated that along with parents, teachers create a safe and supportive learning environment and contribute to the well-being of students. It seems reasonable to think that the less teacher support in this study might be related to the characteristics of the sample included in the present study. Previous studies indicated that poverty, child worker employment, exposure to discrimination, and the low schooling ratio are

common among the Roman groups. The discriminatory attitudes toward Roman society can also be observed in the school environment and demonstrated by the teacher and school authorities, which may result in students get away from school (Akkan, Deniz & Ertan, 2011). Subsequently, this situation may affect adolescents' attitudes towards school and school personnel. Indeed, the observations of the researcher during the data collection process appear to support this assumption.

During the recess time in schools, the researcher talked to the teachers and the students. Interestingly, most of the teachers made complaints about the Roman students; some of them even admitted that they did not like those children. As a result, this kind of attitude might have a negative effect on the students' perception of teacher support. Despite these kinds of teacher attitudes, it still has a positive impact on early adolescents' wellness and this shows once again how important this support is.

Since it was pointed out in the literature that there was a significant relationship between social support and resilience, both of their correlations and level of prediction on total wellness scores were examined in the present study. In the second model of hierarchical multiple regression analysis, resilience scores explained an additional almost 18% of the variation in wellness scores. Individual level, relational level, and contextual level of resilience were positively and significantly predicted wellness. According to this result, resilience seemed to be the factor that contributed to the prediction of wellness.

Wellness and resilience relation can be explained with one of the concepts of Individual Psychology, which is 'courage'. The concept of courage is one of the "4 Crucial C's" which were named by Bettner and Lew (2005, p. 6). In order to survive, on the one hand, individuals need others, on the other hand, they want to be self-sufficient. These necessities are called Crucial C's and four crucial Cs are; being connected to others, having the capability to take care of oneself, knowing

that one count and is valued, and having courage. The fourth C, courage is defined as a quality that all people need to survive the challenges encountered in life (Bettner & Lew, 2005). Moreover, Bettner and Lew (2005) reported that people with courage learn from their mistakes, take risks, are willing to try new things, and develop resiliency. Considering the definition of the concept of resilience, it can be argued that this concept is the equivalent of the concept of courage in the Adlerian approach. The authors (Bettner & Lew, 2005) claimed that the complete fulfillments of these four basic needs are the four cornerstones of emotional wellbeing and healthier lifestyle. Furthermore, they have a protective and restorative effect on individuals.

In the present study, the individual level resilience factor is the strongest predictor of wellness. The individual level factor of resilience includes items that the individual knows; the source of help, having safe people around, knowing that their friends are with them in difficult times, feeling the support of friends, and knowing their strengths. These items are also related to contextual factors and related to the social self-concept in the Indivisible Self Model. The social self is one of the five factors that make up the whole self. It is comprised of friendship and love sub factors, and contributes to both wellness in that self and to total wellness. Sweeney (2009) emphasized the importance of friendship and intimate relationships to enhance the quality and length of individual life, and the negative effect of isolation and separation from others on poor health conditions.

The relational level resilience factor is the second strongest predictor of wellness. The items include questions related with physical and psychological care giving that parents offer. The importance of family support on individual's level of wellness is also emphasized in the wellness model.

This result can be explained by the importance of early childhood experiences in personality development of Adlerian approach. In the first few years of life, through family interactions, children experience encouragement or

discouragement. If the children are encouraged in these early years of life, they can use this courage to develop resiliency, and they may be willing to be resilient. Ferguson (1984) reported that the family as a whole provides the field for the child's early life experiences. These experiences lead to social interest, courage, and alliance among members of the whole family. For sure, parents play the significant role of how this family atmosphere will be. If the caregivers encourage the child, and if the child thrust of encouragement, he/she can establish goals, attitudes, and competencies, which they need to cope with life (Sweeney, 2009). In other words, they can feel more resilient.

The contextual level resilience factor is the last significant predictor of wellness, which facilitates a sense of belonging in the youth. Items in that factor are related to spirituality, culture, and education. Ungar and colleagues by using Bronfenbrenner's model, assessed resilience at different systemic levels (Ungar, Ghazinour, & Richter, 2013). Contextual levels are one of the important components of resilience. The previous studies showed the importance of contextual factors on individuals' well-being. It was reported that when the environments are stable and has sufficient quality for healthy development, even the most traumatized children do better (Bonanno, Westphal, & Mancini, 2011; Wekerle, Waechter, & Chung, 2012). Humans are both influenced by and influence the contexts in which they live. Therefore, they cannot be considered separately. Contextual variables are also an important part within the Indivisible Self Model (Sweeney 2009). They include local (family, neighborhood, community), institutional (education, religion, government, business), global (politics, culture, environment, media, community), and chronometrical (perpetual, positive, purposeful) variables. Local contexts include the interactions with families, neighborhoods, and communities. Institutional system consists of education, religion, government, business and industry, and the media, and affect directly or indirectly people's lives.

Individuals are both affected and influenced by this system. Therefore, context can operate for better or for worse in relation to individuals' wellness. Consequently, it seems reasonable to argue that Resilience theory of Ungar (Ungar, Ghazinour, & Richter, 2013) and the Indivisible Self Model (Myers & Sweeney, 2004), which assess the person with their social, religious, and cultural elements and their relations with these elements, are closely related to the contextual level factor of resilience.

On the other hand, it was observed that social support from parents and teachers, which was significant in the first model, became nonsignificant once resilience was included. Only friends' social support predicted wellness positively. In other words, Roman early adolescences who had higher resilience in three dimensions and who perceived support from their friends felt more well and reported more wellness.

Overall, the results of the current study suggested that perceived social support and resilience predicted wellness of Roman early adolescents. The social support may serve as a buffer against stress situations and in this way creates a defense protecting adolescents from the influence of negative life experiences (Barrera, Chassin, & Rogosch, 1993; Herman- Stahl & Petersen, 1996; Willis & Cleary, 1996).

In other words, the greater the defense, the stronger the buffer effect that protects early adolescents from most of the difficulties and risk factors and this would result in more wellness. Ethnic discrimination, unhealthy living situations, low schooling ratio, and poor nutrition are some of the difficulties and risk factors that Roman early adolescents may have encountered. Based on the results of the present study, it can be concluded that the Roman early adolescents are more resilient, and they perceive social support to the highest extent from their friends, so that this combination explains the highest level of wellness of them.

5.3 Implications for Theory, Research, and Practice

There are several implications which may be drawn from the findings of the present study for counselors, educators, families, and researchers. First, there is no published study in the literature that examined how resilience predicted the wellness of Roman early adolescents after controlling for perceived social support effect. Hence, the results of this study may provide valuable data for school counselors, teachers, and administrators. Counselors and teachers working with Roman early adolescents need to be sensitive to the issues of wellness holistically and should understand what cues indicate wellness for Roman early adolescents, and how they can be supported more.

Second implication of the findings might be that when working from a holistic perspective, counselors should keep in mind that perceptions of wellness vary with respect to resilience and perceived social support. Then, there is a positive and significant relationship between wellness and perceived friend, parent, teacher social support. Thus, teachers and parents should be included in the wellness group studies with students and in these groups their vital role to promote wellness of the students should be emphasized. This attempt may also strengthen individual, family and environmental factors, which are identified in the literature as protective factors related to resilience.

The last implication is that Roman students come to school environment having different levels of resilience and wellness. Review of the literature suggests that racial and ethnic characteristics, socioeconomic characteristics, and policy of the population, all together, explain up to 90 % of the variation in child well-being across states (O'Hare & Lee, 2007). Especially in at-risk groups such as Roman early adolescents, students often lack one or more of these features. Therefore, teachers and school counselors are significant adults, who must have responsibility, be aware of adversaries in their life, and make effort to contribute and promote to the students' wellbeing and resilience. School counselors and

teachers can improve the wellness of adolescents at risk by acting collaboratively in the framework of preventive and developmental guidance.

5.4 Recommendations for Future Research

Previous empirical evidence emphasizes the role of cultural differences and/or discrimination and its effect on wellness. In addition, empirical evidence indicates that cultural discriminations have a negative effect on resilience. Besides, most of the studies were conducted with high school, college, or adult population. Thus, further research is needed to examine the effects of cultural factors on wellness of Roman early adolescents.

Furthermore, in a cross-cultural study, the effects of cross-ethnic friendships on well-being and resilience have been investigated and the results revealed that perceived cross-ethnic friendships' quality was related to a higher psychological well-being and resilience (Bağcı et al., 2014). The two schools in the present study were culturally mixed. Perhaps in those groups, cross-ethnic friendships might affect the wellness level of students. Further studies should examine whether cross-ethnic friendship influences wellness levels of adolescents.

Finally, the methodological shortcoming of the current study should also be considered in further studies. In other words, current study employed a correlational design, thereby limiting the ability to make causal attributions and obtaining in-depth information. To get more detailed information, qualitative designs, such as focus group interviews can be employed. Additionally, increasing the representativeness and size of the sample, and replicating the study in other regions of Turkey where Roman adolescent populations live should be considered. Moreover, wellness programs for Roman early adolescents should be developed and tested in experimental and longitudinal studies.

REFERENCES

- Akdoğan, B., & Yalçın, S. B. (2018). Lise öğrencilerinin psikolojik dayanıklılık ve çatışma çözme davranışlarının öznel iyi oluşlarını yordaması [The prediction of subjective well-being by psychological resilience and conflict resolution behavior in high school students]. *Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi*, 46, 174-197.
<https://doi.org/10.21764/maeuefd.370587>
- Akkan, B. E., Deniz, M. B., & Ertan, M. (2011). *Sosyal dışlanmanın Roman halleri*. Retrived from
<https://spf.boun.edu.tr/sites/spf.boun.edu.tr/files/Sosyal%20D%C4%B1%C5%9Flanman%C4%B1n%20Roman%20Halleri%20%282011%29.pdf>
- Akman, Y., Abaslı, K., & Polat, Ş. (2018). Duygusal özerklik, öğrenci yılmazlığı, öğretmene güven ve problem çözme becerilerine yönelik algı arasındaki ilişkilerin öğrenci görüşlerine göre incelenmesi [Students' views on the relationships among emotional autonomy, student resiliency, student trust in teacher and problem solving skills of students] *Gazi Üniversitesi Gazi Eğitim Fakültesi Dergisi*, 38 (3), 987-1012.
- Arayıcı, A. (2008). *Avrupa'nın vatansızları çingeneler*. İstanbul: Kalkedon.
- Ardell, D. B. (2001). Wellness models. *Ardell Wellness Report*, 59(6), 47- 50.
- Arı, K. (1995). *Büyük mübadele: Türkiye'ye zorunlu göç, 1923-1925*. İstanbul: Tarih Vakfı Yurt Yayınları.
- Arslan, E. (2009). *Lise öğrencilerinin algıladıkları sosyal destek ile sosyal problem çözme arasındaki ilişkinin incelenmesi [The examination of the relationship between high school students? Perceived social support and their social problem solving levels]*. (Unpublished master's thesis). Selçuk Üniversitesi, Konya.

- Asamsama, O. H., Huang, L., Nelson, R. B., Chen, C. R., Huang, L., Kwon, K., & Kodama, N. (2014). A multicountry study of cross-cultural differences in psychological wellness of adolescents. *International Journal of School & Educational Psychology*, 2(1), 64-70. 2:1, 64-70, doi.org/10.1080/21683603.2013.855153
- Aydın, A., Kahraman, N., & Hiçdurmaz, D. (2017). Hemşirelik öğrencilerinin algılanan sosyal destek ve psikolojik iyi olma düzeylerinin belirlenmesi [Determining the levels of perceived social support and psychological well being of nursing students]. *Psikiyatri Hemşireliği Dergisi*, 8(1), 40-47. doi: 10.14744/phd.2017.95967
- Aydoğan, D., Terzi, Ş., Eşici, H., & Tomar, İ.H. (2012). *Validation of resilience scale for Turkish youth and adults*. In 33rd International Conference of the Stress and Anxiety Research Society. Palma de Mallorca.
- Bagcı, S. C., Rutland, A., Kumashiro, M., Smith, P. K., & Blumberg, H. (2014). Are minority status children's cross-ethnic friendships beneficial in a multiethnic context? *British Journal of Developmental Psychology*, 32(1), 107-115. doi: https://doi.org/10.1111/bjdp.12028
- Barrera, M., Chassin, L., & Rogosch, F. (1993). Effects of social support and conflict on adolescent children of alcoholic and non-alcoholic fathers. *Journal of Personality and Social Psychology*, 64, 602-612. doi: http://dx.doi.org/10.1037/0022-3514.64.4.602
- Barrera, M., Fleming, C. F., & Khan, F. S. (2004). The role of emotional social support in the psychological adjustment of siblings of children with cancer. *Child: Care, Health and Development*, 30(2), 103-111. doi: https://doi.org/10.1111/j.1365-2214.2003.00396.x
- Basım, H. N., & Çetin, F. (2011). Yetişkinler için psikolojik dayanıklılık ölçeği'nin güvenilirlik ve geçerlilik çalışması [Reliability and validity studies of resilience scale for adults]. *Türk Psikiyatri Dergisi*, 22(2), 104-114.
- Bayraktar Akkaya, Ö. (2011). Çingeneler: "Başka bir dünyanın insanları". *Global Media Journal*, 1(2), 121-136.

- Bedir, S., & Kocabaş, F. (2015). Rejeneratif biyoloji. Retrieved from <http://regbio.yeditepe.edu.tr/uploads/6/5/1/4/6514592/rejbioacikbilim.pdf> Last visited on March 2019
- Bekir, H., Arbaş, G., & Aydın, R. (2018). Sosyal dezavantajlı bölgedeki ortaokul öğrencilerinin anneye bağlanma ve sosyal destek algısı [Maternal and social support perception of secondary school students in a socially disadvantaged region]. *Dicle University Journal of Ziya Gokalp Education Faculty*, (33), 79- 90. doi:<http://dx.doi.org/10.14582/DUZGEF.1885>
- Berry-Mitchell, R. (2010). *Relationship between birth order, resiliency and perceptions concerning academic success of high school students with emotional and /or behavioral disorders* (Doctoral dissertation) Alliant International University, San Diego.
- Bettner, B. L., & Lew, A. (2005). *Raising kids who can: become responsible, self-reliant, resilient, contributing adults and how to use family meetings to make it happen*. Connexions Press.
- Bigbee, J. L. (2008). Relationships between nurse-and physician-to-population ratios and state health rankings. *Public Health Nursing*, 25(3), 244-252. doi: <https://doi.org/10.1111/j.1525-1446.2008.00701.x>
- Boccio, C. M., & Beaver, K. M. (2019). Further examining the potential association between birth order and personality: Null results from a national sample of American siblings. *Personality and Individual Differences*, 139, 125- 131. doi: <https://doi.org/10.1016/j.paid.2018.11.017>
- Bru, E., Murberg, T. A., & Stephens, P. (2001). Social support, negative life events and pupil misbehaviour among young Norwegian adolescents. *Journal of Adolescence*, 24(6), 715-727. doi: <https://doi.org/10.1006/jado.2001.0434>
- Bulut, S., Doğan, U., & Altundağ, Y. (2013). Adolescent psychological resilience scale: Validity and reliability study. *Contemporary Psychology, Suvremena Psihologija*, 16(1), 21- 32.

- Cheng, C. (1997). Role of perceived social support on depression in Chinese adolescents: A prospective study examining the buffering model. *Journal of Applied Social Psychology, 27*(9), 800-820. doi: <https://doi.org/10.1111/j.1559-1816.1997.tb00660.x>
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology, 29*(6), 624-645. doi: <https://doi.org/10.1521/jscp.2010.29.6.624>
- Clark, S. L. (2008). *The role of school, family, and peer support in moderating the relationship between stress and subjective well-being: An examination of gender differences among early adolescents living in an urban area.* (Doctoral dissertation). Loyola University, Chicago.
- Colarossi, L. G., & Eccles, J. S. (2003). Differential effects of support providers on adolescents' mental health. *Social Work Research, 27*(1), 19-30. doi: <https://doi.org/10.1093/swr/27.1.19>
- Corsano, P., Majorano, M., & Champretavy, L. (2006). Psychological well-being in adolescence: the contribution of interpersonal relations and experience of being alone. *Adolescence, 41*(162), 341 -353.
- Cowen, E. L. (1991). In pursuit of wellness. *American psychologist, 46*(4), 404-408.
- Cowen, E. L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology, 22*(2), 149-179. doi: <https://doi.org/10.1007/BF02506861>
- Cristini, F., Scacchi, L., Perkins, D. D., Santinello, M., & Vieno, A. (2011). The influence of discrimination on immigrant adolescents' depressive symptoms: What buffers its detrimental effects?. *Psyhosocial Intervention, 20* (3), 243- 253. doi: <https://doi.org/10.5093/in2011v20n3a2>

- Çakmak, A., & Şahin, H. (2017). Ortaokula devam eden öğrencilerin algıladıkları sosyal desteğin okul tükenmişliğine etkisinin incelenmesi [The review on the effect of social support on the school fatigue that students who go on secondary school perceive it]. *Electronic journal of social sciences*, 16(61), 569 -582.
- Çeçen, A.R. (2008). Öğrencilerinin cinsiyetlerine ve ana baba tutum algılarına göre yalnızlık ve sosyal destek düzeylerinin incelenmesi [University students' loneliness and perceived social support levels according to gender and perceived parents' attitudes]. *Türk Eğitim Bilimleri Dergisi*, 6(3), 415-431.
- Çelik, E. (2013). Lise son sınıf öğrencilerinin yılmazlık özelliklerinin duygusal dışavurum açısından incelenmesi [An investigation of resilience characteristics of senior high school students through emotional expression]. *Atatürk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 17(2), 221-236.
- Çelik, M., Turunç, Ö., & Bilgin, N. (2014). Çalışanların örgütsel adalet algılarının psikolojik sermaye üzerine etkisi: çalışanların iyilik halinin düzenleyici rolü [The impact of perceived justice of employees on psychological capital: Moderating effect of employee well-being]. *Dokuz Eylül University Journal of Graduate School of Social Sciences*, 16(4), 559-585.
- Çetin, F., Yelöglu, H. O., & Basim, H. N. (2015). The role of big five personality on predicting the resilience: A canonical relation analysis. *Türk Psikoloji Dergisi*, 30(75), 81-95.
- Damian, R. I., & Roberts, B. W. (2015). The associations of birth order with personality and intelligence in a representative sample of US high school students. *Journal of Research in Personality*, 58, 96- 105. doi: <https://doi.org/10.1016/j.jrp.2015.05.005>
- Dayioğlu, B. (2008). *Resilience in university entrance examination applicants: The role of learned resourcefulness, perceived social support and gender*. (Unpublished master's thesis). Middle East Technical University, Ankara.

- Dekovic, M., Engels, R. C., Shirai, T., De Kort, G., & Anker, A. L. (2002). The role of peer relations in adolescent development in two cultures: The Netherlands and Japan. *Journal of Cross-Cultural Psychology, 33*(6), 577-595. doi: <https://doi.org/10.1177/022022102238270>
- Demaray, M. K., & Malecki, C. K. (2002a). The relationship between perceived social support and maladjustment for students at risk. *Psychology in the Schools, 39*(3), 305-316. doi: <https://doi.org/10.1002/pits.10018>
- Demaray, M. K., & Malecki, C. K. (2002b). Critical levels of perceived social support associated with student adjustment. *School Psychology Quarterly, 17*(3), 213-241. doi: <http://dx.doi.org/10.1521/scpq.17.3.213.20883>
- Demaray, M. K., Malecki, C. K., Davidson, L. M., Hodgson, K. K., & Rebus, P. J. (2005). The relationship between social support and student adjustment: A longitudinal analysis. *Psychology in the Schools, 42* (7), 691-706. doi: <https://doi.org/10.1002/pits.20120>
- Demirbaş-Çelik, N., & Korkut-Owen, F. (2017). Sağlıklı yaşam biçimi davranışlarının iyilik halini yordayıcılığı. *Journal of Strategic Research in Social Science, 3*(3), 69-88.
- Demirbaş-Çelik, N., & Korkut-Owen, F. (2018). Personality and meaning in life: The mediating role of wellness. *Universal Journal of Psychology, 6* (3), 94- 103. doi: 10.13189 /ujp.2018.060304
- Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology, 39*(4), 391- 406.
- Dimitrova, R., Bender, M., Chasiotis, A., & van de Vijver, F. J. (2012). Ethnic identity and acculturation of Turkish-Bulgarian adolescents. *International Journal of Intercultural Relations, 37*, 1- 10. doi:10.1016/j.ijintrel.2012.04.005.
- Dimitrova, R., Chasiotis, A., Bender, M., & Van de Vijver, F. J. (2014). Collective identity and well-being of Bulgarian Roma adolescents and their mothers. *Journal of Youth and Adolescence, 43*(2), 375- 386.

- Doğan, U. (2016). Effects of social network use on happiness, psychological well-being, and life satisfaction of high school students: Case of facebook and twitter. *Eğitim ve Bilim*, 41(183), 217- 231.
- Doğan, T. (2006). The investigation of the wellness of university students. *HU Journal of Education*, 30, 120- 129.
- Doğan, T. (2008). Psikolojik belirtilerin yordayıcısı olarak sosyal destek ve iyilik hali. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(30). 30- 42
- Doğan, T., & Yıldırım, İ. (2006). Üniversite öğrencilerinin iyilik halinin “arkadaşlık” ve “sevgi” boyutlarının incelenmesi [Investigation of the “Friendship” and “ Love” subscales of wellness of university students]. *Eurasian Journal of Educational Reserach*, (24), 77- 86.
- Douce, L. A., & Keeling, R. P. (2014). A strategic primer on college student mental health. *American Council on Education*. Retrieved from <https://www.apa.org/pubs/newsletters/access/2014/10-14/college-mental-health.pdf>
- Eckstein, D., Aycock, K. J., Sperber, M. A., McDonald, J., Van Wiesner III, V., Watts, R. E., & Ginsburg, P. (2010). A Review of 200 Birth-Order Studies: Lifestyle Characteristics. *Journal of Individual Psychology*, 66(4). 408- 434.
- Eley, D. S., Cloninger, C. R., Walters, L., Laurence, C., Synnott, R., & Wilkinson, D. (2013). The relationship between resilience and personality traits in doctors: İmplications for enhancing well being. doi:10.7717/peerj.216
Retrieved from <https://www.researchgate.net/publication/258956424>
- Eminağaoğlu, N. (2006). *Güç koşullarda yaşayan sokak çocuklarında dayanıklılık (sağlamlık) [Resilience (Hardiness) of street children living in difficult conditions*. (Unpublished doctoral dissertation). Ege Üniversitesi, İzmir.

- Engels, R. C., Finkenauer, C., Meeus, W., & Deković, M. (2001). Parental attachment and adolescents' emotional adjustment: The associations with social skills and relational competence. *Journal of Counseling Psychology, 48*(4), 428- 439. doi: <http://dx.doi.org/10.1037/0022-0167.48.4.428>
- Er, G. (2009). *Ailesi parçalanmış olan ilköğretim ikinci kademe öğrencilerinin akademik sağlamlık düzeylerinin bazı değişkenlere göre yordanması. [Predicting the academic resilience levels of 2nd level primary educations students who have broken family according to some variables]* (Unpublished master's thesis). Ege Üniversitesi, İzmir.
- Erbaş, M. M., & Kağnıcı, D. Y. (2017). Seçim kuramına dayalı psikoeğitim programının ergenlerin riskli davranışları ve iyilik hali üzerindeki etkisinin incelenmesi [Examining the effect of choice theory based on psychoeducation program on adolescents' risk taking behaviors and wellness]. *Electronic Journal of Social Sciences, 16*(64), 1594- 1615.
- Eryılmaz, A., & Atak, H., (2014). Ergen öznel iyi oluşunun, öz saygı ve iyimserlik eğilimi ile ilişkisinin incelenmesi [The relationships between adolescent subjective well-being, self-esteem and optimism]. *Elektronik Sosyal Bilimler Dergisi, 10*(37), 170- 181.
- European Commission (2010). *Promoting Policies in Favor of the Roma Population, Reference Document*. İstanbul: Punto Baskı Çözümleri. Retrieved from: <http://ec.europa.eu/social/main.jsp?catId=88&langId=en&eventsId=234&furtherEvents> (21 December 2010).
- Farmer, M. B. (2016). *"When you grow stronger, you grow up to be a beautiful healthy person": Developing an awareness of wellness with early adolescent girls using action research*. (Doctoral dissertation). Institute of Integral Studies, California.
- Ferguson, E. D. (1984). *Adlerian Theory: An introduction*. Vancouver, BC: Adlerian Psychology Assn. of British Columbia.

- Fergusson, D. M., Horwood, L. J., & Boden, J. M. (2006). Birth order and educational achievement in adolescence and young adulthood. *Australian Journal of Education*, 50(2), 122- 139. doi: <https://doi.org/10.1177/000494410605000203>
- Fernández, I., Silván-Ferrero, P., Molero, F., Gaviria, E., & García-Ael, C. (2015). Perceived discrimination and well-being in Romanian immigrants: The role of social support. *Journal of Happiness Studies*, 16(4), 857- 870. doi: 10.1007/s10902-014-9537-0
- Field, A. (2009). *Discovering statistics using SPSS*. Beverly Hills. CA: Sage Publications.
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2011). *How to design and evaluate research in education*. New York, NY: McGraw-Hill Humanities/ Social Sciences/ Languages.
- Garnezy, N. (1993) Children in poverty: Resilience despite risk. *Psychiatry*, 56(1), 127-136. doi: <https://doi.org/10.1080/00332747.1993.11024627>
- Genç, Y., & Seyyar, A. (2010) *Sosyal hizmet terimleri (Ansiklopedik "Sosyal Pedagojik Çalışma" Sözlüğü)*. Sakarya: Sakarya Kitabevi.
- Genc, Y., Taylan, H. H., & Barış İ. (2015). Roman çocuklarının eğitim süreci ve akademik başarılarında sosyal dışlanma algısının rolü. [The perception of social exclusion and its role on the process of education and academic achievement of romani children] *International Journal of Social Science* 33, 79- 97 doi: <http://dx.doi.org/10.9761/JASSS2796>
- Gençöz, T., Özlale, Y., & Lennon, R. (2004). Direct and indirect effects of social support on psychological well-being. *Social Behavior and Personality*, 32(5), 449- 458. doi: <https://doi.org/10.2224/sbp.2004.32.5.449>

- Gençođlu-Onbaşı, F. (2012) The romani opening in Turkey: Antidiscrimination?. *Turkish Studies*, 13(4), 599- 613, doi: 10.1080/14683849.2012.746824
- Gerganov, E., Varbanova, S., & Kyuchukov, H. (2005). School adaptation of Roma children. *Intercultural Education*, 16(5), 495- 511. doi: <https://doi.org/10.1080/14675980500378607>
- Gizir, C. A. (2004). *Academic resilience: An investigation of protective factors contributing to the academic achievement of eight grade students in poverty*. (Unpublished doctoral dissertation). Middle East Technical University, Ankara.
- Gizir, C. A. (2007). Psikolojik sađamlık, risk faktörleri ve koruyucu faktörler üzerine bir derleme çalışması [A literature review of studies on resilience, risk, and protective factors]. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(28), 113- 128.
- Gizir, C. A., & Aydın, G. (2008). Psikolojik sađamlık ve ergen gelişim ölçęi'nin uyarlanması: Geçerlik ve güvenilirlik çalışmaları [The adaptation of the resilience and youth developments module: validity and reliability studies]. *Turkish Psychological Counseling and Guidance Journal*, 3(26), 89- 99.
- Granello, P. F. (2001). A comparison of wellness and social support networks in different age groups. *Adultspan Journal*, 3(1), 12-22. doi: <https://doi.org/10.1002/j.2161-0029.2001.tb00101.x>
- Gross, E. F., Juvonen, J., & Gable, S. L. (2002). Internet use and well-being in adolescence. *Journal of Social Issues*, 58(1), 75-90. doi: <https://doi.org/10.1111/1540-4560.00249>
- Güngörmüş, K., Okanlı, A., & Kocabeyođlu, T. (2015). Hemşirelik öğrencilerinin psikolojik dayanıklılıkları ve etkileyen faktörler [Factors influencing resilience in nursing students]. *Psikiyatri Hemşireliği Dergisi*, 6(1), 9-14.

- Gürel, N. A. (2009). *Effects of thinking styles and gender on psychological well-being*. (Master's thesis). Middle East Technical University, Ankara.
- Gürkan, U. (2006a). *Grupla psikolojik danışmanın üniversite öğrencilerinin yılmazlık düzeylerine etkisi. [The Effect of the group program of resiliency level of university students]*. (Unpublished doctoral dissertation). Ankara Üniversitesi, Ankara.
- Gürkan, U. (2006b). Resiliency scale (RS): Scale development, reliability and validity study. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Dergisi*, 39(2), 45- 74. doi: https://doi.org/10.1501/Egifak_0000000140
- Gürkan, U. (2014). Üniversite öğrencilerinin yılmazlık ve iyilik halinin bazı değişkenlere göre incelenmesi [The investigation of the resilience and wellness of university students according to some variables]. *E-Journal of New World Science Academy*, 9(1), 18- 35.
- Harris, M. R. (2010). *The relationship between psychological well-being and perceived wellness in graduate-level counseling students*. (Doctoral dissertation). Walden University, Washington, Minneapolis.
- Hartwing, H., J., & Myers, J. E. (2003). A different approach: Applying a wellness paradigm to adolescent female delinquents and offenders. *Journal of Mental Health Counseling*, 25(1), 57- 75. doi: <https://doi.org/10.17744/mehc.25.1.kg4jy38q13xmflb>
- Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A factor structure of wellness: Theory, assessment, analysis, and practice. *Journal of Counseling & Development*, 82(3), 354- 364. doi: <https://doi.org/10.1002/j.1556-6678.2004.tb00321.x>
- Helsen, M., Vollebergh, W., & Meeus, W. (2000). Social support from parents and friends and emotional problems in adolescence. *Journal of Youth and Adolescence*, 29(3), 319–335. doi:10.1023/ A:1005147708827.

- Herman-Stahl, M., & Petersen, A. C. (1996). The protective role of coping and social resources for depressive symptoms among young adolescents. *Journal of Youth and Adolescence*, 25(6), 733–753. doi: <https://doi.org/10.1007/BF01537451>
- Hermon, D. A., & Hazler, R. J. (1999). Adherence to a wellness model and perceptions of psychological well-being. *Journal of Counseling & Development*, 77(3), 339- 343. doi: <https://doi.org/10.1002/j.1556-6676.1999.tb02457.x>
- Herrera, N. C., Zajonc, R. B., Wiczorkowska, G., & Cichomski, B. (2003). Beliefs about birth rank and their reflection in reality. *Journal of Personality and Social Psychology*, 85(1), 142-150. doi: <http://dx.doi.org/10.1037/0022-3514.85.1.142>
- Hettler, W. (1984). Wellness: Encouraging a lifetime pursuit of excellence. *Health Values*, 8(4), 13- 17.
- Holmes, K. (2006). *Adolescent resilience: The influence of family relationships and their impact on resilient outcomes*. (Doctoral dissertation). Fordham University, Newyork
- Holt, M. K., & Espelage, D. L. (2005). Social support as a moderator between dating violence victimization and depression/anxiety among African American and Caucasian adolescents. *School Psychology Review*, 34(3), 309- 328.
- Horner, P., Andrade, F., Delva, J., Grogan-Kaylor, A., & Castillo, M. (2012). The relationship of birth order and gender with academic standing and substance use among youth in Latin America. *Journal of Individual Psychology*, 68(1), 19- 37.
- Kahriman, İ., & Yeşilçiçek, K. (2007). Karadeniz Teknik Üniversitesi Trabzon Sağlık Yüksekokulu öğrencilerinin aile ve arkadaşlarından algıladıkları sosyal destek düzeylerinin bazı değişkenler açısından incelenmesi [The study of the social support levels of the perserved from their families and friends of the student at school of health in karadeniz technical university through some variables]. *Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi*, 10(1), 10- 21.

- Karababa, A., Oral, T., & Dilmaç, B.(2018). Ortaokul öğrencilerinde okula bağlılığın yordanmasında algılanan sosyal destek ve değer rolü [The role of perceived social support and value in prediction of school attachment among secondary school students]. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi* 33(2), 269- 279.
- Karatas, Z., & Cakar, F. S. (2011). Self-Esteem and hopelessness, and resiliency: An exploratory study of adolescents in Turkey. *International Education Studies*, 4(4), 84- 91. doi: <http://dx.doi.org/10.5539/ies.v4n4p84>
- Karatas, Z., & Savi- Cakar, F. (2011). Self-Esteem and hopelessness, and resiliency: An exploratory study of adolescents in Turkey. *International Education Studies*, 4(4), 84- 91. doi: <http://dx.doi.org/10.5539/ies.v4n4p84>
- Kasapoğlu, F. (2014) İyilik hali ile özgecilik arasındaki ilişkinin incelenmesi [An examination of the relationship between wellness and altruism]. *Düşünce-Yorum Sosyal Bilimler Araştırma Dergisi*, 7(13), 271– 288.
- Kashani, J. H., Canfield, L. A., Borduin, C. M., Soltys, S. M., & Reid, J. C. (1994). Perceived family and social support: Impact on children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 33(6), 819- 823. doi: <https://doi.org/10.1097/00004583-199407000-00007>
- Katchur, A. Y. (2014). *The influence of parenting and family factors and resilience on subjective well-being in adolescence* (Doctoral dissertation). Marywood University, Scranton, Pensilvanya.
- Kaul, A., & Srivastava, A. (2018). Birth order and personality. *Indian Journal of Health & Wellbeing*, 9(3), 377- 379
- Kaya, F., Peker, A., & Gündüz, B. (2016). Ortaokul öğrencilerinin psikolojik sağlamlığının eğitim stresi açısından incelenmesi [Examination of relationship between psychological resilience and educational stress of secondary school students]. *Bayburt Eğitim Fakültesi Dergisi*, 11(2), 586- 599.

- Kaya, N. G. (2007). *The role of self-esteem, hope, and external factors in predicting resilience among regional boarding elementary school students*. (Unpublished master's thesis). Middle East Technical University, Ankara.
- Kemer, G., & Gökhan, A. T. İ. K. (2005). Kırsal ve il merkezinde yaşayan lise öğrencilerinin umut düzeylerinin aileden algılanan sosyal destek düzeyine göre karşılaştırılması. *Marmara Üniversitesi Atatürk Eğitim Fakültesi Eğitim Bilimleri Dergisi*, 21(21), 161- 168.
- Kerr, D. C., Preuss, L. J., & King, C. A. (2006). Suicidal adolescents' social support from family and peers: Gender-specific associations with psychopathology. *Journal of Abnormal Child Psychology*, 34(1), 99-110.
- Khodarahimi, S., & Ogletree, S. L. (2011). Birth order, family size, and positive psychological constructs: What roles do they play for Iranian adolescents and young adults?. *Journal of Individual Psychology*, 67(1), 41- 56.
- Kızıldağ, S., Demirtaş-Zorbaz, S. ve Zorbaz, O. (2017). Lise öğrencilerinde okul bağlılığı [School engagement of high school students]. *Eğitim ve Bilim Dergisi*, 42(189), 107-119.
- Knowles, L. L. (2009). *Resilience of urban middle school students: The role of social support*. (Doctoral dissertation). Wayne State University, Detroit, Michigan.
- Kocayörük, E. (2012). The perception of parents and well-being of adolescents: Link with basic psychological need satisfaction. *Procedia-Social and Behavioral Sciences*, 46, 3624- 3628. doi: <https://doi.org/10.1016/j.sbspro.2012.06.117>
- Koç- Yıldırım, P., (2014). *Ergenlerde psikolojik dayanıklılık ile benlik kurgusu arasındaki ilişkinin incelenmesi*. (Master's thesis). Marmara Üniversitesi, İstanbul.

- Kolukırık, S. (2006). Sosyolojik perspektiften Türk (iye) çingeneleri: İzmir çingeneleri üzerine bir araştırma [The Turkish gypsies in terms of sociological perspective: A study on gypsies in İzmir]. *Uluslararası İnsan Bilimleri Dergisi*, 3(1), 1- 24.
- Kolukırık, S. (2008). Türkiye’de Rom, Dom ve Lom gruplarının görünümü [The case of Rom, Dom and Lom groups in Turkey]. *Hacettepe Üniversitesi Türkiyat Araştırmaları (HÜTAD)*, (8), 145- 154.
- Kolukırık, S. (2009). Sosyolojik perspektiften Türk(iye) çingeneleri: İzmir çingeneleri üzerine bir araştırma, dünden bugüne çingeneler. İstanbul: Ozan Yayıncılık.
- Kolukırık, S. and Toktaş, Ş. (2007). Türkiye’nin Romanları: politik katılım ve organizasyon. *Orta Doğu Çalışmaları*, 43 (5), 761-777
- Korkut-Owen, F. ve Owen. D.W. (2012). İyilik hali yıldızı modeli, uygulanması ve değerlendirilmesi [The Well-Star Model of wellness, applications and evaluation]. *Uluslararası Avrasya Sosyal Bilimler Dergisi*, 3(9), 24-33.
- Korkut- Owen, F., & Demirbaş- Çelik, N. (2018). Yaşam boyu sağlıklı yaşam ve iyilik hali [Lifelong healthy lifestyle and wellness]. *Psikiyatride Güncel Yaklaşımlar*, 10(4), 440-453. doi: <https://doi.org/10.18863/pgy.364108>
- Korkut- Owen, F. , Doğan, T., Demirbaş- Çelik, N. D., & Owen, D. W. (2016). Development of the Well Star Scale. *Journal of Human Sciences*, 13(3), 5013-5031
- Korkut- Owen, F., & Öğretmen, T. (2013). Five factor wellness inventory-teen version: Turkish adolescents. *Inönü University Journal of the Faculty of Education*, 14(1), 53-73.

- Köksal Akyol, A., & Salı, G. (2013). Yatılı ve gündüzlü okuyan çocukların benlik kavramlarının ve sosyal destek algılarının incelenmesi [Examination of self concept and the perception of social support of boarding and day students]. *Kastamonu Eğitim Dergisi*, 21(4), 1377-1398.
- LaFromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2006). Family, community, and school influences on resilience among American Indian adolescents in the upper Midwest. *Journal of Community Psychology*, 34(2), 193- 209. doi: <https://doi.org/10.1002/jcop.20090>
- Lai, J. C. L., & Mak, A. J. H. (2009). Resilience Moderates the Impact of Daily Hassles on Positive Well-Being in Chinese Undergraduates. *Journal of Psychology in Chinese Societies*, 10 (2), 151- 168.
- Lewy, G. (1999). The travail of the gypsies. *The National Interest*, (57), 78-86.
- Lightsey, O. R. (1996). What leads to wellness? The role of psychological resources in well-being. *Counseling Psychologist*, 24(4), 589-735.
- Loukas, A., & Prelow, H. M. (2004). Externalizing and internalizing problems in low-income Latino early adolescents: Risk, resource, and protective factors. *The Journal of Early Adolescence*, 24(3), 250-273. doi: <https://doi.org/10.1177/0272431604265675>
- Makinson, L. S. (2001). *The relationship of moral identity, social interest, gender, and wellness among adolescents*. (Doctoral dissertation). The University of North Carolina, Greensboro.
- Malecki, C. K., & Demaray, M. K. (2003). What type of support do they need? Investigating student adjustment as related to emotional, informational, appraisal, and instrumental support. *School Psychology Quarterly*, 18(3), 231- 252. doi: <http://dx.doi.org/10.1521/scpq.18.3.231.22576>

- Malecki, C. K., & Demaray, M. K. (2006). Social support as a buffer in the relationship between socioeconomic status and academic performance. *School Psychology Quarterly*, 21(4), 375- 395. doi: <http://dx.doi.org/10.1037/h0084129>
- Malkoç, A., & Yalçın, İ. (2015). Relationships among resilience, social support, coping, and psychological well-being among university students. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 5(43), 35- 43.
- Marsh, A., & Danka, A. (2008). *Eşitsiz vatandaşlık: Türkiye Çingenelerinin karşılaştığı hak ihlalleri. Biz buradayız: Türkiye’de Romanlar, ayrımcı uygulamalar ve hak mücadelesi.* (Ed: E. Uzpeder, S. Danova/Roussinova, S. Özçelik ve S. Gökçen). İstanbul: Mart Matbaacılık, 53-109.
- Marushiakova, E., & Popov, V. (2001). Historical and ethnographic background. Gypsies, Roma, Sinti. In: Guy, W. (ed.), *Between past and future*, 33-53. United States: University of Hertfordshire Press.
- Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. (Ed: M.C. Wang ve E.W. Gordon) *Educational resilience in inner-city America: Challenges and prospects.* Hillsdale, NJ: Lawrence Erlbaum.
- Masten, A. S. (2004). Regulatory processes, risk, and resilience in adolescent development. *Annals of the New York Academy of Sciences*, 1021(1), 310- 319. doi: <https://doi.org/10.1196/annals.1308.036>
- Masten, A. S., & Reed, M. G. J. (2002). Resilience in development. In Synder, C.R., & Lopez, J. S. (eds.), *Handbook of positive psychology*, 74- 88. New York, NY: Oxford University Press.
- Meeus, W., & Dekovic, M. (1995). Identity development, parental and peer support in adolescence: Results of a national Dutch survey. *Adolescence*, 30(120), 931– 944.
- Miller, G.D. ve Foster, L.T. (2010). Critical synthesis of wellness literature. 1-32. Retrieved from <https://dspace.library.uvic.ca//handle/1828/2894>

- Miner, C. L. (2016). Adolescent resilience: Examining the influence of sibling position following a parental separation (Doctoral dissertation). Purdue University, Hammond.
- Mirsky, J., Slonim-Nevo, V., & Rubinstein, L. (2007). Psychological wellness and distress among recent immigrants: A four-year longitudinal study in Israel and Germany. *International Migration, 45*(1), 151- 175. doi: <https://doi.org/10.1111/j.1468-2435.2007.00399.x>
- Mosak, H. H., & Dreikurs, R. (1967). The life tasks III, the fifth life task. *Individual Psychologist, 5*(1), 16- 22.
- Myers, J. E. (1991). Wellness as the paradigm for counseling and development: The possible future. *Counselor Education and Supervision, 30*(3), 183– 193. doi: <https://doi.org/10.1002/j.1556-6978.1991.tb01199.x>
- Myers, J. E. (1992). Wellness, prevention, and development: The cornerstone of the profession. *Journal of Counseling & Development, 71*(2), 136– 39. doi: <https://doi.org/10.1002/j.1556-6676.1992.tb02188.x>
- Myers, J. E. (1998). *Manual for the wellness evaluation of lifestyle*. Palo Alto, CA: MindGarden.
- Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology, 60*(3), 234– 245.
- Myers, J.E., & Sweeney, T. J. (2005a). *Counseling for wellness: Theory, research, and practice*. Alexandria, VA: American Counseling Association.
- Myers, J. E., & Sweeney, T. J. (2005b). *The five factor wellness inventory manual and sampler set, adult, teenage and elementary school versions*. Palo Alto, CA: Mind Garden.

- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78*(3), 251- 266. doi: <https://doi.org/10.1002/j.1556-6676.2000.tb01906.x>
- Myers, J. E., Willse, J. T., & Villalba, J. A. (2011). Promoting self-esteem in adolescents: the influence of wellness factors. *Journal of Counseling & Development, 89*(1), 28- 36. doi: <https://doi.org/10.1002/j.1556-6678.2011.tb00058.x>
- Myers, J. E., Witmer, J. M., & Sweeney, T. J. (1996). *The wellness evaluation of lifestyle*. Palo Alto, CA: MindGarden, Inc.
- Neuman, P. A. (2009). *Strengthening social interest and resiliency in incarcerated adolescent males through the use of E5 groups* (Doctoral dissertation) Adler School of Professional Psychology, Chicago, Illinois.
- Newman, B. M., Newman, P. R., Griffen, S., O'Connor, K., & Spas, J. (2007). The relationship of social support to depressive symptoms in the transition to high school. *Adolescence, 42*, 441– 459.
- Novotný, J. S., & Křeménková, L. (2016). The relationship between resilience and academic performance at youth placed at risk. *Ceskoslovenska Psychologie, 60*(6), 553- 566.
- O'Hare, W., & Lee, M. (2007). Factors affecting state differences in child well-being. Baltimore, MD: The Annie E. Casey Foundation. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.487.3069&rep=rep1&type=pdf>
- Okutan, E., & Turgut, R. (2018) Çocuk yoksulluğunun farklı bir etnik grup olan roman çocukları açısından değerlendirilmesi. *Avrasya Sosyal ve Ekonomi Araştırmaları Dergisi, 5*(8), 132- 146.

- Oktan, V. (2005). Yalnızlık ve algılanan sosyal destek düzeyinin ergenlerdeki öfkenin gelişimine etkisi. *M.Ü. Atatürk Eğitim Fakültesi Eğitim Bilimleri Dergisi*, 21, 183- 192.
- Omizo, M. M., Omizo, S. A., & D'Andrea, M. J. (1992). Promoting wellness among elementary school children. *Journal of Counseling & Development*, 71(2), 194-198. doi: <https://doi.org/10.1002/j.1556-6676.1992.tb02199.x>
- Öke, M. K., & Topuz, S. K. Eşit yurttaşlık hakları bağlamında çingene yurttaşların sosyal ve ekonomik haklara erişimi: Edirne örneği. 265-278 Retrieved from: <http://www.sosyalhaklar.net/2010/bildiri/oke.pdf>
- Önder, A., & Gülay, H. (2008). İlköğretim 8. sınıf öğrencilerinin psikolojik sağlamlığının çeşitli değişkenler açısından incelenmesi [Resilience of 8 grade students in relation to various variables]. *Dokuz Eylül Üniversitesi Buca Eğitim Fakültesi Dergisi*, (23), 192- 197.
- Önen, S. (2011). *Çingenelerin sosyal haklara erişimindeki zorluklar: Roman ve Dom toplulukları karşılaştırması* (465-483). Sosyal Haklar Uluslararası Sempozyumu III. İstanbul.
- Özcan, B. (2005). Anne-babaları boşanmış ve anne-babaları birlikte olan lise öğrencilerinin yılmazlık özellikleri ve koruyucu faktörler açısından karşılaştırılması. (Unpublished master's thesis). Ankara Üniversitesi, Ankara.
- Panelli, R., & Tupa, G. (2007). Placing well-being: A Maori case study of cultural and environmental specificity. *EcoHealth*, 4(4), 445- 460.
- Pilkington, L. R., White, J., & Matheny, K. B. (1997). Perceived coping resources and psychological birth order in school-aged children. *Individual Psychology*, 53(1), 42- 57.
- Preskitt, J. K., Menear, K. S., Goldfarb, S. S., & Menachemi, N. (2015). Wellness among US adolescents ages 12–17 years. *Child: Care, Health and Development*, 41(6), 1207- 1215.

- Rayle, A. D. (2005). Adolescent gender differences in mattering and wellness. *Journal of Adolescence*, 28(6), 753- 763. doi: <https://doi.org/10.1016/j.adolescence.2004.10.009>
- Rayle, A. D., & Myers, J. E. (2004). Counseling adolescents toward wellness: The roles of ethnic identity, acculturation, and mattering. *Professional School Counseling*, 8(1), 81- 90.
- Reyniers, A. (1995). Gypsy populations and their movements within central and eastern Europe and towards some OECD countries. Retrieved from <https://halshs.archives-ouvertes.fr/halshs-00089389/document>
- Rickhi, B., & Aung, S. (2006). Wellness is state of mind, body and spirit. *Complementary and Alternative Health Affiliate of the Canadian Health Network*.
- Roscoe, L. J. (2009). Wellness: A review of theory and measurement for counselor. *Journal of Counseling and Development*. 87, 216- 226.
- Rothman, H. R., & Cosden, M. (1995). The relationship between self-perception of a learning disability and achievement, self-concept and social support. *Learning Disability Quarterly*, 18(3), 203- 212. doi: <https://doi.org/10.2307/1511043>
- Rueger, S. Y., Chen, P., Jenkins, L. N., & Choe, H. J. (2014). Effects of perceived support from mothers, fathers, and teachers on depressive symptoms during the transition to middle school. *Journal of Youth and Adolescence*, 43(4), 655- 670. doi: 10.1007/s10964-013-0039-x
- Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. *Journal of Youth and Adolescence*, 39(1), 47- 61. doi: 10.1007/s10964-008-9368-6

- Russell-Mayhew, S., Arthur, N., & Ewashen, C. (2007). Targeting students, teachers and parents in a wellness-based prevention program in schools. *Eating Disorders*, 15(2), 159- 181. doi: <https://doi.org/10.1080/10640260701190709>
- Ryff, C. D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65(1), 14- 23. doi: <https://doi.org/10.1159/000289026>
- Sağır, T. (2004). Çukurova bölgesi'ndeki çingene müzisyenler ve ülkemizin müziksel yaşantısına katkıları. *Folklor Halk Bilim Dergisi*, 6(56).
- Sağır, T., & Eroş, O. (2013). Tekirdağ bölgesi çingenelerin kendi müziklerinde kullandıkları ezgi yapılarının incelenmesi. *İnönü Üniversitesi Uluslararası Sosyal Bilimler Dergisi*. 2 (2), 141- 156.
- Saka, A., & Ceylan, Ş. (2018) Ergenlerin psikolojik dayanıklılık düzeylerinin aile yapılarına göre incelenmesi [Examining adolescents' resilience levels with respect to their family structures]. *Eğitim ve Toplum Araştırmaları Dergisi*, 5(1), 68-86.
- Santrock, J. W. (2007). *A topical approach to life-span development* (10th ed.). OH, United States: McGraw-Hill Education.
- Sarı, T. (2003). *Wellness and its correlates among university students: Relationship status, gender, place of residence and GPA*. (Doctoral dissertation). Middle East Technical University, Ankara.
- Sarı, T., & Özkan, I. (2016). An Investigation of the relationship between adolescents' subjective well-being and perceived parental attitudes. *Düşünen Adam: Journal of Psychiatry & Neurological Sciences*, 29(2), 155- 162. doi: 0.5350/DAJPN2016290207
- Savi-Çakar, F., & Karataş, Z. (2011). Ergenlerin yılmazlık düzeyleri ile algıladıkları sosyal destek arasındaki ilişki [The relationship between the resilience level of adolescents and perceived social support]. *Çağdaş Eğitim Dergisi*, 36(387), 12-20.

- Saygın, Y. (2008). *Üniversite öğrencilerinin sosyal destek, benlik saygısı ve öznel iyi oluş düzeylerinin incelenmesi* [Investigating social support, self-esteem and subjective well-being levels of university students]. (Doctoral dissertation). Selçuk Üniversitesi, Konya.
- Schneider, L. J., & Reuterfors, D. L. (1981). The impact of birth order and sex on social interest. *Journal of Individual Psychology*, 37(1), 102- 106.
- Seaward, B. L. (1995). Reflections on human spirituality for the worksite. *American Journal of Health Promotion*, 9(3), 165- 168. doi: <https://doi.org/10.4278/0890-1171-9.3.165>
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *The American Psychologist*, 55(1), 5-14. doi:10.1037/0003-066X.55.1.5
- Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *The American Psychologist*, 60(5), 410- 421. doi:10.1037/0003-066X.60.5.410
- Serbest, S. (2010). *The influence of the university students' perceived paternal and maternal acceptance, father involvement and depressive symptoms on their resiliency*. (Unpublished master's thesis). Boğaziçi University, İstanbul.
- Shulman, B. H., & Mosak, H. H. (1977). Birth order and ordinal position: Two Adlerian views. *Journal of Individual Psychology*, 33(1), 114- 121.
- Silvers, S. A. (2006). *Perceived social support, coping strategies, and depression during the transition to college* (Order No. 3235679). Available from ProQuest Dissertations & Theses Global. (305296964). Retrieved from <https://search.proquest.com/docview/305296964?accountid=13014>

- Sipahiođlu, Ö. (2008). *Farklı risk gruplarındaki ergenlerin psikolojik sağlamlıklarının incelenmesi [Investigating resilience of adolescents in different risk groups]*. (Doctoral dissertation). Selçuk Üniversitesi, Konya.
- Spurr, S. (2009). *Student perceptions of adolescent wellness* (Doctoral dissertation). University of Saskatchewan, Saskatoon. Available from ProQuest Dissertations Publishing (125020). Retrieved from <https://search.proquest.com/docview/1294950999?accountid=13014>
- Stumblingbear-Riddle, G., & Romans, J. S. (2012). Resilience among urban American Indian adolescents: exploration into the role of culture, self-esteem, subjective well-being, and social support. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 19(2), 1- 19.
- Sünbül, Z. A., Malkoç, A., Gördesli, M. A., Arslan, R., & Çekici, F. (2018). Mindful self-care dimensions as agents of well-being for students in mental health fields. *European Journal of Education Studies*, 5(5), 33- 41. doi: 10.5281/zenodo. 149657
- Sweeney, T. J. (2009). *Adlerian counseling and psychotherapy: A practitioner's approach*. New York, NY: Taylor & Francis.
- Sweeney, T. J., & Witmer, J. M. (1991). Beyond social interest: Striving toward optimal health and wellness. *Individual Psychology*, 47, 527– 540.
- Şahin-Baltacı, H., & Karataş, Z. (2015). Perceived social support, depression and life satisfaction as the predictor of the resilience of secondary school students: The case of Burdur. *Eurasian Journal of Educational Research*, 15(60), 111- 130. doi: 10.14689/ejer.2015.60.7
- Şahin, H., & Karabeyođlu A., Y. (2010). "Well-being of university students who have lived abroad: the case of Hacettepe University." *Eđitim Arařtırmaları Eurasian Journal of Educational Research*, (40), 171- 187.

- Tabachnick, B. G. (86). & Fidell, LS (2001). *Using multivariate statistics*. (4th ed). Boston: Allyn and Bacon.
- Tabachnick, B. G. (86). & Fidell, LS (2007). *Using multivariate statistics* (5th ed.). Boston, MA,: Allyn & Bacon/Pearson Education.
- Tabachnik, B. G., & Fidell, S. L. (2013). *Multicollinearity and singularity. Using multivariate statistics*. Boston: Pearson Education Inc.,
- Tatar, M., & Myers, J. E. (2010). Wellness of children in Israel and the United States: A preliminary examination of culture and well-being. *Counselling Psychology Quarterly*, 23(1), 17- 33.
- Telef, B. B. (2013). The adaptation of psychological well-being into Turkish: A validity and reliability study. *Hacettepe University Journal of Education*, 28(3), 374- 384.
- Terzi, Ş. (2005). Öznel iyi olmaya ilişkin yılmazlık modeli. (Unpublished doctoral dissertation). Gazi Üniversitesi, Ankara.
- Terzi, Ş. (2006). Kendini toparlama gücü ölçeğinin uyarlanması: Geçerlik ve güvenilirlik çalışmaları [Adaptation of resilience scale (rs) to the Turk culture: It's reliability and validity]. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(26), 77- 86.
- Terzi, Ş. (2008). Üniversite öğrencilerinde kendini toparlama gücü'nün içsel koruyucu faktörlerle ilişkisi [The relationships between resilience and internal protective factors in university students]. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 35(35), 297- 306.
- Toplu-Demirtaş, E., Kemer, G., Pope, A. L., & Moe, J. L. (2018). Self-compassion matters: The relationships between perceived social support, self-compassion, and subjective well-being among LGB individuals in Turkey. *Journal of Counseling Psychology*, 65(3), 372-382. doi: <http://dx.doi.org/10.1037/cou0000261>

- Tor, H., (2017) Roman çocukların okul başarısızlığına ilişkin öğretmen görüşleri. *Eğitim ve Öğretim Araştırmaları Dergisi*, 6 (3), 91- 98.
- Traylor, A. C., Williams, J. D., Kenney, J. L., & Hopson, L. M. (2016). Relationships between adolescent well-being and friend support and behavior. *Children & Schools*, 38(3), 179- 186. doi: <https://doi.org/10.1093/cs/cdw021>
- Turan, A. (2014). *Ergenlerde çocukluk örselenme yaşantıları ve yılmazlık düzeyinin algılanan sosyal destek açısından incelenmesi [Investigation of the childhood traumatic experience and resilience level of adolescents in terms of perceived social support level]*. (Unpublished master's thesis). Necmettin Erbakan Üniversitesi, Konya.
- Tuzgöl- Dost, M. (2016). Öznel iyi oluş ölçeği'nin geliştirilmesi: Geçerlik ve güvenirlik çalışması [Developing a subjective well-being scale: validity and reliability studies]. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3(23), 103- 111.
- Uğurlu, Ö., & Duru, B. (2010). *Kriz ve kentsel yerinden edilme sürecinde çingeneler [In gypsies, crises and urban displacement]*. II. International Economic Political Conference: Crises and Development. Ankara.
- Ullione, M. S. (1996). Physical and emotional health in dual-earner families. *Family and Community Health*, 19, 14- 20.
- Ungar, M. (2008). Resilience across cultures. *The British Journal of Social Work*, 38(2), 218- 235. doi: <https://doi.org/10.1093/bjsw/bcl343>
- Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience within the social ecology of human development?. *Journal of Child Psychology and Psychiatry*, 54(4), 348- 366.
- Uzun, M., & Bütün, E. (2015) Roman çocukların okula devamsızlık nedenleri ve bu durumun çocuklar üzerindeki etkileri. *Hacettepe University Faculty of Health Sciences Journal*, 1, 315- 328.

- Uz-Baş, A., Öz- Soysal, F.S., & Aysan, F. (2016). Üniversite öğrencilerinde problemli internet kullanımının psikolojik iyi-oluş ve sosyal destek ile ilişkisi [Relationship of problematic internet usage to psychological well-being and social support in college students]. *İnsan ve Toplum Bilimleri Araştırmaları Dergisi*, 5(4), 1035- 1046.
- Valkenburg, P. M., Peter, J., & Schouten, A. P. (2006). Friend networking sites and their relationship to adolescents' well-being and social self-esteem. *CyberPsychology & Behavior*, 9(5), 584- 590. doi: <https://doi.org/10.1089/cpb.2006.9.584>
- Van Schaick, L. A. (2011). *Predicting resilience and psychological well-being in early adulthood: The role of religion in childhood and adolescence*. (Doctoral dissertation). St. John's University, New York. Available from ProQuest Dissertations Publishing (729836109). Retrieved from <https://search.proquest.com/docview/729836109?accountid=13014>
- Varni, J. W., Rubinfeld, L. A., Talbot, D., & Setoguchi, Y. (1989). Stress, social support, and depressive symptomatology in children with congenital/acquired limb deficiencies. *Journal of Pediatric Psychology*, 14(4), 515- 530. doi: <https://doi.org/10.1093/jpepsy/14.4.515>
- Vijayan, P., & Joseph, M. I. (2015). Wellness and social interaction anxiety among adolescents. *Indian Journal of Health & Wellbeing*, 6(6), 637- 639.
- Wagstaff, C. A. (1997). *Wellness and adolescents: The effects of a school based intervention*. (Master's thesis). McGill University, Montreal. Available from ProQuest Dissertations Publishing (304481237). Retrieved from <https://search.proquest.com/docview/304481237?accountid=13014>
- Wentzel, K. R. (1998). Social relationships and motivation in middle school: The role of parents, teachers, and peers. *Journal of Educational Psychology*, 90(2), 202- 209. doi: 10.1037/0022-0663.90.2.202

- Willis, T., & Cleary, S. D. (1996). How are social support effects mediated? A test with parental support and adolescent substance abuse. *Journal of Personality and Social Psychology*, 71(5), 937– 952. doi: <http://dx.doi.org/10.1037/0022-3514.71.5.937>
- Wirth, J. L. (2012). *The effect of a classroom intervention on adolescent wellness, success skills, and academic performance* (Order No. 3530697). Available from ProQuest Dissertations & Theses Global. (1114894030). Retrieved from <https://search.proquest.com/docview/1114894030?accountid=13014>
- Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling & Development*, 71(2), 140- 148. doi: <https://doi.org/10.1002/j.1556-6676.1992.tb02189.x>
- Witmer, J. M., Sweeney, T. J., & Myers, J. E. (1998). *The wheel of wellness*. Greensboro, NC: Authors.
- Yalçın, I. (2015). Relationships between well-being and social support: a meta-analysis of studies conducted in Turkey. *Turkish Journal of Psychiatry*, 26(1), 21- 32.
- Yamaç, Ö. (2009). Üniversite öğrencilerinin algıladıkları sosyal destek ile stresle başa çıkma stilleri arasındaki ilişki. (Doctoral dissertation). Selçuk Üniversitesi, Konya.
- Yıldırım, İ. (1997). Algılanan sosyal destek ölçeğinin geliştirilmesi güvenilirliği ve geçerliği. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 13(13), 81- 87.
- Yıldırım, İ. (2004a). Algılanan sosyal destek ölçeğinin revizyonu [Revision of perceived social support scale]. *Eğitim Araştırmaları –Eurasian Journal of Educational Research*, 17, 221- 236.
- Yıldırım, İ. (2004b). Test anxiety, daily hassles, and social support as predictors of depression. *Hacettepe University Journal of Education*, 27(4), 241- 250.

Yıldırım, İ. (2006). Daily hassles and social support as predictors of academic achievement. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 30, 258- 67.

Yılmaz, H., & Sipahioğlu, Ö. (2012). Farklı Risk Gruplarındaki Ergenlerin Psikolojik Sağlıklarının İncelenmesi [Investigating Resilience of Adolescents in Different Risk Groups]. *Elementary Education Online*, 11(4), 927- 944.

Zimpfer, D. G. (1992). Psychosocial treatment of life-threatening disease: A wellness model. *Journal of Counseling & Development*, 71(2), 203-209.

APPENDICES

A. SAMPLE ITEMS FROM DEMOGRAPHIC INFORMATION FORM

Değerli Öğrencimiz;

Bu anket, sizlerin iyi-oluş düzeyleriniz, arkadaş, aile ve öğretmen desteği konusunda yapılan bir yüksek lisans çalışması için hazırlanmıştır. Ankete vereceğiniz yanıtlar, bireysel olarak değil, grup halinde değerlendirilecektir. Sorulara vereceğiniz yanıtlar kesinlikle gizli tutulacak araştırma dışında hiçbir yerde kullanılmayacaktır. Lütfen her bir soruyu dikkatlice okuyunuz ve yanıtınızı kendi durumunuza en uygun seçeneğin yanındaki parantezin () içine çarpı (X) işareti koyarak belirtiniz. Soruların doğru ya da yanlış herhangi bir yanıtı yoktur. Lütfen sorularla ilgili olarak sadece kendi durumunuzu açıkça yansıtan cevaplar veriniz. Yardımlarınız için teşekkür eder, başarılar dilerim.

Aslı TORUN

Psikolojik Danışman

Orta Doğu Teknik Üniversitesi Eğitim Bilimleri Bölümü

Yüksek Lisans Öğrencisi

1. Cinsiyetiniz: () Kız () Erkek
2. Okulunuzun Adı
3. Sınıfınız 6 () 7 () 8 ()
4. Anneniz hayatta mı? () Evet () Hayır

B. SAMPLE ITEMS FROM EİHÖ-T

Cinsiyet :

Sınıf :

Rumuz :

Aşağıdaki maddeleri sizi yansıtırma derecesine göre işaretleyin. Teşekkürler .

(4) Beni çok yansıtıyor (3) Beni yansıtıyor (2) Beni yansıtmıyor (1) Beni hiç yansıtmıyor

Maddeler	4	3	2	1
1. Stresle başa çıkma biçimimden memnunum.				
2. Sağlıklı beslenirim.				
3. Yoğun çalıştığım zamanlarda bile sık sık gülebirim.				
4. Öfkemi kontrol edebilirim.				
5. Gereksinim duyduğumda bana elinden gelen yardımı yapacak arkadaşlarım var.				

C. SAMPLE ITEMS FROM ASDÖ-R

Ailem	Bana uygun	Kısmen	Bana uygun değil
1. Bana gerçekten güvenir			
2. Sorunlarımı çözmeme yardım eder			
3. Bir haksızlığa uğradığımda beni gerçekten destekler			
Arkadaşlarım	Bana uygun	Kısmen	Bana uygun değil
21. Bana gerçekten güvenir			
22. İhtiyaç duyduğumda beni gerçekten dinler			
Öğretmenlerim	Bana uygun	Kısmen	Bana uygun değil
34. Amaç, ilgi ve yeteneklerim konusunda benimle konuşur			
35. Bana gerçekten güvenir			

D. SAMPLE ITEMS FROM RÖ-T

AÇIKLAMA: Aşağıda yaşamınızın farklı alanlarıyla ilgili olabilecek değişik ifadeler bulunmaktadır. Bu ifadeleri dikkatlice okuyarak sizin için uygunluk ve sizi ne kadar tanımladığımı göz önünde bulundurarak işaretleyiniz.

Maddeler	Beni hiç tanımlamıyor	2	3	4	Beni tamamen tanımlıyor
1. Etrafımda güvendiğim insanlar vardır.	1	2	3	4	5
2. Çevremdeki insanlarla işbirliği yaparım.	1	2	3	4	5
3. Eğitim almak benim için önemlidir.	1	2	3	4	5
4. Farklı sosyal ortamlar içerisinde nasıl davranmam gerektiğini bilirim.	1	2	3	4	5
5. Ebeveynlerim/Bakıcılarım benimle yakından ilgilenirler.	1	2	3	4	5

**E. APPROVAL LETTER FROM MIDDLE EAST TECHNICAL
UNIVERSITY HUMAN SUBJECTS ETHICS COMMITTEE**

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



DUMLUPINAR BULVARI 06800
ÇANKAYA, ANKARA / TURKEY
T: +90 312 210 22 91
F: +90 312 210 79 59
ueam@metu.edu.tr

Sayı: 28620818/419

25 KASIM 2015

Gönderilen: Doç. Dr. Zeynep Hatipoğlu SÜMER

Eğitim Bilimleri

Gönderen: Prof. Dr. Canan SÜMER

İnsan Araştırmaları Komisyonu Başkanı

İlgi: Etik Onayı

Danışmanlığını yapmış olduğunuz yüksek lisans öğrencisi Aslı TORUN "Okul Öncesi çocukları için hazırlanan değerler eğitimi programının "Saygı, Sorumluluk, Dürüstlük, Roman Ergenlerde İyi-Oluş, Yılmazlık ve Algılanan Sosyal Destek Arasındaki İlişkiler isimli araştırması İnsan Araştırmaları Komisyonu tarafından uygun görülerek gerekli onay 09.11.2015 -18.01.2016 tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Canan SÜMER

Uygulamalı Etik Araştırma Merkezi

İnsan Araştırmaları Komisyonu Başkanı

Prof. Dr. Meliha ALTUNIŞIK

Etik Komitesi Üyesi

Prof. Dr. Aydan BALAMİR

Etik Komitesi Üyesi

Prof. Dr. Mehmet UTKU

Etik Komitesi Üyesi

Prof. Dr. Ayhan SOL

Etik Komitesi Üyesi

F. PARENT CONSENT FORM / VELİ İZİN FORMU

Sevgili Anne/Baba;

Bu yüksek lisans tez çalışması, Orta Doğu Teknik Üniversitesi, Eğitim Bilimleri Bölümü- Rehberlik ve Psikolojik Danışmanlık Programı yüksek lisans öğrencisi Aslı TORUN tarafından, Doç. Dr. Zeynep Hatipoğlu Sümer danışmanlığında yürütülmektedir.

Bu çalışmanın amacı nedir? Öğrencilerin iyi-oluş düzeyleri, arkadaş, aile ve öğretmenlerinden algıladıkları sosyal destek düzeyleri ve zorlukları yenme güçlerini (yılmazlık düzeyleri) ve bunların arasındaki ilişkiyi anlamaktır. **Çocuğunuzun katılımcı olarak ne yapmasını istiyoruz?** Bu amaç doğrultusunda, çocuğunuzdan“Ergenler İçin İyilik Hali Ölçeği, Çocuklar İçin Sosyal Desteği Değerlendirme Ölçeği , Çocuk ve Gençlik Yılmazlık Ölçeği - 28 (CYRM 28) ve Kişisel Bilgi Formunu cevaplamasını isteyeceğiz ve cevaplarını yazılı biçimde toplayacağız. Sizden çocuğunuzun katılımcı olmasıyla ilgili izin istediğimiz gibi, çalışmaya başlamadan, çocuğunuzdan da sözlü olarak katılımıyla ilgili rızası mutlaka alınacaktır.

Çocuğunuzdan alınan bilgiler ne amaçla ve nasıl kullanılacak? Çocuğunuzdan alacağımız cevaplar tamamen gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Elde edilecek bilgiler sadece bilimsel amaçla yayın olarak kullanılacak, çocuğunuzun ya da sizin isim ve kimlik bilgileriniz, hiçbir şekilde kimseyle paylaşılmayacaktır.

Çocuğunuz ya da siz çalışmayı yarıda kesmek isterseniz ne yapmalısınız? Katılım sırasında sorulan sorulardan ya da herhangi bir uygulama ile ilgili başka bir nedenden ötürü çocuğunuz kendisini rahatsız hissettiğini belirtirse, ya da kendi belirtmese de araştırmacı çocuğun rahatsız olduğunu öngörürse, çalışmaya sorular tamamlanmadan ve derhal son verilecektir.

Bu çalışmayla ilgili daha fazla bilgi almak isterseniz: Çalışmaya katılımınızın sonrasında, bu çalışmayla ilgili sorularınız yazılı biçimde cevaplandırılacaktır. Çalışma hakkında daha fazla bilgi almak için araştırmacı Aslı TORUN ile (e-posta: aslipdr@gmail.com) ile iletişim kurabilirsiniz. Bu çalışmaya katılımınız ve desteğiniz için şimdiden teşekkür ederiz.

Yukarıdaki bilgileri okudum ve çocuğumun bu çalışmada yer almasını onaylıyorum
(Lütfen alttaki iki seçenektten birini işaretleyiniz)

Evet, onaylıyorum _____

Hayır, onaylamıyorum _____

Ebeveynin adı-soyadı: _____ Bugünün Tarihi: _____

Çocuğun adı soyadı ve doğum tarihi: _____

(Formu doldurup imzaladıktan sonra araştırmacıya ulaştırınız).

G. INFORMED CONSENT FORM / BİLGİLENDİRİLMİŞ ONAM FORMU

Sevgili Öğrenciler;

Bu yüksek lisans tez çalışması, Orta Doğu Teknik Üniversitesi, Eğitim Bilimleri Bölümü- Rehberlik ve Psikolojik Danışmanlık Programı yüksek lisans öğrencisi Aslı TORUN tarafından, Doç. Dr. Zeynep Hatipoğlu Sümer danışmanlığında yürütülmektedir.

Bu çalışmanın amacı, öğrencilerin iyi-oluş düzeyleri, arkadaş, aile ve öğretmenlerinden algıladıkları sosyal destek düzeyleri ve zorlukları yenme güçlerini (yılmazlık düzeyleri) ve bunların arasındaki ilişkiyi anlamaktır. Bu amaç doğrultusunda, sizden “Ergenler İçin İyi Hali Ölçeği, Çocuklar İçin Sosyal Desteği Değerlendirme Ölçeği , Çocuk ve Gençlik Yılmazlık Ölçeği - 28 (CYRM 28) ve Kişisel Bilgi Formunu cevaplamanız istenmektedir. Cevaplarınızı sizlere verilen formlar üzerine işaretlemeniz beklenmektedir.

Bu çalışmaya tamamen kendi isteğimle katılıyorum ve çalışmayı istediğim zaman bırakma hakkım olduğunu biliyorum. Çalışmaya sunduğum bilgilerin bilimsel amaçlar için kullanılmasına izin veriyorum.

Öğrencinin Adı-Soyadı:.....

Tarih:.....

İmza:

**H. TEKİRDAĞ İL MİLLİ EĞİTİM MÜDÜRLÜĞÜ İZİN YAZISI/
TEKİRDAĞ DIRECTORATE OF NATIONAL EDUCATION
PERMISSEON FORM**



T.C.
TEKİRDAĞ VALİLİĞİ
İl Millî Eğitim Müdürlüğü

Sayı : 43996270/44/12657698
09/12/2015

Konu: Araştırma Uygulaması

VALİLİK MAKAMINA

İlgi :Aslı TORUN DENİZ'in 08.12.2015 tarihli dilekçesi.

Bursa Osmangazi İlçesi, Maltepe Anadolu Lisesi rehber öğretmeni olarak görev yapan Orta Doğu Teknik Üniversitesi yüksek lisans öğrencisi Aslı TORUN DENİZ'in "Saygı, Sorumluluk, Dürüstlük, Roman Ergenlerde İyi-Oluş Hali, Algılanan Sosyal Destek ve Yılmazlık Düzeyleri Arasındaki İlişkileri" incelemek amacıyla yapılan araştırma kapsamında İlimiz Süleymanpaşa İlçesi Aydoğdu, 13 Kasım ve Kamil Korkmaz Zafer Ortaokulu öğrencilerine araştırma ölçeği uygulama isteği, ilgi dilekçe ile Müdürlüğümüze bildirilmiştir.

Söz konusu araştırma uygulaması, Müdürlüğümüz Değerlendirme Komisyonu tarafından incelenmiş olup anketin uygulanmasında bir sakınca görülmediği, yapılacak çalışmalar sonucunda hazırlanacak raporun Müdürlüğümüze gönderilmesinin uygun olacağı bildirilmiştir.

Bu kapsamda onaylı bir örneği Müdürlüğümüzde muhafaza edilen, uygulama sırasında da mühürlü ve imzalı örnekten çoğaltılan ölçek sorularının eğitim öğretimi aksatmayacak şekilde, okul müdürlerinin koordinesinde ve kontrolünde, gönüllülük esas olmak kaydıyla İlimiz Süleymanpaşa İlçesi Aydoğdu, 13 Kasım ve Kamil Korkmaz Zafer Ortaokulu öğrencilerine yönelik olarak, Millî Eğitim Bakanlığı'nın 2012/13 sayılı "Araştırma, Yarışma ve Sosyal Etkinlik İzinleri" konulu genelgesine göre gerçekleştirilmesi hususunu;

Makamlarınızca da uygun görüldüğü takdirde olurlarınıza arz ederim.

Halis İŞLER
Millî Eğitim Müdürü

OLUR
09/12/2015

Aydın TETİKOĞLU
Vali a.
Vali Yardımcısı

Strateji Geliştirme Bölümü -Valilik Binası Zemin Kat No:26 59030 /TEKİRDAĞ Ayrıntılı Bilgi İçin: G.USLU-Şef
Tel: (0 282) 261 20 11 (Dahili: 1041) Faks: (0 282) 261 87 22
E-Posta: stratejigelistirme59@meb.gov.tr Web Sayfası: http://tekirdag.meb.gov.tr

Bu evrak güvenli elektronik imza ile imzalanmıştır. <https://evraksorgu.meb.gov.tr> adresinden 0269-f291-3743-b696-7925 kodu ile teyit edilebilir.

I. TURKISH SUMMARY / TÜRKE ÖZET

ROMAN ERGENLERDE İYİ-OLUŞUN YORDAYICISI OLARAK ALGILANAN SOSYAL DESTEK VE YILMAZLIK

1.GİRİŞ

Değişen yaşam koşulları, daha hareketsiz yaşam tarzları, stresli işyeri ortamları gibi birçok faktörle birlikte yaşam daha da zorlaşmıştır. Bu ve benzeri koşullar insanların psikolojik ve fizyolojik iyilik halini olumsuz yönde etkilemektedir. Modern yaşamın bu zorlukları ile çoğu insan, özellikle de ergenler, hızlı yemek yeme, bilgisayar ve telefonla saatlerce zaman geçirerek uzun süreler hareketsiz kalma gibi sağlıksız alışkanlıklar kazanabilmektedir. Alanyazına göre bireyler, beslenme ve fiziksel etkinlikler gibi (Brooks & Moore, 2016) sağlıklı ve sağlıksız alışkanlıkları (Santrock, 2007), çocukluk veya ergenlik döneminde edinmektedirler. Bu nedenle çocukluk ve ergenlik döneminde sağlıklı yaşam alışkanlıklarına sahip olmak ve iyi oluşu geliştirmek çok önemlidir.

Bu araştırmada iyi oluş kavramı Bireysel Psikoloji kuramı açısından ele alınmıştır. Pozitif psikolojinin aksine Adler, iyi oluş kavramını bir bütün olarak değerlendirmektedir (Sweeney, 2009). Bütünsellik ve kişiliğin bütünlüğü, Bireysel Psikoloji'nin temel prensiplerindedir. Bütünsellik kavramı, insanın var oluşunun ancak bulunduğu toplum ve sosyal ortamı içerisinde değerlendirilerek tam olarak anlaşılabilir olduğunu ifade etmektedir. Bireysel Psikoloji insanların sosyal varlıklar olduğunu ve topluma ait olmak ya da toplumun bir parçası olmak için çabaladıklarını ileri sürmektedir (Sweeney, 2009). Ayrıca, insanların toplum içinde var olabilmek ve sağlıklı olabilmek için, bir takım yaşam görevlerini yerine getirmeleri gerektiğini vurgulamaktadır. Bu yaşam görevleri maneviyat, benlik, iş, aşk ve arkadaşlık olarak tanımlanmaktadır. Adler, bu görevleri iyi oluş

kavramının özellikleri olarak tanımlanmakta ve bu görevlerin yerine getirilmesinin bireylerin iyi oluş mücadelesi olduğunu belirtmektedir (Dreikurs, 1953, aktaran Witmer & Sweeney, 1992). Bireyler bu yaşam görevlerini yerine getirirken, aile, toplum, din, eğitim, hükümet, medya gibi dışsal faktörlerden hem etkilenmekte hem de bu faktörleri etkilemektedirler. Witmer ve Sweneey de (1992) bu dinamik yapıyı ve insanların iyi oluşlarını anlamak ve geliştirmek için Adler'in ifade ettiği bu beş yaşam görevini temel alarak iyi oluş modelini geliştirmişlerdir.

Bu çalışmanın önemli değişkenlerinden biri olan doğum sırası, Bireysel Psikolojinin de önemli kavramlarından biridir. Bireysel Psikoloji, her bireyin aile içinde eşsiz bir pozisyona sahip olduğunu ve bu pozisyonun bireylerin algılarını ve benliklerini şekillendirip, etkilediğini iddia etmektedir. Benlik kavramı da beş temel yaşam görevinden birisidir. Bu yönüyle, doğum sırasının benlik kavramını etkilediği, benlik kavramının da bireylerin iyi oluşunu etkilediği söylenebilir.

Bugüne kadar doğum sırası kavramı birçok kavramla ilişkisi açısından araştırılmıştır. Örneğin, Schneider ve Reuterfors (1981) doğum sırası ve cinsiyetin sosyal ilgi ile ilişkili olduğunu göstermişlerdir. Ayrıca, tek çocukların sosyal ilgilerinin diğerlerine göre düşük olduğu ve ortancaların da sosyal ilgilerinin küçüklere göre daha yüksek olduğu sonucuna varmışlardır. Diğer bir çalışmada Pilkington, White ve Matheny (1997), 134 kişilik ergen grubunda, baş etme kaynakları açısından en büyük çocuğun diğer tüm pozisyondakilere göre en yüksek toplam kaynağa sahip olduğunu, ortanca çocuklarınsa en düşük kaynağa sahip olduğunu göstermiştir. Doğum sırasının kişilik özellikleri ile ilişkileri de çokça araştırılmıştır (Boccio & Beaver, 2019; Damian & Roberts, 2015).

Shulman ve Mosak (1977) doğum sırasının iki tanımından söz etmektedirler. Birincisi kronolojik doğum sırasını, diğeri ise psikolojik doğum sırasını ifade etmektedir. Adler de psikolojik doğum sırasının önemine vurgu yapmıştır.

Özetle, bireylerin aile örüntüsü içindeki kendi benliğine ilişkin deneyimleri ve kabulleri, sosyal ilgi düzeyini, kişilik özelliklerini ve yaşam stilini ve dolayısıyla da iyi oluş düzeylerini etkileyeceği düşünülmektedir. Ancak alanyazında, doğum sırası ve iyi oluş arasındaki ilişkiyi inceleyen çok fazla araştırma bulunmamaktadır.

Adler'in insanların varoluşuna ilişkin bakış açısı, bireylerin topluma ait olma eğilimleri ve zor durumdayken başkalarının bakımına ihtiyaç duymaları, aslında bütüncül bir sağlık açısından sosyal desteğin ne kadar önemli olduğunu göstermektedir. Artan sosyal destek hissi, olumsuz yaşam olaylarına karşı tampon görevi görerek, bireylerin kendilerini güvende hissetmelerine yardımcı olarak, koruyucu bir görev üstlenir (Warren,2000). Bu yönüyle, algılanan yüksek düzeyde ve olumlu sosyal destek ergenlerin iyi oluşlarına katkı sağlar (Chu, Saucier, & Hafner, 2010; Corsano, Majorano, & Champretavy, 2006; Spurr, 2009).

Sosyal desteğin bireyler üzerindeki bu olumlu etkileri ve olumsuz durumlara karşı koruyucu etkisi risk grupları ile yapılan çalışmalarla da kanıtlanmıştır (Demeray & Malecki, 2002a; Rothman & Cosden, 1995). Ergenlerle yapılan çalışmalar da yüksek iyi oluş düzeyinin, yüksek sosyal destek ile ilişkili olduğunu ortaya koymaktadır (Chu, Saucier, & Hafner, 2010; Corsano, Majorano, & Champretavy, 2006; Spurr, 2009).

İyi oluş kavramı ile ilgili diğer önemli bir kavram yılmazlıktır. Douce ve Keeling (2014), yılmazlık kavramının bireylerin iyi oluşlarında koruyucu bir faktör görevi gördüğünü ve yılmazlığın iyi oluşun en temel ögesi olduğunu belirtmektedir. Cowen (1991; 1994) da benzer bir şekilde yılmazlık kavramının iyi oluşun önemli bir parçası olduğunu vurgulamaktadır.

Yılmazlık bir nevi stres engelleyici ve bireylerin iyi oluşlarını koruyucu bir faktör olarak tanımlanabilir (Lai & Mak, 2009). Araştırma sonuçları, ergenler için

yılmazlığın olumsuz durumlara karşı koruyucu bir tampon görevi gördüğünü, olumlu sonuçlar elde etmelerine (Knowles, 2009) ve akademik başarılarına (Berry-Mitchell, 2010) katkı sağladığını göstermektedir.

Türkiye'de yılmazlıkla ilgili araştırmaların çoğu üniversite öğrencileri ve ergenlerle ilgilidir. Örneğin bir çalışmada yılmazlığın eğitim programlarına etkisi araştırılmış (Gürkan, 2006a), diğerinde yılmazlığı etkileyen faktörler incelenmiş (Güngörmüş, Okanlı, & Kocabeyoğlu, 2015), bir diğerinde ise ergenlerin yılmazlık özellikleri duygusal dışavurum açısından incelenmiştir (Çelik, 2013). Ortaokul düzeyindeki araştırmalarda yılmazlığın koruyucu rolü vurgulanmış ve yılmazlık ile diğer bazı değişkenler arasındaki ilişkilerin varlığı belirtilmiştir (Kaya, 2007; Şahin- Baltacı & Karataş, 2015).

Masten ve Reed (2002) yılmazlık kavramından söz etmek için risk faktörünün olması gerektiğini vurgulamaktadır. Dolayısıyla, herhangi bir risk durumu olmadığında, bireylerin yılmaz olduğu da söylenemez. Bu nedenle yılmazlık kavramı ile çalışmak için, çalışma grubu üzerinde olumsuz etkileri olan riskli ortamlar ve riskli koşulların olması ve çalışılan grubun bu koşullara sağlıklı bir biçimde uyum sağlamış olmaları gerektiği söylenebilir (Gizir, 2004). Masten (2004) risk faktörü kavramını, özellikle çocuk ve genç gruplarını tanımlayan, istenmeyen olumsuz sonuçlara neden olabilecek bir takım özellikler olarak tanımlamaktadır. Alanyazındaki risk ve risk faktörü tanımlarına bakıldığında bu çalışmanın örneklemini olan Roman ergenlerin, birçok zorlukla yüz yüze kalan, sosyal dışlanmaya maruz kalan ve birçok risk faktörü açısından risk altında olan bir grup olarak tanımlanması mümkündür. Alanyazındaki sınırlı sayıdaki araştırma bulguları da Roman çocukların ve ergenlerin risk altında olduğuna dair kanıtlar sunmaktadır. Örneğin, Okutan ve Turgut (2018) çalışmalarında, yoksulluk ve dışlanma nedeniyle çocukların eğitim hayatına giremedikleri, girse dahi eğitimlerini tamamlayamadıkları sonucuna varmışlardır. Farklı olarak, Tor (2017) Roman çocukların başarısızlığı konusunda öğretmen görüşlerine başvurmuştur. Öğretmenlere göre başarısızlık nedenleri öğrencilerin devamsızlık

yapmaları, ödev yapmamaları, okula isteksiz gelmeleri ve veliler ile iletişim kurulamamasından kaynaklanmaktadır. Genç, Taylan ve Barış (2015) ise Romanların okul başarısızlığı ve okul terkinin nedeni olarak Romanlara ilişkin önyargıların, bazı olumsuz öğretmen tutumlarının ya da diğer öğrencilerin alaycı ve dışlayıcı tavırlarının olduğunu ifade etmektedir. Roman çocuklarla ilgili bir diğer risk faktörü de özellikle kız çocuklarının erken yaşta evlendirilmeleridir (Avrupa Birliği Proje Raporu, 2010).

Diğer yandan, Romanlarla ilgili bir araştırmada Romanların içe kapalı bir yaşam sürdürdüklerini, kendi aralarında güçlü bir dayanışmalarının olduğunu, bu durumun yaşadıkları zor şartlarla mücadele etme ve yabancılara karşı kendilerini koruma konusunda koruyucu bir rol oynadığını göstermektedir (Genç ve diğerleri, 2015). Araştırmacılar, en az bir ebeveynle ya da diğer aile üyeleri ile kurulan yakın ve olumlu ilişkilerin risk altındaki çocuklar için koruyucu bir role sahip olduğu konusunda hem fikirdirler (Buchanan, 2000; Rutter, 1990, aktaran Gizir, 2004). Bu nedenle, bu araştırmada Roman ergenlerin yılmazlıkları ile ilgili koruyucu faktörlerden birisi olarak algılanan sosyal destek kavramı da çalışılmıştır.

Özetle, mevcut alanyazın iyi oluşun, sosyal destek (Chu, Saucier, & Hafner 2010; Corsano, Majorano, & Champretavy, 2006; Doğan & Yıldırım, 2006; Gençöz & Özlale, 2004; Spurr, 2009) ve yılmazlık (Bağcı, Rythland, Kumashiro, Smith , & Blumberg, 2014; Eley, Walters , Cloninger, & Laurence, 2013; Gürgan 2014; Lai & Mak, 2009; Terzi, 2005; Van Schaick, 2011) kavramlarıyla ilgili olduğunu göstermektedir. Ancak, araştırma sonuçlarında algılanan sosyal destek ve yılmazlığın iyi oluşu nasıl yordadığı ile ilgili tutarlılık bulunmamaktadır. Bununla birlikte, bu üç değişken arasındaki ilişkiyle ilgili az sayıda çalışma vardır ve bunlar çoğunlukla üniversite öğrencileri ile yapılmıştır.

Roman ergenlerin yaşamlarındaki birçok risk faktörüne rağmen, onların güçlü yanlarını ve bu zorluklarla baş etme kaynaklarını araştıran çok fazla çalışma

bulunmamaktadır. Bu nedenle bu araştırma Roman ergenlerin iyi oluşlarını yordamada sosyal destek ve yılmazlık kavramlarının rolünü araştırarak, literatürde önemli bir boşluğu doldurmayı hedeflemektedir.

1.1 Çalışmanın Amacı

Bu çalışmanın amacı iyi oluş puanlarının cinsiyet, doğum sırası ve sınıf düzeyi açısından nasıl farklılaştığını araştırmak ve aile, arkadaşlar ve öğretmenlerden algılanan sosyal destek değişkenleri kontrol edildikten sonra, yılmazlığın (bireysel, ilişkisel, bağlamsal) Roman ergenlerin iyi oluş düzeylerini ne ölçüde yordadığını incelemektir.

Bu amaçla şu araştırma sorularına yanıt aranmıştır:

Roman ergenlerin toplam iyi oluş puanları cinsiyet, sınıf düzeyi ve doğum sırası açısından farklılık gösteriyor mu?

Algılanan aile, arkadaş ve öğretmen desteği kontrol edildiğinde, yılmazlık kavramının bileşenleri (bireysel, ilişkisel ve bağlamsal) Roman ergenlerin toplam iyi oluş düzeylerini ne derecede yorduyor?

1.2 Çalışmanın Önemi

Bu çalışma algılanan sosyal destek ve yılmazlığın Türkiye'deki Roman ergenlerin iyi oluş düzeylerindeki rolünü araştıran ilk araştırmadır. İyi oluş, çocukluk yılları ve ergenlik süresince önemli bir kavramdır. Alanyazında, çocukluk ve ergenlik dönemi süresince kazanılan alışkanlıkların kırılmasının çok zor olduğu ve bu alışkanlıkların bireylerin iyi oluş düzeylerinde etkili olduğu vurgulanmaktadır. Bu nedenle ebeveyn, öğretmen ve okul psikolojik danışmanı gibi yetişkinlerin çocuk ve ergenlerin iyi oluş düzeylerini artırmada sorumlu oldukları söylenebilir (Omizo, Omizo & D'Andrea, 1992). Fakat bu konuda

bugüne kadar, ortaokul öğrencilerinin iyi oluş düzeyleri ile ilgili sadece bir kaç araştırma yürütülmüştür. Yapılan bu araştırmalar, öznel iyi oluş kavramına odaklanmıştır ve hiç birisi Roman ergenlerle ilgili değildir.

Romanlar Türkiye’de ayrımcılığa maruz kalan azınlık bir gruptur (Arayıcı, 2008). Bunun sonucu olarak da eğitim, sağlık, beslenme ya da yerleşim imkanlarına ulaşım konusunda zorluklar yaşamaktadırlar (Arayıcı, 2008). Bu koşullar nedeni ile Roman vatandaşların birçok açıdan bir risk grubunu oluşturduğu söylenebilir. Bu nedenle, Roman ergenler iyi oluş kavramı açısından çalışılması gereken önemli bir etnik ve kültürel grup olma özelliği taşımaktadırlar. Ancak bugüne kadar Roman toplumu ile ilgili çalışmalar, ortaokul öğrencileri ya da iyi oluş kavramı üzerine değil, sadece yetişkin grubu ve karşılaştıkları sorunlar üzerine odaklanmıştır.

Bu araştırmanın bir diğer önemi ise çalışma grubunun bazı özellikleri ile ilgilidir. Romanların, eğitime ulaşım sorunları nedeni ile Roman ergenler arasında okur-yazar oranı ne yazık ki sınırlıdır (Avrupa Birliği Projesi raporu, 2010). Ayrıca, diğer bir risk faktörü, Romanların dünyada ve Türkiye’de ayrımcılığa maruz kalmalarıdır (Arayıcı, 2008). Bu nedenle, yabancı insanlara karşı biraz kapalıdırlar. Bu yönleri ile birçok risk faktörü ile karşı karşıya ve dışarıya kapalı bir grup olan Roman ergenlerle yapılan bu çalışma, ergenlerin güçlü yönlerini araştırması açısından alanyazına önemli katkılar sağlayacağı düşünülmektedir.

Ek olarak, demografik özelliklerle ilgili çalışmalar, özellikle sınıf düzeyinin ve cinsiyetin iyi oluş üzerindeki etkileri ile ilgili çelişkili bulgular sunmaktadır. Bu nedenle, cinsiyet ve sınıf düzeylerinin bu değişkenler üzerindeki etkilerini incelemek farklı yaşlardaki kız ve erkeklerin ihtiyaçlarındaki farklılıkları belirlemek buna özel etkinlikler planlamak açısından önemlidir.

Bu araştırma bulgularının, öğrencilerin iyi oluş düzeylerini geliştirmede etkili olan kavramlarla ilgili olarak okul psikolojik danışmanlarına ve ruh sağlığı

çalışanlarına önemli ipuçları sağlayabileceği düşünülmektedir. Dahası, araştırma sonuçları, öğrencilerin iyi oluş düzeylerini geliştirmek için iyi oluş ve yılmazlık temelli program hazırlamak isteyen araştırmacılara da katkı sağlayabilir.

2. YÖNTEM

2.1 Araştırmanın Deseni

Bu araştırmada, ilişkisel araştırma yöntemi kullanılmıştır. İlişkisel araştırma, nicel araştırma yöntemlerinden biri olup, iki ya da daha fazla değişken arasında anlamlı bir ilişki olup olmadığının tespit edilmesinde kullanılmaktadır (Fraenkel, Wallen, & Hyun, 2012). Bu çalışmanın bağımlı değişkeni toplam iyi oluş puanıdır. Yordayıcı değişkenler ise algılanan aile, arkadaş ve öğretmen sosyal desteği, yılmazlığın üç alt boyutu (bireysel, ilişkisel, bağlamsal), doğum sırası, cinsiyet ve sınıf düzeyidir.

2.2 Örneklem

Çalışmanın örneklemini, Tekirdağ Malkara ve Çorlu'dan birer devlet okulunun ve Tekirdağ merkezdeki dört devlet ortaokulunun 6, 7 ve 8. sınıflarında öğrenim görmekte olan Roman ergenlerden oluşmaktadır. Amaçlı örnekleme yöntemi kullanılan araştırmada 197 katılımcı vardır (101 kız, 96 erkek).

2.2.1 Katılımcıların Demografik Özellikleri

Çalışmaya 197 ortaokul öğrencisi katılmıştır. Örneklemin %51,3'ü (101) kız öğrencilerden, %48,7'si (96) erkek öğrencilerden oluşmaktadır.

2.3 Veri Toplama Araçları

Çalışmada, veri toplama araçları olarak araştırmacı tarafından hazırlanan Demografik Bilgi Formu, Beş Faktörlü İyilik Hali Ölçeği –Ergen Formu (EİHÖ) (Owen & Öğretmen 2013), Algılanan Sosyal Destek Ölçeği (ASDÖ-R) (Yıldırım, 2004), Çocuk ve Gençlik Yılmazlık Ölçeği -28 (CYRM-28) (Aydoğan, Terzi, Eşici, & Tomar, 2012) kullanılmıştır.

2.4. Veri Toplama Süreci

Bu çalışmanın verileri, 2015-2016 eğitim-öğretim yılında, Tekirdağ Malkara ve Çorlu'dan birer devlet okulunun ve Tekirdağ merkezdeki dört devlet ortaokulunun 6, 7 ve 8. sınıflarında öğrenim görmekte olan Roman ergenlere ilgili ölçekler uygulanarak elde edilmiştir. Çalışmanın başlangıcında, ODTÜ İnsan Araştırmaları Etik Kurulu'ndan araştırmanın yürütülebilmesi için gerekli izin alınmıştır (Appendix, E). Ardından, Tekirdağ İl Millî Eğitim Müdürlüğünden gerekli izinler alınmıştır (Appendix, H). Veri toplama süreci iki aşamada gerçekleştirilmiştir. Belirlenen okullarda çalışma öncesi okul müdürlerinden yardım alınarak, veli izin formları velilere ulaştırılmış ve veli onayları alındıktan sonra öğrencilerden veri toplanmıştır (Appendix, F). Ölçekler uygulanmadan önce, araştırmacı, öğrencilere kendini tanıtmış, araştırmanın amacı ve sonucunda ne olacağına dair bilgi vermiştir (Appendix, G). Kişisel bilgi formuyla birlikte diğer ölçekler (EİHÖ, RÖ-T, SDÖ) ders saatleri süresince, araştırmacı gözetiminde uygulanmıştır. 15 tane öğrenci (7.6 %) okur yazar olmadığı için, araştırmacı bu katılımcılara tek tek soruları okuyup yanıtlarını işaretlemiştir. İlk aşamada dört okuldan toplam 129 veriye ulaşılmıştır. Veri sayısı çok az olduğu için, ilçelerden de veri toplanmasına karar verilmiştir. İkinci aşamada, Malkara ve Çorlu'daki iki devlet okuluna da gidilmiş ve veri sayısı 197'ye ulaşmıştır. Merkezdeki okullardan bir tanesi ve ilçede bulunan okullar, kültürel olarak (Roman çocuklar ve yerleşim bölgesinde yaşayan diğer çocuklar) karma gruplardan oluşmaktadır. Daha önce belirtilen nedenlerden dolayı, örneklem

grubuna giren öğrencilere ulaşmak zor olduğu için bu okullardan da veri toplanmıştır. Bu okullarda veri toplamak için, okul müdürleri Roman öğrencileri, sınıf düzeyleri açısından karma olarak bir sınıfa çağırmıştır. Öğrencilere, diğer okullarda yapıldığı gibi, araştırmacı hakkında ve araştırmanın nedeni ile ilgili bilgi aktarılmıştır.

2.5 Veri Analizi

Oğlan ve kız katılımcıların toplam iyi oluş puanlarında anlamlı bir fark olup olmadığını analiz etmek için t-testi, toplam iyi oluş puanlarının doğum sırası ve sınıf düzeyine göre değişip değişmediğini araştırmak için Tek Yönlü Varyans Analizi kullanılmıştır. Algılanan aile, arkadaş ve öğretmen desteği kontrol edildiğinde, yılmazlık kavramının bileşenlerinin (bireysel, ilişkisel ve bağlamsal) Roman ergenlerin toplam iyi oluş düzeylerini ne derece yordadığını bulmak için de çoklu hiyerarşik regresyon analizi yöntemi kullanılmıştır.

2.6 Çalışmanın Sınırlılıkları

Çalışmanın yöntemi ve örnekleme ile ilgili bazı sınırlılıkları mevcuttur. Birincisi, katılımcılar Tekirdağ bölgesindeki 6 devlet okulundan amaçlı örnekleme yöntemi ile seçilmiştir. Bu nedenle sonuçlar tüm ortaokul öğrencilerine genellenemez.

İkincisi, öğrencilerin yaşı ile ilgili bilgiler kişisel bilgi formunda alınmamıştır. Ayrıca Roman öğrencilerin okullaşma ve sağlık hizmetlerine ulaşım sorunları nedeniyle de gerçek doğum tarihleri ve yaşları bilinmemektedir.

Üçüncüsü, veri toplama yöntemi olarak öz-bildirim yöntemi uygulanmıştır. Ayrıca bazı öğrenciler okuryazar olmadığı için formları kendi kendilerine dolduramamış, bu öğrenciler için araştırmacı soruları yanlarına giderek okumuştur. Bu nedenle bazı öğrenciler gerçek düşüncelerini ifade edememiş olabilirler.

Dördüncüsü, tek çocuk grubundaki katılımcı sayısı az olduğu için, katılımcılar doğum sırasına göre gruplanırken birinci çocuk, ortanca çocuk ve son çocuk olarak gruplanmış, doğum sırasının tüm grupları analizlere dahil edilememiştir.

Ayrıca, iyilik hali ölçeği'nin (EİHÖ) alt ölçeklerinin iç tutarlık katsayıları düşük olduğu ve ölçek toplam puan kullanılmasına izin verdiği için, bu çalışmada iyi oluş puanı toplam puan olarak kullanılmıştır. Bu nedenle, alt ölçekler açısından inceleme yapılamamıştır. Son olarak, örneklem sayısının az olması sınırlılıklar arasında sayılabilir.

3. BULGULAR

Toplam iyi oluş puanlarının cinsiyet açısından karşılaştırılması için t-testi kullanılmıştır. Sonuçlar erkek ($M = 3.20$) ve kız ($M = 3.23$) katılımcıların toplam iyi oluş puanlarında anlamlı bir fark olmadığını göstermektedir. Toplam iyi oluş puanının doğum sırası (birinci çocuk, ortanca çocuk ve son çocuk) ve sınıf düzeyine (6,7, 8. sınıf) göre değişip değişmediğini araştırmak için Tek Yönlü Varyans Analizi kullanılmıştır. Sonuçlar, toplam iyi oluş puanının doğum sırası $F(2,194) = 1.13$, $p > .05$ ve sınıf düzeyine göre $F(2,194) = 1.09$, $p > .05$. değişmediğini göstermektedir.

Hiyerarşik çoklu regresyon analizi sonuçları, birinci modelde algılanan aile, arkadaş ve öğretmen sosyal destek puanlarının toplam iyi oluş puanlarındaki varyansın %26'sını anlamlı düzeyde yordadığını göstermektedir. Algılanan arkadaş desteği, iyi oluşun en güçlü yordayıcısıdır. Son modelde, sosyal destek ve yılmazlık kavramının birlikte toplam iyi oluş puanlarındaki varyansın %42'sini anlamlı düzeyde yordadığı ve yılmazlığın tek başına varyansın %18'ini açıkladığı görülmüştür.

4.TARTIŞMA

Araştırma sonuçları, erkek ve kız öğrencilerin toplam iyi oluş puanları arasında farklılık olmadığını göstermektedir. Literatürdeki bu konuda araştırma sonuçlarının farklılığı, bu araştırma bulgusunu yorumlamayı güçleştirmektedir. Bir araştırmada (Dekovic, Engels, Shirai, De Kort, & Anker, 2002) erkek öğrencilerin iyi oluş düzeylerinin kız öğrencilere göre daha yüksek olduğunu gösterirken, diğer bir araştırma ise iyi oluş düzeyinin cinsiyete göre değişmediğini göstermektedir (Myers, Willse, & Villalba, 2011). Viajan ve Joseph (2015), 400 ergen bireyle yaptığı çalışmada, iyi oluş puanlarının cinsiyete göre değişmediğini bulmuş ve bu durumu aile faktörü ve ergenlere cinsiyet ayrımı yapılmaksızın sağlanan eşit sosyal destekle açıklamıştır. Bu açıklama doğrultusunda, bu çalışmada elde edilen bulguyu yorumlamak mümkün gözükmemektedir. Bir diğer ifadeyle, kız ve erkek ergenler arasındaki iyi oluş puanlarının eşitliğini aile, arkadaş ve öğretmen sosyal desteği etki etmiş olabilir.

Bu bulgu “Bölünemez Benlik Modeli” ile de açıklanabilir. Bireyler yaşadıkları çevreyi etkiledikleri gibi bu çevreden de etkilenirler. Cinsiyet kimliği de bu modelin temel benlik kavramı ile ilgilidir ve o da bu bağlam boyutundan etkilenir. Kültür ve cinsiyet kimliği arasında var olan karşılıklı etkileşime dayanarak, çalışmanın yapıldığı bölgedeki Roman kültürünün kız ve erkeklerin iyi oluş düzeylerinde farklılığa neden olmadığı söylenebilir. Bu çalışmada, iyi oluş düzeyinin alt ölçek puanları kullanılmamıştır. Ancak, alanyazında, iyi oluşun alt boyutlarının cinsiyete göre değişiklik gösterdiğine dair veriler mevcuttur (Sarı, 2003; Tatar & Myers 2010). Bu nedenle cinsiyet değişkeninin etkisi sadece çalışılan bölgedeki Roman ergenlerle sınırlı olarak düşünülmelidir.

Araştırmanın bir diğer bulgusu, toplam iyi oluş puanlarının sınıf düzeyine göre değişmediğidir. Bu konudaki diğer araştırma bulguları da çelişkili sonuçlar göstermektedir. Bir araştırmada, iyi oluş düzeylerinin yaşla birlikte arttığı ve ileri yaştaki ergenlerin iyi oluş puanlarının erken ergenlere göre daha yüksek olduğu

bildirilirken (Bigbee, 2008), bir diğesinde yaşı büyük olan ergenlerin iyi oluş düzeylerinin daha düşük olduğu bildirilmektedir (Preskit ve diğeri (2015).

Sınıf düzeyi ile ilgili yapılan tüm arařtırmaların bulgularına ilişkin yorumlar, daha çok yaşı dayalı yapılmıştır. Bu arařtırmada yaş bilgisine ulaşamadığı için, toplam iyi oluş puanlarının sınıf düzeyleri açısından farklılaşmamasını yorumlamak oldukça zordur.

Toplam iyi oluş puanları, öğrencilerin doğum sırasına göre de değişiklik göstermemektedir. Bu arařtırmada katılımcı öğrencilerin sadece kronolojik doğum sıralarına ulaşıldığı için, iyi oluş ve psikolojik doğum sırası açısından bir çıkarım yapmak mümkün olmamıştır.

Önceki arařtırmalarla benzer bir şekilde, arkadaş, aile ve öğretmen sosyal desteğinin ergenlerin iyi oluş düzeyinde çok önemli bir role sahip olduğu sonucuna varılmıştır. Bu sonuç, artan sosyal destek hissinin, olumsuz yaşam deneyimlerine karşı tampon etkisi yaratması, kişinin kendini güvende ve korunaklı hissetmesine neden olması ile açıklanabilir. İyi oluş ve sosyal destek arasındaki ilişki Bireysel Psikoloji kuramındaki “sosyal ilgi” kavramı ile de açıklanabilir. Sosyal ilgi düzeyi yüksek bireyler kendilerinden hoşnutlar ve diğeri insanlarla birlikte dolu dolu yaşarlar (Myers, Sweeney & Witmer, 2000). Bu da bireyin iyi oluş düzeyini artıran bir etkidir.

Arařtırmada, özellikle arkadaş desteğinin, öğrencilerin iyi oluş düzeyleri ile pozitif ve anlamlı bir ilişkisinin olduğu sonucuna ulaşılmıştır. Alanyazındaki arařtırmalar, olumlu arkadaş ve aile ilişkilerinin ergenlerin psikolojik iyi oluş düzeyine katkı sağladığını göstermektedir (Corsano ve diğeri, 2006). Arkadaş desteğinin önemi ergenlik dönemi özellikleri ile açıklanabilir. Ergenlik döneminde kimlik oluşumu sürecinde bireyler ailelerinden uzaklaşırken, arkadaşlarının yakınlığı ve desteği daha çok önem kazanabilir.

Araştırma bulgularına göre ebeveyn desteği, arkadaş desteğine göre daha az önemli olmakla beraber, hala olumlu bir etkiye sahiptir. Bir araştırmada aileler, ergenlik döneminde çocukları ile ilişkilerinin bozulduğunu ifade etmektedirler (Buist, Dekovic, Meeus, & Van Aken, 2002). Ancak bu çalışmada elde edilen bulgular, ergenlerin algıladıkları aile desteğinin hala önemli bir etkiye sahip olduğunu göstermektedir. Benzer bir şekilde Clark da (2008) algılanan aile desteğini iyi oluşun en güçlü yordayıcısı olarak vurgulamıştır.

Öğretmen desteği de ergenlerin iyi oluş düzeylerinde olumlu katkı yapan diğer bir sosyal destek kaynağıdır. Bu araştırmadaki öğretmen desteğinin iyilik haline katkısının diğer destek kaynaklarından daha düşük olması ise araştırma grubunun özellikleri ile açıklanabilir. Roman öğrenciler ne yazık ki okul ortamında öğretmenler ve idareciler tarafından ayrımcılığa maruz kalmakta ve bu da onların okul ortamından uzaklaşmalarına neden olmaktadır (Akkan, Deniz & Ertan, 2011). Sonuç olarak, bu tür olumsuz tutumların öğrencilerin öğretmenlerinden algıladıkları sosyal destek düzeyini etkilemiş olabileceği düşünülmektedir.

Çoklu hiyerarşik regresyon analizinde ikinci modelde yılmazlık değişkeni eklenmiş ve toplam iyi oluş puanı ile olumlu ve anlamlı bir ilişkisi olduğu bulunmuştur. Bu durum Bireysel Psikoloji'nin "cesaret" kavramı ile açıklanabilir. Cesaret kavramı 4 Önemli C'den biridir ve Bettner ve Lew (2005, s. 6) tarafından, bireylerin yaşamda karşılaştıkları güçlüklerle baş edebilme niteliği olarak tanımlanmıştır. Bu açıdan yılmazlık kavramının Adler yaklaşımındaki cesaret kavramının eş anlamlısı olduğu söylenebilir. Bettner ve Lew (2005) bu dört temel ihtiyacın karşılanmasının kişilerin duygusal iyi oluşlarının ve sağlıklı yaşam stillerinin temeli olduğunu vurgulamış ve bunların bireyin yaşamındaki koruyucu faktörler olduğunu belirtmiştir.

Araştırmada, bireysel yılmazlık alt boyutunun, Roman ergenlerin iyi oluşlarının en güçlü yordayıcısı olduğu sonucuna varılmıştır. Bu alt boyutun ölçek maddelerinin (etrafında güvenilir insanların olması, zor zamanlarda

arkadaşlarının yanında olduğunu bilmesi vb.), iyi oluş modelindeki bağlam boyutu ve sosyal benlik boyutu ile ilgili olduğu göze çarpmaktadır. Sosyal benlik, benliği oluşturan beş faktörden biridir. Arkadaşlık ve aşk ile ilgili at boyutları mevcuttur ve bunlar toplam iyi oluşa katkı sağlamaktadır.

Yılmazlığın ilişkisel alt boyutu ergenlerin iyi oluşlarının ikinci güçlü yordayıcısıdır. Bu alt boyut, fiziksel ve psikolojik bakım ve aile ile ilgili maddeleri içermektedir. Bu sonuçlar, Adler yaklaşımına göre kişilik oluşumunda erken çocukluk yaşantılarının önemi ile açıklanabilir. Eğer aile çocuğu cesaretlendirir ve çocuk buna güvenirse, yaşamda baş etmek için gerekli becerileri geliştirebilir (Sweeney, 2009). Diğer bir deyişle, kendilerini yılmaz hissederler.

Son olarak, yılmazlığın bağlamsal boyutu, Roman ergenlerin iyi oluşlarının üçüncü yordayıcısıdır. Bağlamsal boyutun bireylerin iyi oluşları üzerindeki etkisi önceki araştırmalarda da vurgulanmaktadır. Araştırmalar, çevresel faktörler değişken olmadığında ve sağlıklı bir gelişim için yeterli nitelikler sunduğunda, travmatize olmuş çocukların bile daha iyi bir gelişim ve iyilik hali gösterdiğini vurgulamaktadır (Bonanno, Westphal, & Mancini, 2011; Wekerle, Waechter, & Chung, 2012). Bağlamsal boyut, Bölünemez Benlik Modelinin de önemli bir parçasıdır ve içerisinde komşular, aile, toplum, eğitim ve din gibi çevresel tüm faktörler yer almaktadır. Bağlam, bireylerin iyi oluş düzeylerinin daha iyi ya da daha kötü olmasını yönlendirir. Görüldüğü gibi, Ungar'ın (Ungar, Ghazinour & Richter, 2013) Yılmazlık Kuramı ve Bölünemez Benlik Modeli (Myers & Sweeney, 2004) insanı sosyal, manevi ve kültürel elementler ve bu elementlerin birbirleri ile ilişkisi açısından değerlendirmektedir.

Diğer yandan, aile ve öğretmen desteği birinci modelde etkili değişkenlerken, ikinci modelde yılmazlık değişkeninin eklenmesi ile birlikte etkisiz hale gelmişlerdir. Sadece arkadaş desteği ergenlerin iyi oluşlarını olumlu olarak yordamaktadır. Diğer bir deyişle, Roman ergenlerin üç boyuttaki yılmazlık

düzeyleri ve algıladıkları arkadaş desteği yüksek olduğunda, iyi oluş düzeyleri de yükselmektedir.

4.1 Kuram, Araştırma ve Uygulamaya Yönelik Doğurgular

Bu araştırmanın sonuçları, okul psikolojik danışmanları, eğitimciler, aileler ve araştırmacılar için pek çok katkı sunmaktadır.

Bunlardan ilki, araştırma bulgularıdoğrultusunda, Roman ergenlerle çalışan okul psikolojik danışmanları ve öğretmenler iyi oluş kavramına daha duyarlı olup, iyi oluşu bütüncül bir şekilde ele alabilirler ve ergenlerin iyi oluş düzeylerini nasıl daha iyi destekleyebilecekleri konusunda bilgi sahibi olabilirler.

İkinci olarak, psikolojik danışmanlar bütüncül bir bakış açısı ile ergenlerle çalışırken, iyi oluş kavramının, yılmazlık ve algılanan sosyal destek düzeyine göre değiştiğini göz önünde bulundurabilirler. Ayrıca, iyi oluş ve algılanan arkadaş, öğretmen ve aile desteğinin önemini göz önünde bulundurarak, iyi oluşla ilgili grup çalışmalarına öğretmen ve ebeveynleri de dahil edilebilir, öğrencilerin iyi oluşlarının gelişimi açısından rollerinin önemi vurgulanabilir.

Son olarak, okullardaki Roman öğrenciler, farklı iyi oluş ve yılmazlık düzeylerine sahiptirler. Özellikle Roman ergenler gibi risk altındaki öğrencilerin yaşamında bir çok olumsuz faktörün var olabileceği göz önünde bulundurulmalıdır. Bu olumsuz faktörlerin azaltılmasında ve öğrencilerin yılmazlık ve iyi oluş düzeylerinin desteklenmesinde okul psikolojik danışmanlarının ve öğretmenlerin gelişimsel ve önleyici rehberlik hizmetleri çerçevesinde işbirliği içinde çalışması gerekmektedir.

4.2 Gelecekteki Araştırmalar için Öneriler

Önceki araştırma sonuçları kültürel farklılıkların ya da ayrımcılığın iyi oluş ve yılmazlık üzerindeki olumsuz etkilerini göstermektedir. Ancak araştırmaların

birçoęu, lise ya da üniversite örneklemini kapsamaktadır. Bu nedenle, ilerideki çalışmalarda kültürel farklılıkların Roman ergenlerin iyi oluşları üzerindeki etkileri araştırılmalıdır.

Kültürler arası arkadaş ilişkilerinin iyi oluş ve yılmazlık üzerine etkilerini inceleyen araştırmalar, algılanan kültürlerarası arkadaşlık kalitesinin psikolojik iyi oluş ve yılmazlık düzeyleri ile ilişkili olduğunu göstermektedir (Baęcı ve dięerleri, 2014). Bu araştırmada seçilen okullardan ikisi kültürel olarak karma okullardır. Gelecekte, bu ve benzeri okullardaki kültürlerarası arkadaşlık ilişkileri ve öğrencilerin iyi oluş düzeylerine etkisi konusunda araştırmalar yürütülebilir.

Son olarak, bu araştırmada ilişkisel araştırma yöntemi kullanılmıştır. Daha kapsamlı bilgi edinebilmek için, gelecek çalışmalarda odak grup gibi nitel araştırma yöntemleri ya da karma yöntemler kullanılabilir. Ayrıca, roman ergenler için iyi oluş programları geliştirilebilir, boylamsal ve deneysel çalışmalarla test edilebilir.

J. TEZ İZİN FORMU / THESIS PERMISSION FORM

ENSTİTÜ / INSTITUTE

Fen Bilimleri Enstitüsü / Graduate School of Natural and Applied Sciences

Sosyal Bilimler Enstitüsü / Graduate School of Social Sciences

Uygulamalı Matematik Enstitüsü / Graduate School of Applied Mathematics

Enformatik Enstitüsü / Graduate School of Informatics

Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences

YAZARIN / AUTHOR

Soyadı / Surname : Deniz

Adı / Name : Ash

Bölümü / Department : Educational Sciences

TEZİN ADI / TITLE OF THE THESIS (İngilizce / English) : PERCEIVED SOCIAL SUPPORT AND RESILIENCE AS PREDICTORS OF WELLNESS IN ROMAN EARLY ADOLESCENTS

TEZİN TÜRÜ / DEGREE: **Yüksek Lisans / Master** **Doktora / PhD**

1. **Tezin tamamı dünya çapında erişime açılacaktır.** / Release the entire work immediately for access worldwide.

2. **Tez iki yıl süreyle erişime kapalı olacaktır.** / Secure the entire work for patent and/or proprietary purposes for a period of **two years**. *

3. **Tez altı ay süreyle erişime kapalı olacaktır.** / Secure the entire work for period of **six months**. *

* Enstitü Yönetim Kurulu kararının basılı kopyası tezle birlikte kütüphaneye teslim edilecektir.

A copy of the decision of the Institute Administrative Committee will be delivered to the library together with the printed thesis.

Yazarın imzası / Signature

Tarih / Date