EXAMINATION OF THE ROLES OF FAMILY FUNCTIONING, COPING STYLES AND BASIC PERSONALITY CHARACTERISTICS ON DEPRESSION AND ANXIETY SYMPTOMS OF MOTHERS

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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.

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ABSTRACT

EXAMINATION OF THE ROLES OF FAMILY FUNCTIONING, COPING STYLES AND BASIC PERSONALITY CHARACTERISTICS ON DEPRESSION AND ANXIETY SYMPTOMS OF MOTHERS

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This study aimed at revealing the role of the family functioning, coping styles, and basic personality characteristics on depression and anxiety symptoms of mothers. The participants were 155 mothers, having at least one child and living in Ankara. Beck Depression Inventory, Mc Master Family Assessment Device, Trait Anxiety Inventory, Basic Personality Traits Inventory, and The Ways of Coping Inventory were administered in addition to the demographic form. Firstly, it was expected that, there would be significant differences in depression and anxiety levels of the participants' who have different income and education levels, different number of children, and different ages. Secondly, it was expected that, there would be significant differences in family functions, coping strategies, and personality traits of participants' who have different income and education levels, different number of children, and different ages. Lastly, Associates of depression and anxiety were examined via regression analyses. According to the result of regression analyses, regarding the depression, low income level, high level of neuroticism, and low level of negative valence traits, problems of general functioning of family and using less problem focused coping strategy were found to be associated with the depression level of mothers. With regard to the anxiety symptoms, low income level, low level

of extraversion, conscientiousness, neuroticism, and openness to experience, problems of general functioning of family, and using less problem focused and emotion focused coping strategies were found to be associated with anxiety levels of mothers. These findings were discussed with reference to the relevant literature. Future research topics were suggested and clinical implications of the study were stated.

Keywords: Family Functioning, Coping Styles, Personality Traits, Depression, Anxiety

ÖZ

AİLE İŞLEVSELLİĞİNİN, BAŞA ÇIKMA STRATEJİLERİNİN, TEMEL KİŞİLİK ÖZELLİKLERİNİN, ANNELERİN DEPRESYON VE KAYGI YAKINMALARI ÜZERİNDEKİ ROLLERİNİN İNCELENMESİ

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Bu çalışmanın amacı aile işlevselliğinin, başa çıkma stratejilerinin, temel kişilik özelliklerinin, annelerin depresyon ve kaygı yakınmaları üzerindeki rollerinin incelenmesidir. Çalışma için en az bir çocuğu olan ve Ankara'da yaşayan 155 anneden veri toplanmıştır. Annelere demografik bilgi formunun yanısıra Beck Depresyon Envanteri, Aile Değerlendirme Ölçeği, Süreklilik Kaygı Envanteri, Temel Kişilik Özellikleri Ölçeği ve Başa Çıkma Yolları Envanteri uygulanmıştır. İlk olarak annelerin yaşının, eğitim düzeyinin, gelir düzeyinin ve sahip oldukları çocuk sayısının depresyon ve kaygı yakınmaları üzerindeki etkilerine bakılmış, Sonrasında annelerin yaşının, eğitim düzeyinin, gelir düzeyinin ve sahip oldukları çocuk sayısının aile işlevleri, başa çıkma stratejileri ve temel kişilik özellikleri üzerindeki etkileri incelenmiştir. Son olarak annelerin depresyon ve kaygı yakınmalarıyla eşleşen faktörler regresyon analizi aracılığı ile incelenmiştir. Düşük gelir düzeyinin, yüksek nörotisizm ve düşük olumsuz değerlik düzeyinin, ailedeki genel işlevlerde görülen bozukluğun ve daha az problem odaklı başa çıkma stratejilerinin kullanımının annelerin depresyon düzeyi ile anlamlı olarak eşleştiği, düşük gelir düzeyinin, düşük dışadönüklük, sorumluluk, yeniliklere açıklık ve nörotisizm düzeyinin, ailedeki genel işlevlerdeki bozukluğun ve hem problem odaklı hem de duygu odaklı başa çıkma stratejilerinin daha az kullanımının annelerin kaygı düzeyi

ile anlamlı olarak eşleştiği bulunmuştur. Bu sonuçlar literatür desteğiyle tartışılmış, bundan sonraki yapılacak çalışmalar için öneriler getirilmiştir.

Anahtar Kelimeler: Ailenin İşlevselliği, Başa Çıkma Stratejileri, Kişilik Özellikleri, Depresyon, Kaygı.

To My Family…

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CHAPTER I

INTRODUCTION

It is known that mother's psychological health is not only influenced by family functions, coping strategies and basic personality traits; but it also influences family functions, marital satisfaction and the psychological health of the other family members.

It is a widely known fact that women experience depression twofold more than men, and 20 % of women in average suffer from depression at one point in their life. Besides its prevalence, comorbidity with other psychological disorders such as anxiety and high relapse rate of depression increases the importance of the subject matter. Research shows that depression rate in women increases significantly right after giving birth to a baby. Moreover, it is clear that mothers' depression increases and family function is spoilt with the increase in the number of children.

Mothers have the responsibility of bringing up their children, when they work outside. This requires an investigation of relationship between mothers' psychological health and family function, coping strategies and personality traits. Moreover, putting forward an intervention plan by revealing variables influential on especially mother's psychological health is necessary.

In the present study psychological well being of mothers (depression and anxiety symptoms) and associates of well being of mothers (demographic variables (i.e., age, income level, education level, child number); family functioning, namely, problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning; coping strategies, namely, problem focused coping, emotion focused coping, and indirect coping; and personality traits, namely, extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, negative valence) were examined.

1.1 Family Functioning

Becoming a parent is a physical, psychological, and social event that alters a couple's life style dramatically. The arrival of a child has an impact on a couple's lifestyle, marital relationship and paternal, maternal stress (Hughes, & Noppe, 1991). When a newborn enters a family, the family becomes unbalanced, at least temporarily. According to Mattessich and Hill (1987) marital satisfaction tends to go down with each child that is added to a family and also it affects the family functioning. After this stage, couples who have an adolescent must take care of themselves, relationship, and their teenagers (Hughes & Noppe, 1991). For some families in this stage the couple misread each other and do not understand the physiological changes occurring, and they are likely to be rejecting and hostile towards each other (Gladding, 1998), and also family functioning declines for the first 2 years after the birth of the child.

Lewis (2004) defines family function as the core responsibilities that are needed for sustaining or enhancing relationship among family members, helping

individuals develop and managing the health of all members. Smilkstein (1978) points out that there are five purposes that must be fulfilled by all members for family function to work effectively and these are adaptability, partnership, growth, affection, and resolve.

Family dynamics are known to play a major role in the development, course and treatment of major depression, and this role has become increasingly clear over the last 10 years. There is a number of research studies conducted on the influence of family functioning in major depression. Sarmiento and Cardemil (2009) suggested that the relationship between family functioning and depression is stronger in the women than in the men. Sheber and Sorensen (1998) argue that, in a family environment which lacks supportive and facilitative interactions, along with high levels of conflictual, critical and angry interactions, depression is likely to occur. Both clinical and non-clinical studies carried out by Avison and McAlpine (1992), Hops, Levinshon, Andrews and Roberts (1990) and McFaarlane, Belissimo, and Norman (1994), Lange, Barrera, and Garrison-Jones (1992), Keitner, Miller, and Epstein (1986), Keitner, Miller, Epstein, Bishop, and Fruzzetti (1987) indicate that corrosion in family environment and deficiency in functioning cause depression.

Studies using a variety of methodologies and diverse groups of subjects have consistently revealed that during a serious episode the families of adult patients with major depression have difficulties in many areas of their functioning, particularly in communication and problem solving (Keitner, & Miller, 1990). Besides relationship between depresiion and family functioning, Chapman and Woodruff-Borden (2009) found that family functioning significantly predicted anxiety symptoms in the

European American sample, Also in Turkey, Palabıyıkoğlu, Azizoğlu, Özayar, and Berksun (1993) suggested that perception of family functioning was significantly disturbed in families of depressed individuals as compared to those in non-depressed ones, and they experienced significant difficulties in problem solving, communication, affective responsiveness, and in general functioning areas of family functioning.

Four basic models for family functioning will be described in this section:

Circumplex Model of Marital and Family Systems, The McMaster Approach to Families, The Beavers Systems Model of Family Functioning, and lastly Family Assessment Measure (FAM) and Process Model of Family Functioning.

1.1.1 Circumplex Model of Marital and Family Systems

The three dimensions in the Circumplex Model, which are family cohesion, flexibility, and communication, arose out of conceptual gathering of more than fifty concepts concerning the description of family dynamics. Many of these concepts have been developed by family therapists while observing problematic families from a general perspective (Olson, 2000).

Marital and Family Cohesion (togetherness)

Family cohesion could be defined as emotional connection that members of the family feel or have towards each other. Emotional bonding, boundaries, coalitions, sharing time friends, interests and leisure activities are related to family cohesion.

Families can be classified under four groups when family cohesion levels are concerned: Disengaged (very low), separated (low to moderate), connected

(moderate to high), and enmeshed (very high) families. It is accepted that the second and the third levels of cohesion (i.e., separated and connected) are the central or balanced levels, and they construct the best family functioning. On the other hand the first and the fourth levels of cohesion are considered as extreme, and they are considered as problematic for relationships in the long run. Such relationships in the family are unbalanced.

In balanced levels of cohesion, individuals can experience both independence and connection. Many couples and families receiving therapy are recorded as belonging to extreme areas of cohesion (i.e., disengaged or enmeshed) (Olson, 2000).

Marital and Family Flexibility

Family flexibility is the degree at which alterations in leadership, role relationship, and relationship rules are possible. The concept of flexibility focuses on how family systems balance stability and alteration.

Flexibility levels can be put under groups of four: rigid (very low), structured (low to moderate), flexible (moderate to high), and chaotic (very high). As with cohesion, it is accepted that moderate levels of flexibility (i.e., structured and flexible) are more functional for families, while rigid and chaotic levels are extreme and thus cause great problems in the family (Olson, 2000).

Marital and Family Communication

The third dimension; communication is considered as facilitator for the first two dimensions, family cohesion and family flexibility. Communication is examined with family members as a group by evaluating their listening and speaking skills, self

expression, clarity, tracking the speech, respect, and regard. Empathy and attentive listening are also integral to listening skills.

Speaking for oneself but not in the name of others is included in speaking skills. Disclosing and sharing about self and the relationship are related to self expression. Continued interest in the topic and not switching on to unrelated topic, respect and regards are affective domains of the communicative dimension. Communication increases problem solving skills in families. Surveys showed that good communication leads to balanced family systems (Olson, 2000).

1.1.2 The McMaster Approach to Families

Basic Assumptions:

The following are the significant assumptions lying under the McMaster Model, which is based on a system theory: a) All members of the family are interrelated, affecting each other; b) Family system is treated as a whole to understand a particular part of a family. It cannot be solved by isolating any part; c) The family member as an individual or subgroup of a family is not sufficient in fully understanding the whole family functioning system; d) Family members' behaviors are affected and determined by the family's structure and organization to a large extend; e) The behaviors of family members are shaped by the transactional patterns of the family system (Miller, Ryan, Keitner, Bishop, & Epstein, 2000).

. **Dimensions of Family Functioning**

Although all aspects of family functioning are not included in the McMaster Model, seven dimensions have been found crucial when dealing with families in a clinical setting. The effectiveness and functioning of a family can be determined by

evaluating a family according to these seven dimensions: problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. When assessing family structure organization and transactional patterns, these seven dimensions are studied and taken into consideration (Miller et al., 2000).

Problem Solving: Family ability to handle problems with respect to effective family functioning refers to the problem-solving dimension of the McMaster Model.

Communication: The preferred style of the family in exchanging information is referred as the communication dimension.

Roles: Family roles can be defined as the repeated patterns of behavior, such as cooking, taking out the garbage, cleaning displayed by an individual family member to maintain family functioning.

Affective Responsiveness: The family's ability to display appropriate quality and quantity of feelings when responding to a range of stimuli is affective responsiveness of family.

Affective Involvement: The degree of shoving interest in and giving importance to the activities and interests of each family member is the dimension of affective involvement in the McMaster Model.

Behavior Control: This dimension is about the strategies a family uses when handling different types of situations such as physically dangerous situations, situations that require meeting and expressing psychological needs and drives, and situations that require interpersonal socializing

General Functioning: This scale assesses the overall health/pathology of the family (Miller et al., 2000).

Dysfunctional Transactional Patterns

Dysfunctional transactional patterns are also recognized by the McMaster Model along with the seven major dimensions of family functioning. Dysfunctional transactional patterns are damaged or poor functioning in one or more dimensions of family functioning. Usually, these patterns serve to reduce anxiety of the whole family, or part of a family without considering overall family functioning (Miller et al., 2000).

1.1.3 The Beavers Systems Model of Family Functioning

Two major dimensions of the Beavers Systems Model of Functioning are family competence and family style (Beavers, & Hampson, 2000).

The first, family functioning is mainly related to adaptive flexibility of the family system, structure, and available information. In system terms, this can be called a negentropic continuum, because the family can negotiate more, function better and deal more effectively with stressors if the family is relatively more negentropic that is flexible and adaptive. Both structure and the availability to alter structures are needed for high competence. The interaction of morphogenic (the ability of a system to change its form) and morphostatic (the ability of a system to hold its shape) features is complex (Beavers, & Hampson, 2000).

Capable families have an intuition to approach to relationships by respecting changeability of causes and effects, knowing that they may sometimes affect each other. A family has more freedom to change in the process of growth or development

if the family functioning is flexible and does not require rigid behavior patterns and responses (Beavers, & Hampson, 2000).

The latter dimension of Beavers Systems Model of Family Functioning, family style, is related to the stylistic quality of family interaction. Family style is not unidirectional, as healthy functioning with which family functioning has a curvilinear relationship. There are centripetal family style - who believes that most relationship satisfaction comes from within the family; and centrifugal family style - who believes that outside world promises more satisfaction than the family itself does (Beavers, & Hampson, 2000).

1.1.4 Family Assessment Measure (FAM) and Process Model of Family Functioning

The process model combines seven basic dimensions: Task accomplishment, role performance, communication, affective expression, involvement, values and norms, and control.

Each of six dimensions serves for the overriding dimension as a goal; successful completion of a variety of basic, developmental tasks (task accomplishment). A family reaches or fails to reach its significant objectives through the process of task accomplishment, which requires a well-organization. To attain this, family members should allow themselves to continue development, provide security and sufficient cohesion, and operate efficiently as part of the society (Skinner, Steinhauer, & Sitarenios, 2000).

There are four stages of task accomplishment: Identification of a task or problem, exploring possible solutions, applying selected approaches, and analyzing the effects.

In order to accomplish a task successfully, roles must be allocated between members. Three different operations are required the role performance: Assigning specified activities to each individual in the family, agreement or eagerness of the individuals to fulfill the assigned role, and carrying out the assigned behaviors (Skinner et al., 2000).

If roles are to be accomplished effectively, then communication is the key to that process. Effective communication is experienced when mutual understanding takes place; that is, the intended message and perceived message are the same. The more the message is clear, direct and sufficient, the more likely the mutual understanding is to occur (Skinner et al., 2000).

The intended message may be distorted or avoided by the taker. That is why availability and openness of the message are so crucial, which is the process of affective expression. It can either hinder or facilitate task accomplishment. Context, intensity and timing of the expression of feelings are the important elements of affective expression (Skinner et al., 2000).

Involvement is the quality of interest which family members demonstrate in each other. There are five types of affective involvement: an involved family, an interested family devoid of feelings, a narcissistic family, an emphatic family, and an enmeshed family. While involving in the actions of family members, individuals in the family or the family as a whole should also consider the emotional and security

needs of the family members, their need for flexibility and autonomy of thought and function (Skinner et al., 2000).

Control is the influence of family members on one another. In order to understand the control function of a family, we need to understand whether or not the family is predictable or inconsistent, constructive or destructive, and responsible or irresponsible in this style of management. In terms of control dimension of the process model, families can be put into four prototype groups: rigid, flexible, laisse-faire and lastly chaotic (Skinner et al., 2000).

Values and norms are highly influential in how tasks are identified and completed. Values and norms stem from background and culture of the family, which influence the consideration and accomplishment of various tasks (Skinner et al., 2000).

1.2 Coping Strategies

As Lazarus and Folkman (1984) have suggested, coping is the cognitive and behavioral efforts to handle, tolerate, or reduce external and internal demands and conflicts among them. Besides coping, the other important term for this theory is cognitive appraisal. According to Folkman and Lazarus (1984) cognitive appraisal process is the process through which the person evaluates whether an encounter with the environment is relevant to himself, and if so, what resources and options are available for coping.

Cognitive appraisal process has two steps; the first one is the primary appraisal, in which the person evaluates the significance of an event to understand its relevance to his life. The other step is the secondary appraisal, which is related to the

strategies (resources and options) one has to cope with the event (Folkman, & Lazarus, 1984).

In the primary appraisal process, the person tries to decide whether the event is irrelevant, positive or stressful. The person does not consider himself as a part of the outcome of the event if he judges that the event is irrelevant to himself. If the event is thought to be positive, only the good outcome is taken into consideration. Lastly, the person appraises an event as stressful, if it falls into one of three major categories of stressors; harm-loss, threat, or challenge. Harm-loss refers to a damage or loss which has already occurred such as damage to relationship with friends or family, physical injury, loss of money, a beloved one, or loss of self confidence. Thread is related to an anticipated possibility of loss that has not taken place yet. The third stressor, challenge, refers to an expected opportunity for personal gain or growth. The degree of stress the person has to deal with is determined by the evaluation of the significance of the event and evaluation of coping resources and options (Folkman, & Lazarus, 1984)

In the secondary appraisal process, the person evaluates resources and options for coping with harm-loss, threat, and challenge in order to meet environmental demands. These resources and options could be named as social, physical, and personal ones. Emotional support, social networks, support systems can be counted within the examples of social resources. Any concrete resource, such as social agencies, training programs and money, is physical resource. Lastly, personal resources are the qualities existing within the character of a person such as self esteem, problem solving skills, and most importantly the sense of control. The type

of coping strategy alters according to whether the stressor can be managed or not, that is if it is under control or not (Folkman, & Lazarus, 1985).

Primary and secondary appraisal processes affect each other, since they are also interdependent. Availability of an appropriate coping resource will certainly lessen the degree at which the event is threatening. On the other hand a less threatening event may turn out to be threatening one due to lack of suitable coping resources and options (Folkman, & Lazarus, 1985).

To summarize, at first the person evaluates the degree of importance of an event, and then tries to come up with appropriate coping resources and options so as to handle a stressful situations.

Coping strategies can be divided in two categories. Problem-focused coping and emotion focused coping: Problem focused coping intended to manage and change the stressful event into a non-stressful one by taking direct action. Emotion focused coping is an attempt to regulate stressful emotions by reinterpreting them as non-threatening instead of threatening ones (Lazarus 1993).

As some studies indicate it (e.g., Folkman, & Lazarus, 1985), in some situations both problem focused and emotion focused coping strategies can be utilized at the same time to deal with some stressful event. It is because the person can cope with a single encounter in more than one way. This occurs due to the complexity of an event. For instance, an event can be appraised as both being a threat and a challenge at the same time. A difficult exam or assignment for a student could be given as an example for this.

However, only one type of coping is preferred in some situations, which depends on the person's perception of the event as changeable or unchangeable. According to Folkman and Lazarus (1985), the person often employs problem focused coping strategies upon appraising the situation as changeable. Yet, if the person appraises the situation as unchangeable, he or she is more likely to use emotion focused coping strategies. Actually coping is an active process because it can change throughout a stressful situation. The type of stressor, personality characteristics, and anticipated outcome are highly influential in deciding on the best coping strategy.

Beside Lazarus and Folkman some other researchers categorized coping strategies in different ways, such as appraisal-focused, problem-focused, and emotion focused coping; approach and avoidance coping; more salutary and less salutary coping; assimilative, accommodative and avoidance coping; and voluntary coping responses and involuntary responses (Moos, & Billings, 1982; as cited in Miller, & Kaiser, 2001; Holahan, Moos, & Schaefer 1996; Jorgensen & Dusek, 1990; Olah, 1995; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; as cited in Moos, & Schaefer, 1986).

The type of coping strategies is associated with psychological well-being. For example, emotion focused coping is associated with the indicators of depression (Endler, & Parker, 1990). Felsten argues that (1998), avoidance coping predicts depression for both males and females with high level of stress. Depressed adults use less active coping strategies and more emotion regulation strategies such as escape-avoidance than their non depressed peers (Coyne, Aldvin, & Lazarus, 1981). Also

rumination is associated with depression in adults (Nolen-Hoeksema, 1993; Nolen-Hoeksema, Larson & Grayson, 1999). Similarly for adolescents, avoidant coping, emotion focused coping, and more generally, coping strategies concentrated on managing negative emotions versus problem solving are linked with more depressive symptoms (Bruder-Mattson, & Hovanitz 1990; Herman-Stahl, Stemmler, & Petersen, 1995; Seiffge-Krenke, & Klessinger, 2000; Schwartz, & Koenig, 1995; Compas, Malcarne, & Foncacaro, 1988). On the other hand, Bruder et al. (1990), and Karademas and Kalantzi-Azizi (2004) found that problem focused coping was related to psychological well being.

When looked at the literature, although general (second order) coping strategies usually seem to be classified into two, Gençöz, Gençöz, and Bozo (2006) suggest a third coping style namely, indirect coping. Indirect coping means: "Focusing on problems only after receiving some external guidance or just sharing the problem with others". In the study on a Turkish sample of university students (on 194 students), Gençöz et al. (2006) examined the hierarchical dimensions of coping styles and suggested a 3-dimensional model. At the first phase (primary factor analysis) of this study, five factors of coping strategies arouse; problem focused coping, religious coping, seeking social support, self blame / helplessness, and distancing. At the second phase of the study, these factors were reduced to three after a second order factor analysis; emotion focused coping (distancing and religious coping), problem focused coping (problem focused coping, and self blame / helplessness), and seeking social support: Indirect coping.

1.3 Personality

Psychologists ranging from psychoanalysts, like Freud and Jung to factor analysts, like Cattell and Guilford were interested in personality dimensions that shape human behavior. In recent years, personality psychologists emphasized development of a shared language to describe personality. In this way, researchers can collect findings in a more systematic manner, like a common description of the dimensions of personality. Furthermore, opening channels of communication, a shared standard language of personality allows greater space for exchange of research findings, ideas and experience between different researchers.

A number of sources are proving that there are five main aspects of human personality, which are called the "Big Five" - Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience (John, 1990). Extraversion refers to the quality of being extravert, that is, how sociable, active, confident, and dominant a person is. The second aspect, Agreeableness, refers to the degree to which a person is warm, flexible, trusting, and collaborative. The third facet of human personality, Conscientiousness, is used to describe the levels of being planful, responsibility, practicality, and dependability of a person. Next aspect, Neuroticism, reflects the general levels of anxiety, tension, having negative emotions, and being nervous. The last facet, Openness to Experience reflects the levels of imagination, originality, artistically, and curiosity of the individuals.

Analyses that showed ratings of character-descriptive adjectives were the basis of studies where the Big Five have occurred. The work of Allport and Odpert started the adjective checklist approach (1936). Examining dictionary entries, they

came up with more than 4000 terms that are thought to represent stable personality characteristics. Yet, it was Cattell (1943) who reduced this sum of trait descriptors to a more manageable number of 171 terms. Later, these 171 terms were reduced again to 35 trait groupings by Cattell (1945), and then this group of 35 traits was broken down into 16 factors according to factor analysis of ratings.

Fiske (1949) and Tupes and Christal (1961) examined trait ratings in detail which yielded the dimensions that are now known as the Big Five. Norman (1963), Borgatta (1964), and Digman and Takemoto-Chock (1981) replicated these results in their studies using terms akin to the Big Five. The Big Five have been accepted as the core constituents in adjective lists derived by other means (Botwin, & Buss, 1989; Digman, & Inouye, 1986; Goldberg, 1981, 1990) and in self-report questionnaires (McCrae, & Costa, 1987).

About personality testing in Turkey, Somer (1998), and Somer and Goldberg (1999) have developed a personality inventory consisted of 235 adjectives used to describe personality. First of all, they determined the adjectives to be used, then these adjectives were applied to 945 university students and at the end, the inventory was applied to the 538 adults. As a result, five basic dimensions of Personality for Turkish Culture are found; extraversion, conscientiousness, agreeableness, neuroticism, and openness. Consequently, Five Factor Personality Inventory for Turkish culture which consists of 220 items and 17 subscales was developed by Somer, Korkmaz, and Tatar (2004).

In an aim to develop an instrument to measure the basic personality traits within Turkish culture with relatively few number of items, Gençöz and Öncul (In

progress), established “List of Personality Characteristics” with 226 adjectives firstly. Then, Gençöz and Öncül (In progress) studied on the factor structure of this list, and with this analysis “Basic Personality Traits Inventory” came out with six reliable and valid factors namely extraversion, conscientiousness, agreeableness, neuroticism, and openness to experience and negative valence.

1.4 Depression

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

Beck’s cognitive theory that suggests thought processes are causative factors in depression is an important contemporary theory. The center of his thesis is that people in depression feel negatively as the way they think is biased toward negative emotions and interpretations (Beck, 2002)

Beck suggests that in childhood and adolescence period, depressed individuals have developed a tendency to view life negatively, a negative schema,

after loss of a parent, experiencing tragedies, being rejected by peers, the criticism of teachers, or parents' depressive attitudes. We lead our lives by these perceptual sets, the schemata, which people forms in various contents. When depressed people encounter a situation that resembles an unwanted past experience through which the schemata were formed, the negative schemata are activated. Furthermore, depressed individuals misperceive reality because of certain cognitive biases. This activated negative schema makes them feel that they will always fail, they are responsible for all unfortunate situations, making them evaluate themselves as worthless (Clark & Beck, 1999).

Negative schemata, blended with cognitive distortions, consist of the depressive negative triad: negative views of the self, the world, and the future. Negative view of the world refers to the person's depressive judgment that the environment requires too much from him/her with which it is too difficult to cope.

Compared with the fact that people are the victims of their passions as many theorists think, creatures can perform little intellectually if their feelings are controlled in the opposite direction. Our emotional reactions tell a lot about what meaning we assign to our world. The way depressed people interpret the environment is quite different from that of most people. Beck claims depressed individuals fall victims to their own irrational self-judgments (Beck, 2002).

When reviewed the literature on depression, it has been found to be prevalent among women, with a prevalence rate of 20 % - 23 % during life span, with an onset mostly during child bearing years (Kessler, McGonagle, & Swardz, 1994). In addition, depression is usually comorbid with other disorders. According to the study

of Kessler et al. (1984), for example, 65% of depressed or dysthymic women also met diagnostic criteria for anxiety disorders.

According to Downey and Coyne (1990), Field, et al. (1988), mothers' depressive disorders tend to coexist with children' emotional and behavioral disorders. Also Fear et al. (2009) found that higher levels of depressive symptoms in parents were associated higher levels of internalizing symptoms in children and adolescents. As early as the first few months of life, mother's depressive symptoms affect responsiveness, behavioral problems and delayed cognitive and linguistic development of the child (Coghill, Caplan, Alexandra, Robson, & Kumar, 1986; Alpern, & Lyons-Ruth, 1993). Mothers' depressive symptoms may coexist with multiple psychiatric difficulties (increased rates of depression, substance abuse and conduct disorders) in older children (Weissman, Prussoff, Merikangas, Leckman, & Kidd, 1984; Downey, & Coyne 1990).

With a different perspective, in addition to higher risk of psychopathology in children of depressed mothers, having a child with emotional or behavioral problems affects maternal functioning and a higher risk of maternal depression may come out (Barkley, Anastopoulos, Guevremont,& Fletcher, 1992; Pelham et al., 1997). Depression affects the way people think and feel about themselves and about others according to Beck (1967). As a result, children of depressed mothers are exposed to irritability symptoms, helplessness and hopelessness consistently, on the contrary, mothers of children with adjustment problems are exposed to aggressive, hyperactive, delinquent and emotionally disturbed behaviors consistently (Elgar, Mc Grath, Waschbusch, Stewart, & Curtis, 2004).

1.5 Anxiety

Anxiety is a condition that we can characterize by agitation and distress (Beck, & Emery, 1985). The word itself, anxiety, was derived from the Latin word, *anxius.* Anxiety is an emotional experience in which a person has apprehension, or worrying too much about the future and assuming unpleasant things will happen. Anxiety also involves fear.

Ranges of anxiety vary in severity. There are anxious symptoms, for example, normal tension and nervousness. However, the emotional conditions in which individuals experience excessive worrying and agitation are called anxiety disorders, since they negatively impact day to day functioning. Irrational thinking, hyper-alertness, restlessness, having difficulty in controlling feelings and thoughts, and a temporary or persistent sense of tension are the characteristics of high anxiety. Self-esteem, autonomy, and interpersonal relations are also affected by physical, behavioral, and cognitive components in individuals with anxiety. In adults, there are eleven DSM-IV categories specific to anxiety, which are panic disorders, agoraphobia, specific phobias, social phobias, obsessive-compulsive disorder, post-traumatic stress disorder, acute stress disorder, generalized anxiety disorder, anxiety disorder, anxiety disorder due to general medical condition, substance-induced anxiety disorder, and anxiety disorder not otherwise specified. The most prevalent health problem for people is anxiety disorders among the psychological disorders (Bernstein, & Kinlan, 1997; Costello, Angold, Burns, Stangl, Tweed, Erkanli, & Worthman, 1996; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Ford,

Goodman, & Meltzer, 2003; Romano, Tremblay, Vitaro, Zoccolillo, & Pagani, 2001).

Mood disorders, psychotic disorders, somatoform disorders, and adjustment disorders are most importantly symptomized by anxiety (DSM-IV, American Psychiatric Association, 1994). Anxiety lies under almost all types of depression, thus it may be a sign of mental health problems in general (Reynolds, & Richmond, 1985).

The concepts of state anxiety and trait anxiety were first introduced by Cattell and Scheier in 1961 (Spielberger, Gorsuch, & Lushene, 1970).

1.5.1 State Anxiety

Either a state or a trait may be represented by anxiety. A situation provokes state anxiety and it is generally temporary (Spielberger, Lushene, Vagg, & Jacobs, 1983). It indicates immediate experience of a person and reflects mood. Different life experiences throughout an individual's life affects the anxiety levels in varying degrees. Certain challenges that make life harder for a person, like losing job, losing a beloved person, a divorce, or inability to meet expectations, may make people experience more anxious apprehension.

1.5.2 Trait Anxiety

As Fischer (1997) suggests, an individual with this quality has tendency to act and think in a more anxious way, as trait anxiety is a more enduring and permanent quality. This type of anxiety represents a disposition that persists over time and across situations. It reflects a person's aptness to anxiety (Spielberger et al., 1983). Chronic anxiety is a symptom of trait anxiety as well. We can mention chronic

anxiety when there is intense and enduring anxiety in a person. Chronic anxiety is characterized by persisting anxious symptoms. Life experiences of people with chronic anxiety are limited and their daily functioning is hampered because of the intensity of anxious symptoms occurring on a daily basis. People with trait anxiety typically suffer from anxiety disorders. People with extreme discomfort whose functioning is marked with reduction due to anxiety should be given immediate concern as this is a pernicious situation for mental health.

The greater part of the research focuses on maternal depression; however, limiting the problem to depression may be problematic because depression and anxiety frequently comorbids and little is known about maternal anxiety and its outcome on children. Schreirer Höfler, Lieb, and Wittchen (2008) show that children of mothers with an anxiety disorder have higher rates of anxiety disorders compared to children of mothers with no anxiety disorder. In addition, Schreirer et al., (2008) suggests the type of anxiety disorder (especially social phobia and generalized anxiety disorder) and its severity affects mother-offspring aggregation of anxiety. According to O'Connor, Heron, Golding, and Glover (2002), 8-week maternal anxiety exposure after childbirth was associated with an increased risk of emotional problems for both boys and girls and conduct problems for girls at 4-year old and 6,5 year old children. According to a similar finding, children exposed to maternal anxiety after birth were found to be less active and having less social competence compared to that of unexposed. Similar to this finding, boys were found to be more immature, delinquent and schizoid compared to unexposed counterparts if they are exposed to postnatal anxiety of their mothers (Barnet, Schaafsma, Guzman, &

Parker, 1991). Gar and Hudson (2009) studied the effect of maternal anxiety on treatment outcome of anxious children and as a result found that anxious children with anxious mothers show significantly poorer discourse than anxious children with non anxious mothers. And also, parents' and children's anxiety affected qualities of their relationships.

1.6 Aims of the study

To reveal the associations between demographic variables, family functioning, coping styles, basic personality traits, depression and anxiety several examinations were conducted. In general the study had 3 hypotheses:

(1) There will be significant differences in depression, and anxiety levels of participants' who have different, income levels, education levels, different number of children, and different ages.

(2) There will be significant differences in family functions, coping strategies and personality traits of participants' who have different income levels, education levels, different number of children, and different ages.

(3) Family functions (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping) and personality traits (i. e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence), are expected to be associated with depression, and anxiety symptoms.

To test for these general hypotheses, the specific aims of the study were as follows:

(1) To examine possible influences of demographic variables (i.e., age, education level, income level, and number of children) on the depression symptoms,

(2) To examine possible influences of demographic variables (i.e., age, education level, income level, and number of children) on the anxiety symptoms,

(3) To examine possible influences of demographic variables (i.e., age, education level, income level, and number of children) on the Family Functioning and its submeasures (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning),

(4) To examine possible influences of demographic variables (i.e., age, education level, income level, and number of children) on the coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping),

(5) To examine possible influences of demographic variables (i.e., age, education level, income level and number of children) on the basic personality traits (i,e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence),

(6) To examine the intercorrelation between depression symptoms, anxiety symptoms, family functioning (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping), and basic personality traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, negative valence),

(7) To analyse the associations of personality traits (i,e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence), family functions (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), and coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping), with the depressive symptoms.

(8) To analyse the associations of personality traits (i,e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence), family functions (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), and coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping) with anxiety symptoms.

CHAPTER II

METHOD

2.1 Participants

In the present study 155 mothers between the ages of 20 and 53 (M = 36.7, SD = 6.99) served as participants. These participants were from Ankara and married, having at least one child. According to education level of the sample 14.2 % (n = 22) were graduate of primary school, 13.5 % (n = 21) were graduate of secondary school, 29.7 % (n = 46) were graduate of high school, and 42.4 % (n = 66) were university graduates. Detailed information concerning the demographic variables of the participants can be found in Table 1.

Table 1. Demographic Characteristics of the Sample

		N	%
Education	Primary School	22	14.2
	Secondary School	21	13.5
	High School	46	29.7
	University	66	42.6
Income	0-500	4	2.6
	500-1000	41	26.5
	1000-1500	30	19.4
	1500-2000	23	14.8
	Above 2000	57	36.8
Number of Child	1 Child	52	33.5
	2 Children	75	48.4
	3 Children	22	14.2
	4 Children	6	3.9

2.2 Materials

Materials included a Demographic Variable Sheet (see Appendix A), Beck Depression Inventory (see Appendix B), Mc Master Family Assessment Device (see Appendix C), Trait anxiety Inventory (see Appendix D), Basic Personality Traits Inventory (see Appendix E), and The Ways of Coping Inventory (see Appendix F).

2.3 Demographic Variable Sheet

In the demographic variable sheet mothers were asked to state their age, education level, current marital status, number of child, their ages, and income level (see Appendix A).

2.4 Beck Depression Inventory

The Beck Depression Inventory (BDI) (1978 version), which entails 21 items was developed by Beck, Rush, Shaw and Emery (1978). It measures cognitive, emotional, and motivational symptoms of depression. Scores for each item range from 0 to 3. Higher levels of symptoms are indicated by higher scores. The scores above 17 were accepted as an indication of clinical depression (Hisli, 1988).

The first version of the Beck Depression Inventory (BDI); Beck, Ward, Mendelson, Mock, and Erbaugh (1961) was translated into Turkish (Tegin, 1980). This study showed that the split-half reliability coefficient was .78 in a student sample whereas the test-retest reliability coefficient was .65 in a sample of science students (Tegin, 1980). The 1978 BDI version was adapted to Turkish by Hisli (1988). In this version, the split-half reliability was .74 (Hisli, 1988). The assessment of the criterion validity of the Turkish version of BDI was fulfilled by identifying the

correlation between MMPI Depression scale and BDI, which was found to be .63 in a sample of university students (Hisli, 1989).

2.5 Family Assessment Device

Family Assessment Device (FAD) was developed by Epstein, Balwin, and Bishop (1983) and is a 4-point 60 items Likert-type scale. Its main aim is to analyze family functioning and its problems. Responses to items are "I totally agree", "I agree to a great extent", "I agree a little" and "I don't agree at all". Problem solving, communication, roles, affective responsiveness, affective involvement, behavior control and general functions are the seven subscales of the scale. High scores in each subscale indicate an unhealthy functioning in the area of each subscale.

Cronbach's alpha for the original form ranged from .72 to .92, and test-retest reliability coefficients of the original form ranged from .66 (problem solving) to .76 (affective responsiveness) (Epstein, Bolwin, & Bishop, 1983). The construct validity of FAD has been indicated by the comparison of normal families and families having a member with psychiatric illness, and results revealed that families having a member with psychiatric illness had higher scores than normal families (Epstein, Bolwin, & Bishop, 1983).

The scale was adapted to Turkish by Bulut (1990). Cronbach's alpha was calculated for each subscale. Cronbach's alpha was found to be .80 for the problem solving subscale, .71 for the communication subscale, .42 for the roles subscale, .59 for the affective responsiveness subscale, .38 for the affective involvement subscale, .52 for the behavioral control subscale, and .86 for the general functioning subscale (Bulut, 1990). Test - retest reliability coefficients were calculated for each subscale.

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

2.6 Trait Anxiety Inventory

One of the State and Trait Anxiety Inventory (STAI) scales is the Trait Anxiety (T-Anxiety) scale that has been used to measure a person's aptness to anxiety as a personality trait changing over time, and that assesses how people feel in general (Spielberger et al., 1983). In this scale, 4-point response scale and 20 questions measure the frequency of a person's experiencing certain feelings ranging from almost never to almost always (Spielberger et al., 1983). Possible scores vary from 20 to 80 on this questionnaire

Cronbach's alpha reliability coefficient for the T-Anxiety scale was 0.89 obtained by Kim (2003), and 0.90 to 0.91 obtained by Spielberger et al (1983).

Öner and Le-Comte translated and adapted State-Trait Anxiety Inventory (STAI) to Turkish in 1985. By taking samples from normal people and psychiatric patients, Öner and Le-Comte (1985) conducted adaptation study of STAI. Test-retest reliability for trait anxiety inventory was between .71 and .86, while it was between .26 and .68 for state anxiety inventory. Internal consistency of trait anxiety inventory ranged between .83 and .87, whereas the range of internal consistency of state anxiety was from .94 to .96. Criterion and construct validity was shown as satisfactory and it was consistent with the original measurement of Spielberger,

Gorsuch and Lushene in 1970. In the current study, participants were given only trait anxiety inventory, in order to assess the general anxiety level of participants.

2.7 Basic Personality Traits Inventory

In an aim to develop an instrument to measure the basic personality traits within Turkish culture with relatively few number of items, Gençöz and Öncül (In progress), established "List of Personality Characteristics" with 226 adjectives. Then, they studied on the factor structure of this list, and with the basis of this analysis "Basic Personality Traits Inventory" came out with 45 items and six factors of extraversion, conscientiousness, agreeableness, neuroticism, and openness to experience, and negative valence. The adjectives that most strongly represented and differentiated each factor constituted 45-item "Basic Personality Traits Inventory". Finally, in the third study, psychometric characteristics of the Basic Personality Traits Inventory were examined with 454 participants. Reliability studies concerning internal consistency, test-retest reliability, and the concurrent validity outcomes revealed satisfactory outcomes. Items were rated on a five point scale; 1 represents "not suitable at all"; and 5 indicates "fully suitable.

2.8 The Ways of Coping Inventory

Lazarus and Folkman developed the Ways of Coping Inventory (WCI) in 1985 to examine a wide range of cognitive and behavioral strategies which people deal with when they encounter different stressful events. WCI determines how people cope with stressful situations behaviorally and cognitively. There were 68 items of yes-no response format in WCI at first. A factor analysis was conducted with the data obtained from a college student sample at three different times during

examination. This analysis showed the following eight subscales and their average internal consistency coefficients as: Problem-focused coping (r = .85), wishful thinking (r = .84), distancing (r = .71), seeking social support (r = .81), emphasizing the positive (r = .65), self-blame (r = .75), tension-reduction (r = .56), and self-isolation (r = .65).

Eight new items which were thought to be relevant to Turkish people were added to WCI and translated into Turkish by Siva in 1991. Internal consistency of the whole scale was found to be .91 by Siva in the adaptation study of this new instrument consisting of 74 items (Siva, 1991). Factor analysis resulted in eight subscales; namely, planned behavior, fatalism, mood regulation, being reserved, acceptance, maturation and helplessness-seeking help.

Gençöz, Gençöz and Bozo (2006) examined the hierarchical dimensions of coping styles in a Turkish sample, and they initially found five factors through primary factor analysis; namely, problem focused coping, religious coping, seeking social support, self blame / helplessness, and distancing. After second order factor analysis Gençöz et al (2006) found that WCI was composed of three higher order factors as problem-focused coping, emotion-focused coping, and indirect coping (seeking social support). In addition to the construct validity, Guttman split-half reliability and criterion validity of these three higher order factors revealed good reliability and validity outcomes. It was also emphasized that these 3 higher order factors constituted independent dimensions of coping styles. In the current study 74-item form (Siva, 1991) was used in order to assess participants coping strategies with three factors obtained by Gençöz et al. (2006).

2.9 Procedure

After receiving the informed consents, participants were given a group of questionnaires. Following the completion of the demographic form, the participants completed the questionnaires in a random order. It took participants about 45-60 minutes to complete the questionnaires.

2.10 Analyses

In the present study, in order to examine differences of demographic variables on the measures of the study ANOVA and MANOVA were conducted. Furthermore, a zero order correlation was conducted among our measures, except demographic variables, and finally the associates of Depression and Anxiety were examined by regression analyses.

CHAPTER III

RESULTS

3.1 Descriptive Information for the Measures of the Study

In order to examine the descriptive characteristics of the measures means, standard deviations, and minimum maximum ranges were reported for Family Assessment Device subscales, namely, Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning; The Ways of Coping Inventory subscales, namely, Problem-Focused Coping, Emotion-Focused Coping, Indirect Coping; Basic Personality Traits Inventory subscales, namely, Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, Negative Valence; Beck Depression Inventory, and lastly Trait Anxiety Inventory in Table 2. The mean scores, indicate the mean scores for the average value that were calculated by dividing the total scores of the measures by the total number of items for these particular measures.

3.2 Differences of Demographic Variables on the Measures of the Study

In order to determine how demographic variables differentiate on the measures of the present study, separate univariate and multivariate analyses were conducted. To be able to analyze the demographic variables as independent variables

firstly they were categorized into three groups. These categorizations and number of cases in each category (with their percentages) were given in Table 3.

Table 2. Descriptive Information for the Measures

Measures	N	Mean*	SD	Range
FAD				
Problem Solving	155	1.91	0.61	1-5
Communication	153	1.83	0.54	1-5
Roles	155	2.16	0.44	1-5
Affective Responsiveness	153	1.74	0.69	1-5
Affective Involvement	155	1.80	0.53	1-5
Behavior Control	153	1.91	0.48	1-5
General Functioning	154	1.77	0.59	1-5
WCI				
Problem-Focused Coping	154	3.37	0.38	1-4
Emotion-Focused Coping	155	2.47	0.46	1-4
Indirect Coping	155	3.13	0.45	1-4
BPTI				
Extraversion	154	3.90	0.64	1-5
Conscientiousness	155	4.16	0.57	1-5
Agreeableness	155	4.48	0.47	1-5
Neuroticism	155	2.58	0.71	1-5
Openness to Experience	155	3.70	0.58	1-5
Negative Valence	154	1.41	0.38	1-5
BDI	154	0.58 (12,18)**	0.49	0-3 (0-63)
TAI	155	2.27 (45.40)**	0.40	1-4 (20-80)

Note: FAD = Family Assessment Device, WCI = Ways of Coping Inventory, BPTQ = Basic Personality Traits Inventory, BDI = Beck Depression Inventory, TAI = Trait Anxiety Inventory.

* mean scores are for average values were calculated by dividing the total scores of the measures by the total number of items for these particular measures.

** Total scores calculated by multiplying the mean scores by item number.

Table 3. Categorization of the Demographic Variables

Variables	n	%
Age		
20 to 33 (Younger)	51	32.9
34 to 39 (Middle-age)	54	34.8
40 to 53 (Older)	50	32.3
Education		
Primary (Lower)	43	27.7
Secondary (Moderate)	46	29.7
High (Higher)	66	42.6
Income (TL)		
0-1000 (Lower)	45	29.0
1000-2000 (Moderate)	53	34.2
2000 and above (Higher)	57	36.8
Child Number		
1 Child	52	33.5
2 Children	75	48.4
3 or More Children	28	18.1

3.3 Psychometric Properties of the Scales

As for the psychometric characteristics of the measures used in this study, internal consistency (alpha) coefficients and range for item-total correlations were provided for all measures and their subscales if available (see Table 4).

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

Family Assessment Device had 7 subscales, named problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. For problem solving subscale, alpha coefficient was found to be .75. Item-total correlations ranged between .36 and .69. For communication subscale alpha coefficient was .73 and item-total correlations varied between .23 and .53. Roles subscale had an alpha coefficient of .65 and item total correlations in this subscale ranged between .07 and .53. For affective

responsiveness subscale alpha coefficient was found to be .82 and item-total correlations varied between .45 and .72. Alpha coefficient of affective involvement subscale was found to be .65 and item-total correlations ranged between .18 and .63. For behavioral control subscale alpha coefficient was found to be .62 and item-total correlations ranged between .10 and .52. For general functioning had an alpha coefficient of .86 and item total correlations in this subscale ranged between .45 and .73.

3.3.2 Psychometric Properties of the Ways of Coping Inventory

Ways of Coping Inventory had 3 subscales named emotion - focused coping, problem - focused coping and indirect coping. For emotion-focused coping subscale, alpha coefficient was found to be .84 and item total correlations ranged between .09 and .64. For problem-focused coping subscale, alpha coefficient was found to be .83 and item total correlations ranged between .04 and .59. For indirect coping subscale, alpha coefficient was found to be .74 and item total correlations ranged between .15 and .58.

3.3.3 Psychometric Properties of the Basic Personality Traits Inventory

Basic Personality Traits Inventory had 6 subscales named, extraversion, conscientiousness, agreeableness, neuroticism, openness to experience and negative valence. For extraversion subscale, alpha coefficient was found to be .77 and item total correlations ranged between .34 and .66. For conscientiousness subscale, alpha coefficient was found to be .80 and item total correlations ranged between .31 and .62. For agreeableness subscale, alpha coefficient was found to be .85 and item total correlations ranged between .47 and .71. For neuroticism subscale, alpha coefficient

was found to be .78 and item total correlations ranged between .26 and .62. For openness to experience subscale, alpha coefficient was found to be .66 and item total correlations ranged between .03 and .67. For negative valence subscale, alpha coefficient was found to be .50 and item total correlations ranged between .13 and .53.

3.3.4 Psychometric Properties of the Beck Depression Inventory

For Beck Depression Inventory, alpha coefficient was found to be .92, and item total correlations ranged between .40 and .76.

3.3.5 Psychometric Properties of the Trait Anxiety Scale

For Trait Anxiety Inventory, alpha coefficient was found to be .86, and item total correlations ranged between .30 and .61.

Table 4. Psychometric Properties of the Measures Used in This Study

	Internal Consistency (alpha) Coefficients	Item-Total Correlations Range
Family Assessment Device		
Problem Solving	.75	.36 - .69
Communication	.73	.23 - .53
Roles	.65	.07 - .53
Affective Responsiveness	.82	.45 - .72
Affective Involvement	.65	.18 - .63
Behavior Control	.62	.10 - .52
General Functioning	.86	.45 - .73
Ways of Coping Inventory		
Emotion Focused Coping	.84	.09 -. 64
Problem Focused Coping	.83	.04 - .59
Indirect Coping	.74	.15 - .58
Basic Personality Trait Inventory		
Extraversion	.77	.34 - .66
Conscientiousness	.80	.31 - .62
Agreeableness	.85	.47 - .71
Neuroticism	.78	.26 - .62
Openness to Experience	.66	.03 - .67
Negative Valence	.50	.13 - .53
Beck Depression Inventory	.92	.40 - .76
Trait Anxiety Inventory	.86	.30 - .61

3.4 Differences of Demographic Variables on Psychological Well-Being,

Differences of demographic variables were examined on depression, anxiety, coping strategies, family functions, and basic personality traits.

3.4.1 Differences of Demographic Variables on Depression

Differences of age, education level, income level, and number of children on depression scores of participants were examined

3.4.1.1 Differences of Age on Depression

In order to assess if there was significant differences on depressive symptoms between participants of different age groups, ANOVA was run. Age groups revealed significant main effect on depression levels of the mothers (F (2,151) = 4.22, $p < .05$, $\eta^2 = .05$). Post hoc analysis of this main effect, conducted with Tukey, indicated that younger mothers ($M = 0.74$) had higher depression scores than the older mothers ($M = 0.48$), whereas middle aged mothers ($M = 0.52$) did not differ from the other two groups.

Table 5. Analysis of Variance for Depression

Source	df	SS	MS	F	η^2
AGE	2	1.92	0.96	4.22*	.05
ERROR	151	34.43	0.23		

*p < .05

Table 6. Mean Depression Scores of Participants with Different Age Groups

	Younger Mothers	Middle-Aged Mothers	Older Mothers
BDI	0.74_a	0.52_{ab}	0.48_b

Note : The mean scores that do not share the same subscript are significantly different from each other.

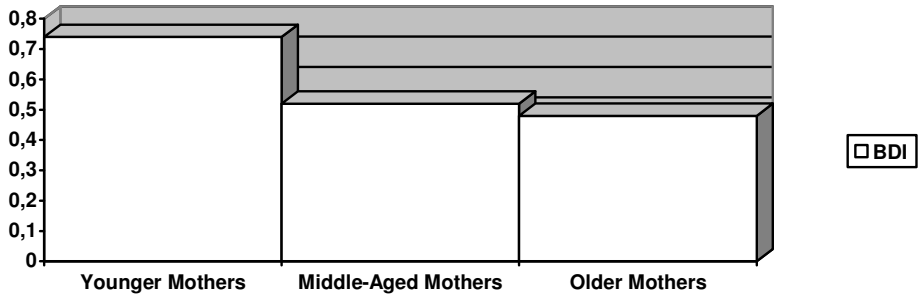

Figure 1. Mean Depression Scores of Participants with Different Age Groups

3.4.1.2 Differences of Education Level on Depression

In order to assess if there was significant differences on depressive symptoms between participants of different education levels, ANOVA was run. Education levels revealed significant main effect on depression levels of the mothers ($F(2, 151) = 8.88$, $p < .05$, $\eta^2 = .11$). Post hoc analysis of this main effect, conducted with Tukey, indicated that lower educated mothers ($M = 0.82$) and moderately educated mothers ($M = 0.57$) had higher depression level than higher educated mothers ($M = 0.43$). But moderately educated mothers did not differ from the lower educated mothers.

Table 7. Analysis of Variance for Depression

Source	df	SS	MS	F	η^2
EDUCATION	2	3.82	1.91	8.88*	.11
ERROR	151	32.52	0.22		

*p < .05

Table 8. Mean Depression Scores of Participants with Different Education Levels

	Lower Educated Mothers	Moderately Educated Mothers	Higher Educated Mothers
BDI	0.82_a	0.57_b	0.43_b

Note : The mean scores that do not share the same subscript are significantly different from each other.

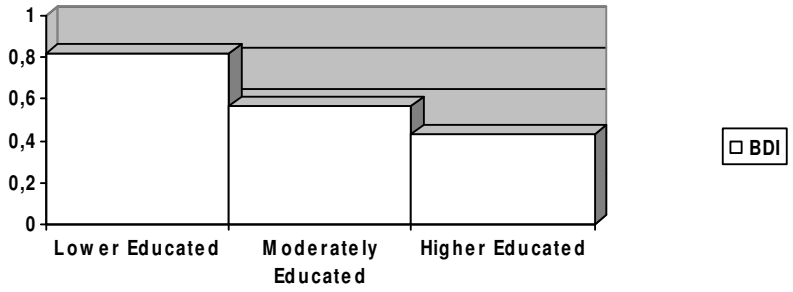

Figure 2. Mean Depression Scores of Participants with Different Education Levels

3.4.1.3 Differences of Income Level on Depression

To find out if there was significant differences on depression level between income levels of participants, ANOVA was conducted. Income level revealed significant main effect on depression levels of the mothers (F (2, 151) = 8.48, p < .05, η^2 = .10). Post hoc analysis of this main effect, conducted with Tukey, indicated that mothers of lower income level (M = 0.81) had higher depression scores than mothers of middle income level (M = 0.55), and mothers of higher income level (M = 0.43), whereas mothers of middle income level did not differ from mothers of higher income level.

Table 9. Analysis of Variance for Depression

Source	df	SS	MS	F	η^2
INCOME	2	3.7	1.8	8.48*	.10
ERROR	151	32.7	0.22		

*p < .05

Table 10. Mean Depression Scores of Participants with Different Income Groups

	Lower Income	Moderate Income	Higher Income
BDI	0.81_a	0.55_b	0.43_b

Note : The mean scores that do not share the same subscript are significantly different from each other.

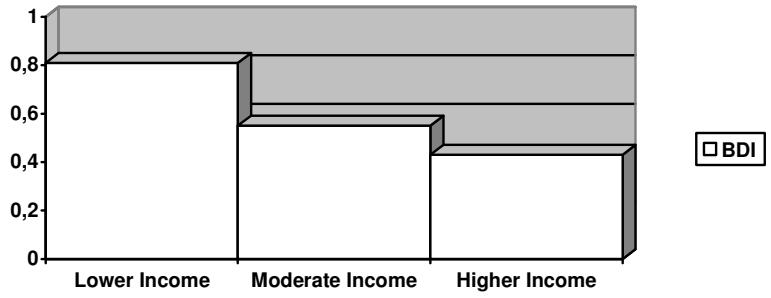

Figure 3. Mean Depression Scores of Participants with Different Income Groups

3.4.1.4 Differences of Child Number on Depression

To find out if there was significant differences on depression level between child numbers of participants, ANOVA was conducted. Child number revealed significant main effect on depression levels of the mothers (F (2, 151) = 4.49, p < .05, η^2 = .06). Post hoc analysis of this main effect, conducted with Tukey, indicated that mothers who had one child (M = 0.55) and mothers who had two children (M =

0.51) had lower depression scores than mothers who had three or more children (*M* = 0.82), whereas mothers who had one child did not differ from mothers who had two children.

Table 11. Analysis of Variance for Depression

Source	df	SS	MS	F	η^2
CHILD NUMBER	2	2.03	1.01	4.49*	.06
ERROR	151	34.31	0.23		

*p < .05

Table 12. Mean Depression Scores of Participants who have different number of children

	One Child-Mothers	Two Children-Mothers	Three or more Children-Mothers
BDI	0.55_a	0.51_a	0.82_b

Note : The mean scores that do not share the same subscript are significantly different from each other.

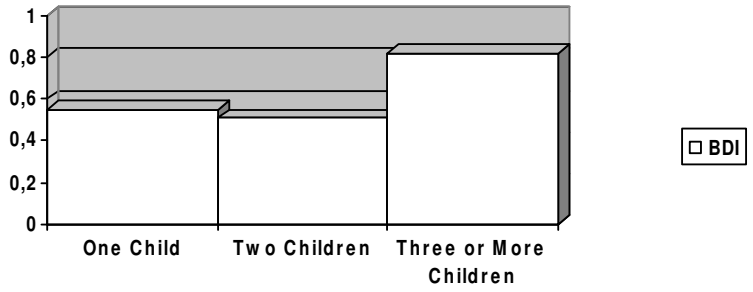

Figure 4. Mean Depression Scores of Participants who have different number of children

3.4.2 Differences of Demographic Variables on Anxiety

Differences of age, education level, income level and number of children on anxiety scores of participants were examined.

3.4.2.1 Differences of Age on Anxiety

In order to assess if there was significant differences on anxiety level between participants of different age groups, ANOVA was run. As can be seen in Table 13, no significant difference was found.

Table 13. Analysis of Variance for Anxiety

Source	df	SS	MS	F	η^2
AGE	2	0.26	0.13	0.84	.01
ERROR	152	23.8	0.16		

3.4.2.2 Differences of Education Level on Anxiety

In order to assess if there was significant differences on anxiety level between participants of different education levels, ANOVA was run. As can be seen in Table 14, no significant difference was found between education levels of mothers and their anxiety level.

Table 14. Analysis of Variance for Anxiety

Source	df	SS	MS	F	η^2
EDUCATION	2	0.70	0.35	2.27	.03
ERROR	152	23.4	0.15		

3.4.2.3 Differences of Income Level on Anxiety

To find out if there was significant differences on anxiety levels between income levels of participants, ANOVA was conducted. Income level revealed significant main effect on anxiety levels of the mothers (F (2,152) = 6.9, $p < .05$, $\eta^2 = .08$). Post hoc analysis of this main effect, conducted with Tukey, indicated that mothers of lower income level ($M = 2.44$) had higher anxiety scores than mothers of middle income level ($M = 2.22$) and higher income level ($M = 2.17$), whereas mothers of middle income level did not differ from mothers of higher income level.

Table 15. Analysis of Variance for Anxiety

Source	df	SS	MS	F	η^2
INCOME	2	2.0	1.0	6.9	.08
ERROR	152	22.07	0.15		

*p < .05

Table 16. Mean Anxiety Scores of Participants with Different Income Levels

	Lower Income	Middle Income	Higher Income
TAI	2.44_a	2.22_b	2.17_b

Note : The mean scores that do not share the same subscript are significantly different from each other.

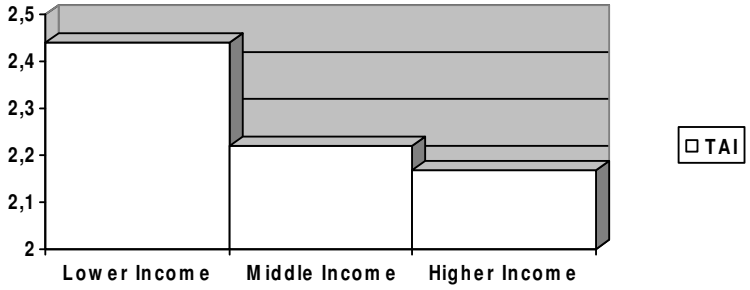

Figure 5. Mean Anxiety Scores of Participants with Different Income Levels

3.4.2.4 Differences of Child Number on Anxiety Levels

To find out if there is significant differences on anxiety level between child numbers of participants, ANOVA was conducted. As can be seen in Table 17, no significant difference was found between child number of mothers and their anxiety level.

Table 17. Analysis of Variance for Anxiety

Source	df	SS	MS	F	η^2
CHILD NUMBER	2	0.64	0.32	2.08	.03
ERROR	152	23.44	0.15		

3.4.3 Differences of Demographic Variables on Coping Strategies

Differences of age, education level, income level, and number of children on coping strategies of participants were examined.

3.4.3.1 Differences of Age on Coping Strategies

To see the influence of age (younger, middle-aged and older mothers) on coping strategies (Problem Focused Coping, Emotion Focused Coping and Indirect Coping) MANOVA was conducted. According to the results, there was no significant main effect of Age (Multivariate $\underline{F}$ (6, 298) = 1.40, $\underline{p} > .05$, Wilks' Lambda = .95, partial $\eta^2 = .03$). Since the multivariate F was not significant, univariate analyses were not examined.

Table 18. MANOVA for Coping Strategies and Age

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
AGE	.95	1.40	6, 298	.22	.03	-	-	-
Problem Focused Coping	-	-	-	.11	-	2.22	2, 151	.03
Emotion Focused Coping	-	-	-	.13	-	2.05	2, 151	.03
Indirect Coping	-	-	-	.88	-	.13	2, 151	.00

3.4.3.2 Differences of Education Level on Coping Strategies

To see the influence of education level (lower, moderate and higher education level) on coping strategies of mothers MANOVA was conducted with 3 coping strategies (Problem Focused Coping, Emotion Focused Coping and Indirect Coping).

The result of the analyses for education level (as shown in Table 19) revealed a significant main effect of education level [Multivariate F (6, 298) = 3.34, p < .005, Wilks' Lambda = .88, partial η^2= .07].

In order to reduce the probabilty of type one error, univariate analyses were conducted for the significant effects with the Bonferroni adjustment. Thus, for the univariate analyses the alpha values that were lower than .016 (dividing alpha level by number of subscales, i.e., .05/3 = .016) were considered to be significant with this correction. Based on this correction, the main effect of education level indicated significant differences only for indirect coping, F(2, 151) = 4.86, p < .016, partial η^2 = .06. Accordingly, lower educated mothers (*M* = 2.95) use less indirect coping than moderately educated mothers (*M* = 3.22) and higher educated mothers (*M* = 3.17), whereas moderately educated mothers did not differ from the higher educated mothers. On the other hand there was no significant main effect for problem focused coping [F(2, 151) = 3.27, p > .016, partial η^2 = .04] and emotion focused coping [F(2, 151) = 2.48, p > .016, partial η^2 = .03].

Table 19. MANOVA for Coping Strategies and Education Level

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
EDUCATION	.86	3.34	6, 298	.003	.07	-	-	-
Problem Focused Coping	-	-	-	.041		3.27	2, 151	.04
Emotion Focused Coping	-	-	-	.087		2.48	2, 151	.03
Indirect Coping	-	-	-	.009		4.86*	2, 151	.06

* p < .016

Table 20. Mean Indirect Coping Scores of Participants with Different Education Groups

	Lower Educated	Moderately Educated	Higher Educated
IC	2.95_a	3.22_b	3.18_b

Note : The mean scores that do not share the same subscript are significantly different from each other.

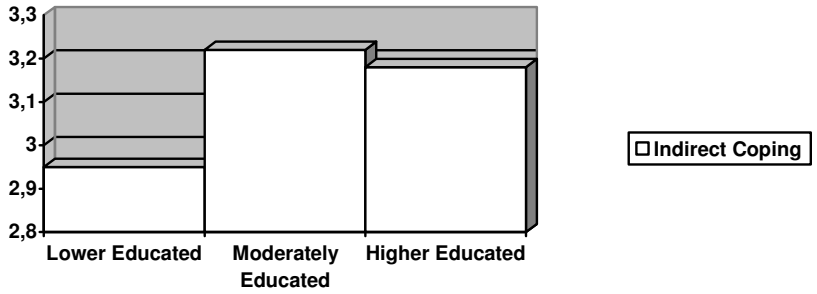

Figure 6. Mean Indirect Coping Scores of Participants with Different Education Groups

3.4.3.3 Differences of Income Level on Coping Strategies

In order to see the influence of income level (lower, middle and higher income level) on coping strategies of mothers MANOVA was conducted with 3 coping strategies (Problem Focused Coping, Emotion Focused Coping and Indirect Coping). According to the result of the analyses for income level (as shown in Table 21) there was a significant main effect of income level [Multivariate F (6, 298) = 4.59, $p < .001$, Wilks' Lambda = .84, partial $\eta^2 = .09$].

Univariate analyses were conducted for the significant effects with the Bonferroni adjustment. Thus, for the univariate analyses the alpha values that were lower than .016 (i.e., .05/3 = .016) were considered to be significant with this correction. Based on this correction, the main effect of income level indicated

significant differences for problem focused coping [F(2, 151) = 8.54, p < .016, partial η^2 = .10] and indirect coping [F(2, 151) = 4.42, p < .016, partial η^2 = .06]. Thus mothers among high income group use more problem focused coping (*M* = 3.22) than low income group (*M* = 3.23) and middle income group (*M* = 3.51), whereas middle income group did not differ from the lower income group with respect to usage of problem focused coping strategies. Furthermore, mothers among low income group have lower indirect coping scores (*M* = 2.96) than middle income group (*M* = 3.18) and high income group (*M* = 3.21), whereas middle income group did not differ from the high income group.

Table 21. MANOVA for Coping Strategies and Income Groups

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
INCOME	.84	4.59	6, 298	.000	.09	-	-	-
Problem Focused Coping	-	-	-	.000		8.54*	2, 151	.10
Emotion Focused Coping	-	-	-	.199		1.62	2, 151	.02
Indirect Coping	-	-	-	.014		4.42*	2, 151	.56

* p < .016

Table 22. Mean Coping Scores of Participants with Different Income Groups

	Lower Income	Middle Income	Higher Income
IC	2.96_a	3.18_b	3.21_b
PFC	3.22_a	3.23_a	3.51_b

Note : The mean scores that do not share the same subscription on the same row are significantly different from each other.

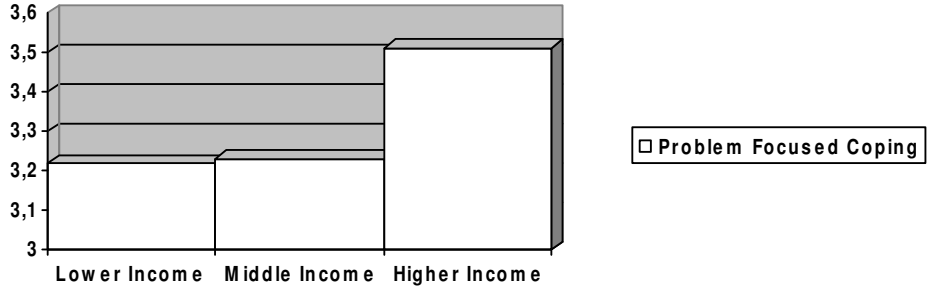

Figure 7. Mean Problem Focused Coping Scores of Participants with Different Income Groups

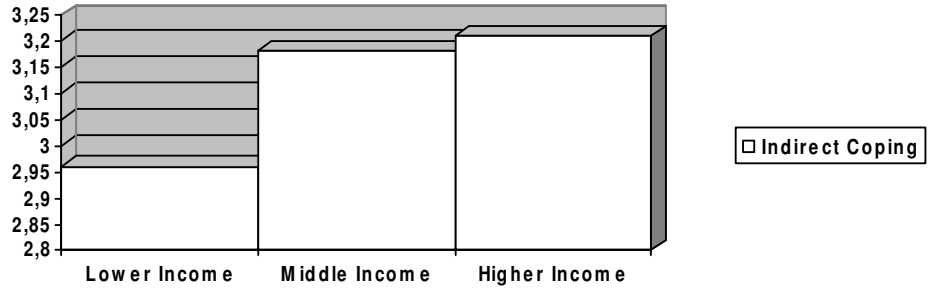

Figure 8. Mean Indirect Coping Scores of Participants with Different Income Groups

3.4.3.4 Differences of Child Number on Coping Strategies

In order to see the influence of child number (one child, two children and three or more children) on coping strategies (Problem Focused Coping, Emotion Focused Coping and Indirect Coping) MANOVA was conducted. According to the results, there was a significant main effect of child number (Multivariate $\underline{F}$ (6, 298) = 2.37, $\underline{p} < .05$, Wilks' Lambda = .91, partial $\eta^2 = .05$). Though multivariate analysis revealed significant child number main effect, following the bonferroni adjustment

univarite analyses did not reveal any significant outcome on the measures of coping strategies.

Table 23. MANOVA for Coping Strategies and Child Number

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
CHILD NUMBER	.91	2.37	6, 298	.03	.05	-	-	-
Problem Focused Coping	-	-	-	.29	-	1.27	2, 151	.02
Emotion Focused Coping	-	-	-	.06	-	2.81	2, 151	.04
Indirect Coping	-	-	-	.07	-	2.66	2, 151	.03

3.4.4. Differences of Demographic Variables on Family Functioning

Differences of age, education level, income level, and number of children on family functions of participants were examined.

3.4.4.1 Differences of Age on Family Functioning

To see the influence of age (younger, middle-aged and older mothers) on family functioning (Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning) MANOVA was conducted. According to the results, there was no significant main effect of Age (Multivariate $\underline{F}$ (14, 280) = 0.65, $\underline{p} > .05$, Wilks' Lambda = .94, partial $\eta^2 = .03$). Since the multivariate F was not significant, univariate analyses were not examined.

Table 24. MANOVA for Family Functioning and Age

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
AGE	.94	0.65	14, 280	.82	.03	-	-	-
Problem Solving	-	-	-	.85	-	.17	2, 146	.00
Communication	-	-	-	.59	-	.52	2, 146	.01
Roles	-	-	-	.99	-	.01	2, 146	.00
Affective Responsiveness	-	-	-	.55	-	.60	2, 146	.01
Affective Involvement	-	-	-	.32	-	1.15	2, 146	.02
Behavior Control	-	-	-	.51	-	.67	2, 146	.01
General Functioning	-	-	-	.92	-	.08	2, 146	.00

3.4.4.2 Differences of Education Level on Family Functioning

In order to see the influence of education level (lower, middle and higher education) on family functions of mothers MANOVA was conducted with 7 family functions (Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning). The result of the analyses for education level (as shown in Table 25) there was a significant main effect of education level [Multivariate $\underline{F}$ (14, 280) = 3.13, $\underline{p} < .001$, Wilks' Lambda = .75, partial $\eta^2 = .14$].

Table 25. MANOVA for Family Functioning and Education Level

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
EDUCATION	.75	3.13	14, 280	.000	.14	-	-	-
Problem Solving	-	-	-	.591	-	0.52	2, 146	.01
Communication	-	-	-	.009	-	4.87	2, 146	.06
Roles	-	-	-	.121	-	2.15	2, 146	.03
Affective Responsiveness	-	-	-	.004	-	5.72*	2, 146	.07
Affective Involvement	-	-	-	.000	-	16.27*	2, 146	.18.
Behavior Control	-	-	-	.005	-	5.50*	2, 146	.07
General Functioning	-	-	-	.000	-	8.27*	2, 146	.10

* $p < .007$

Univariate analyses were conducted for this significant effect with the Bonferroni adjustment. Thus, for the univariate analyses the alpha values that were lower than .007 (i.e. .05/7 = .007) were considered to be significant with this correction. Based on this correction, the main effect of education level indicated significant differences for affective responsiveness [$F(2, 146) = 5.72$, $p < .007$, partial $\eta^2 = .07$], affective involvement [$F(2, 146) = 3.82$, $p < .007$, partial $\eta^2 = .18$], behavior control [$F(2, 146) = 5.50$, $p < .007$, partial $\eta^2 = .07$] and general functioning [$F(2, 146) = 8.27$, $p < .007$, partial $\eta^2 = .10$].

Table 26. Mean FAD Scores of Participants with Different Education Groups

	Lower Education	Moderate Education	Higher Education
Affective Responsiveness	2.03_a	1.72_{ab}	1.57_b
Affective Involvement	2.13_a	1.80_b	1.58_b
Behavior Control	2.10_a	1.90_{ab}	1.79_b
General Functioning	2.07_a	1.71_b	1.67_b

Note 1 : The mean scores that do not share the same subscription on the same row are significantly different from each other.
Note 2. Higher scores indicated greater disfunctioning in that area.

Post hoc analyses were conducted with Tukey, for these significant univariate analyses. Accordingly, lower educated mothers ($M = 2.03$) had higher problems on affective responsiveness than higher educated mothers ($M = 1.57$), whereas moderately educated mothers ($M = 1.72$) did not differ from the higher educated mothers ($M = 1.57$) and lower educated mothers ($M = 2.03$) with respect to affective responsiveness score.

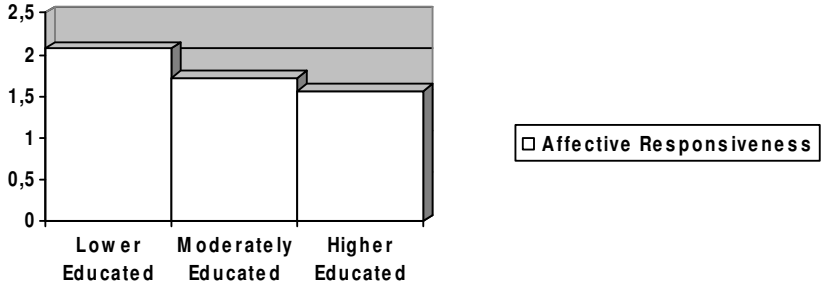

Figure 9. Mean Affective Responsiveness Scores of Participants with Different Education Groups

Looking at problems on affective involvement lower educated mothers (*M* = 2.13) had higher scores than both moderately educated mothers (*M* = 1.80) and higher educated mothers (*M* = 1.58), whereas moderately educated mothers and did not differ from higher educated mothers.

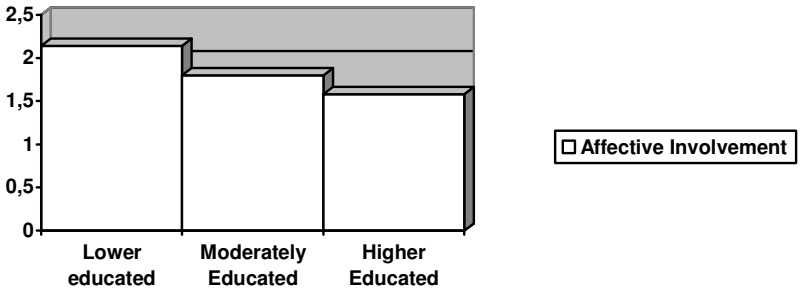

Figure 10. Mean Affective Involvement Scores of Participants with Different Education Groups

For problems on behavior control, lower educated mothers (*M* = 2.10) showed higher behavior control problems than the higher educated (*M* = 1.79) mothers whereas moderately educated mothers (*M* = 1.90) behavior control scores

did not differ from lower educated mothers (M = 2.10) and higher educated mothers (M = 1.79).

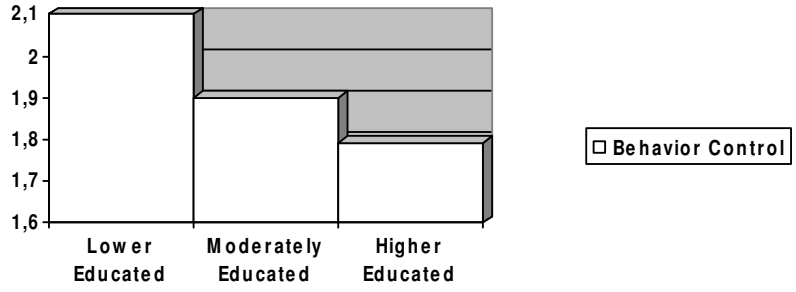

Figure 11. Mean Behavior Control Scores of Participants with Different Education Groups

Lastly, for problems on general functioning, lower educated mothers (M = 2.07) had higher scores than moderately educated mothers (M = 1.71) and higher educated mothers (M = 1.67), whereas moderately educated mothers and higher educated mothers did not differ from each other.

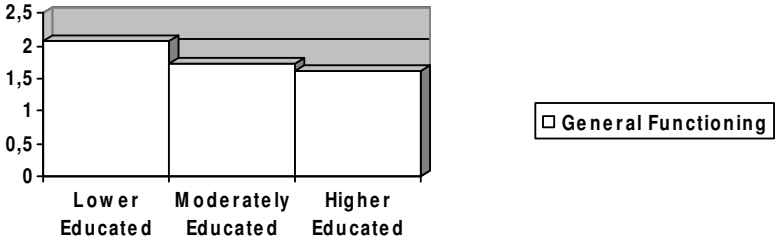

Figure 12. Mean General Functioning Scores of Participants with Different Education Groups

3.4.4.3 Differences of Income Level on Family Functioning

In order to see the influence of income level (low, middle and high income level) on family functions of mothers MANOVA was conducted with 7 family

functions (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning). The result of the analyses for income level (as shown in Table 27) there was a significant main effect of income level [Multivariate F (14, 280) = 2.81, p < .001, Wilks' Lambda = .77, partial η^2 = .12].

Table 27. MANOVA for Family Functioning and Income Level

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
INCOME	.77	2.81	14, 280	.001	.12	-	-	-
Problem Solving	-	-	-	.080	-	2.57	2. 146	.03
Communication	-	-	-	.003	-	5.91*	2. 146	.08
Roles	-	-	-	.519	-	0.66	2. 146	.01
Affective Responsiveness	-	-	-	.003	-	5.94*	2. 146	.08
Affective Involvement	-	-	-	.008	-	12.50*	2. 146	.15
Behavior Control	-	-	-	.001	-	4.99	2. 146	.06
General Functioning	-	-	-		-	7.62*	2. 146	.10

* p < .007

Univariate analyses were conducted for the significant effects with the Bonferroni adjustment. Thus, for the univariate analyses the alpha values that were lower than .007 (i.e. .05 / 7 = .007) were considered to be significant with this correction. Based on this correction, the main effect of income level indicated significant differences for communication [F(2, 146) = 5.91, p < .007, partial η^2 = .08,] affective responsiveness [F(2, 146) = 5.94, p < .007, partial η^2 = .08], affective involvement [F(2, 146) = 12.5, p < .007, partial η^2 = .15], and general functioning [F(2, 146) = 7.62, p < .007, partial η^2 = .10].

Table 28. Mean FAD Scores of Participants with Different Income Groups

	Low Income	Middle Income	High Income
Communication	2.06_a	1.73_b	1.73_b
Affective Responsiveness	2.04_a	1.66_b	1.59_b
Affective Involvement	2.11_a	1.75_b	1.61_b
General Functioning	2.04_a	1.75_b	1.59_b

Note 1: The mean scores that do not share the same subscription on the same row are significantly different from each other.
Note 2. Higher scores indicated greater disfunctioning in that area.

Post hoc analyses were conducted with Tukey, for these significant univariate analyses. Thus, mothers of lower income group (M = 2.06) had more communication problem than, mothers of middle income group (M =1.73) and mothers of higher income group (M = 1.73), whereas mothers of middle income group (M = 1.73) did not differ from the higher income group (M =1.73).

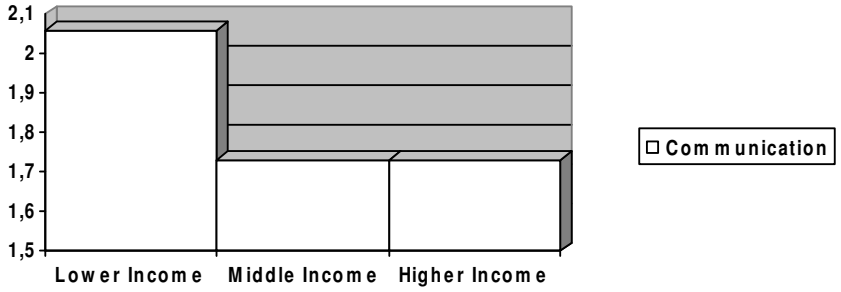

Figure 13. Mean Communication Scores of Participants with Different Income Groups

As for the affective responsiveness, mothers of lower income group (M = 2.04) reported more problems than, mothers of middle income group (M =1.66) and mothers of higher income group (M = 1.59), whereas mothers of middle income group (M = 1.66) did not differ from the higher income group (M =1.59).

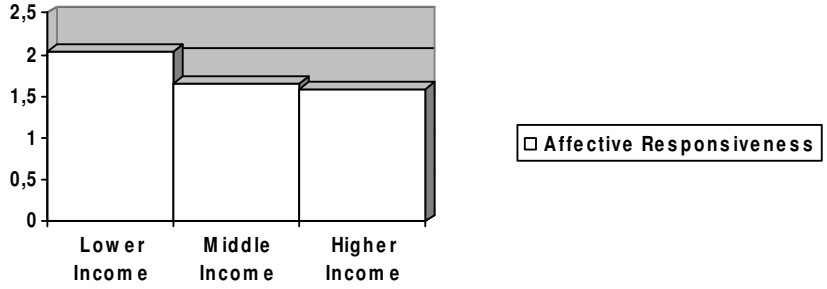

Figure 14. Mean Affective Responsiveness Scores of Participants with Different Income Groups

Looking at the affective involvement scores mothers of lower income group (M = 2.11) reported more problems than, mothers of middle income group (M =1.75) and mothers of higher income group (M = 1.61), whereas mothers of middle income group (M = 1.75) did not differ from the higher income group (M =1.61).

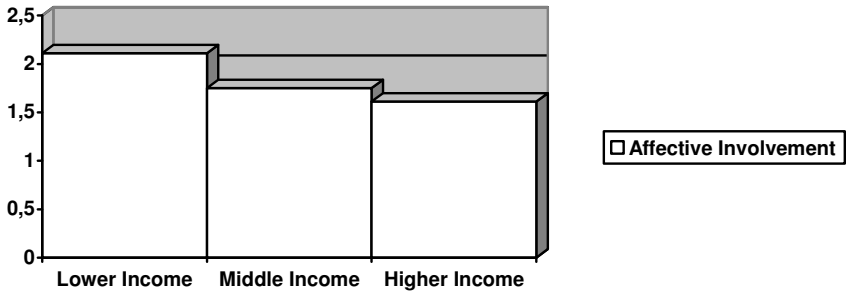

Figure 15. Mean Affective Involvement Scores of Participants with Different Income Groups

Lastly, for general functioning scores of the mothers (like communication, affective responsiveness and affective involvement scores), mothers of lower income level (M = 2.04) reported more problems than mothers of middle income level (M =

1.75) and mothers of higher income level (M = 1.59), whereas mothers of middle income level (M = 1.75) and mothers of higher income level (M = 1.59) did not differ from each other.

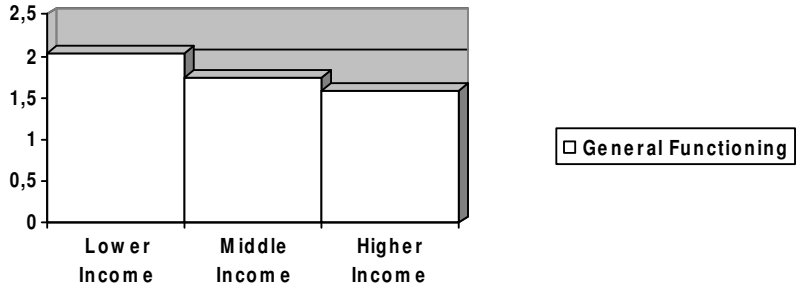

Figure 16. Mean General Functioning Scores of Participants with Different Income Groups

3.4.4.4 Differences of Child Number on Family Functioning

To see the influence of child number of participants (one child, two children, three or more children) on family functioning of mothers MANOVA was conducted with 7 family functions (Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning). According to the result of the analyses for child number (as shown in Table 29) there was a significant main effect of child number [Multivariate $\underline{F}$ (14, 280) = 2.67, $\underline{p} < .001$, Wilks' Lambda = .78, partial $\eta^2 = .12$].

Table 29. MANOVA for Family Functioning and Child Number

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
CHILD NUMBER	.78	2.67	14, 280	.001	.12	-	-	-
Problem Solving	-	-	-	.325	-	1.13	2, 146	.02
Communication	-	-	-	.002	-	6.43*	2, 146	.08
Roles	-	-	-	.151	-	1.92	2, 146	.03
Affective Responsiveness	-	-	-	.002	-	6.57*	2, 146	.08
Affective Involvement	-	-	-	.000	-	9.17*	2, 146	.11
Behavior Control	-	-	-	.011	-	4.66	2, 146	.06
General Functioning	-	-	-	.001	-	7.67*	2, 146	.10

* $p < .007$

Univariate analyses were conducted for the significant effects with the Bonferroni adjustment. Thus, for the univariate analyses the alpha values that were lower than .007 (i.e., .05 / 7 = .007) were considered to be significant with this correction. Based on this correction, the main effect of child number indicated significant differences for communication [$\underline{F}(2, 146) = 6.43$, $\underline{p} < .007$, partial $\eta^2 = .08$], affective responsiveness [$\underline{F}(2, 146) = 6.57$, $\underline{p} < .007$, partial $\eta^2 = .08$], affective involvement [$\underline{F}(2, 146) = 9.17$, $\underline{p} < .007$, partial $\eta^2 = .11$], and general functioning [$\underline{F}(2, 146) = 7.67$, $\underline{p} < .007$, partial $\eta^2 = .10$].

Table 30. Mean FAD Scores of Participants who have Different Number of Children

	One Child	Two Children	Three or More Children
Communication	1.70_a	1.80_a	2.14_b
Affective Responsiveness	1.65_a	1.64_a	2.16_b
Affective Involvement	1.69_a	1.73_a	2.17_b
General Functioning	1.65_a	1.71_a	2.15_b

Note 1 : The mean scores that do not share the same subscription on the same row are significantly different from each other.
Note 2. Higher scores indicated greater disfunctioning in that area.

Post hoc analyses were conducted with Tukey, for these significant univariate analyses. Mothers who had 3 or more children reported more communication problems (M = 2.14) as compared to the mothers who had one child (M = 1.70) and those who had two children (M = 1.80). Those who had one child or two children did not differ from each other in terms of the reported communication problems within the family.

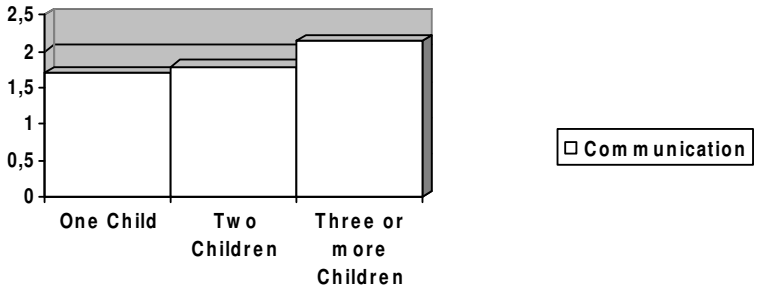

Figure 17. Mean Communication Scores of Participants Having Different Number of Children

According to the results, mothers who had three or more children (M = 2.16) had more problems on affective responsiveness than mothers who had two children (M =1.64) and mothers who had one child (M = 1.65), whereas mothers who had two children (M = 1.64) did not differ from mothers who had one child (M = 1.65).

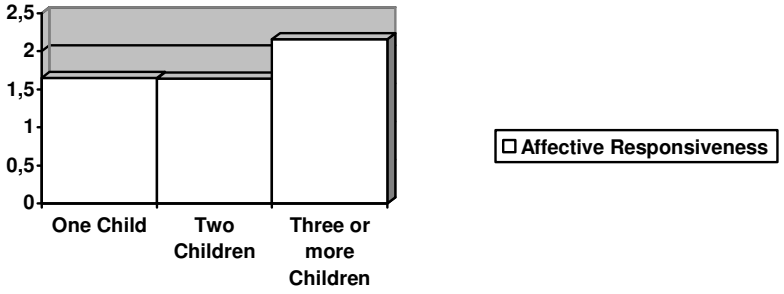

Figure 18. Mean Affective Responsiveness Scores of Participants Having Different Number of Children

Looking at the affective involvement scores mothers who had three or more children (*M* = 2.17) had higher problems on affective involvement than mothers who had two children (*M* =1.73) and mothers who had one child (*M* = 1.69), whereas mothers who had two children (*M* = 1.73) did not differ from mothers who had one child (*M* =1.69).

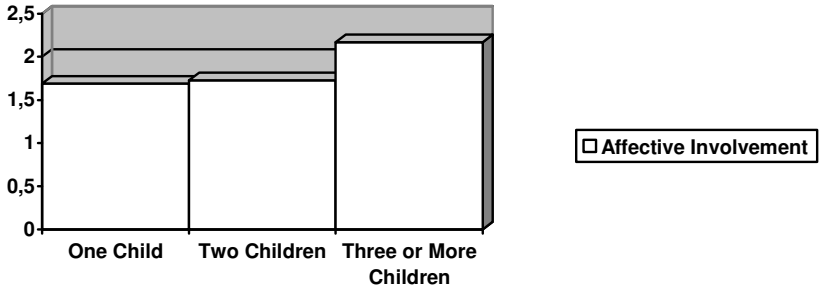

Figure 19. Mean Affective Involvement Scores of Participants Having Different Number of Children

Lastly, for general functioning scores of the mothers (like communication, affective responsiveness and affective involvement scores), mothers who had three or more children (*M* = 2.15) had higher general functioning problems than, mothers who had two children (*M* = 1.71) and mothers who had one child (*M* = 1.65),

whereas mothers who had two children (M = 1.71) did not differ from mothers who had one child (*M* = 1.65).

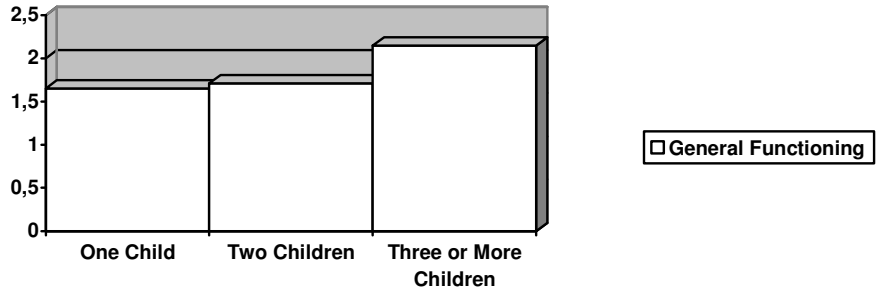

Figure 20. Mean General Functioning Scores of Participants Having Different Number of Children

3.4.5 Differences of Demographic Variables on Personality Traits

Differences of age, education level, income level and number of children on basic personality traits of participants were examined.

3.4.5.1 Differences of Age on Personality Traits

To see the influence of age (younger, middle-aged and older mothers) on personality traits of mothers (Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence) MANOVA was conducted. According to the results, there was no significant main effect of age (Multivariate $\underline{F}$ (12, 292) = 1.36, $\underline{p} > .05$, Wilks' Lambda = .90, partial $\eta^2 = .05$). Since the multivariate F was not significant, univariate analyses were not examined.

Table 31. MANOVA for Personality Traits and Age

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
AGE	.90	1.36	12, 292	.185	.05	-	-	-
Extraversion	-	-	-	.566	-	0.57	2, 151	.01
Conscientiousness	-	-	-	.537	-	0.62	2, 151	.01
Agreeableness	-	-	-	.275	-	1.30	2, 151	.02
Neuroticism	-	-	-	.379	-	0.98	2, 151	.01
Openness to Experience	-	-	-	.529	-	0.64	2, 151	.01
Negative Valence	-	-	-	.773	-	0.26	2, 151	.00

3.4.5.2 Differences of Education Level on Personality Traits

In order to see the influence on education level (lower, moderate and higher education) on personality traits of mothers (Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence) MANOVA was conducted. According to the results, there was no significant main effect of education level (Multivariate $\underline{F}$ (12, 292) = 1.43, $\underline{p}$ > .05, Wilks' Lambda = .89, partial η^2 = .06). Since the multivariate F was not significant, univariate analyses were not examined.

Table 32. MANOVA for Personality Traits and Education Level

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
EDUCATION	.89	1.43	12, 292	.153	.06	-	-	-
Extraversion	-	-	-	.973	-	0.03	2, 151	.00
Conscientiousness	-	-	-	.433	-	0.84	2, 151	.01
Agreeableness	-	-	-	.843	-	0.17	2, 151	.00
Neuroticism	-	-	-	.204	-	1.60	2, 151	.02
Openness to Experience	-	-	-	.099	-	2.34	2, 151	.03
Negative Valence	-	-	-	.047	-	3.11	2, 151	.04

3.4.5.3 Differences of Income Level on Personality Traits

In order to see the influence of income level (lower, middle and higher income level) on personality traits of mothers (Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence) MANOVA was conducted. According to the results, there was no significant main effect of income level (Multivariate F (12, 292) = 1.53, p > .05, Wilks' Lambda = .89, partial η^2 = .06). Since the multivariate F was not significant, univariate analyses were not examined.

Table 33. MANOVA for Personality Traits and Income Level

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
INCOME	.89	1.53	12, 292	.113	.06	-	-	-
Extraversion	-	-	-	.527	-	0.64	2, 151	.01
Conscientiousness	-	-	-	.471	-	0.76	2, 151	.01
Agreeableness	-	-	-	.128	-	2.08	2, 151	.03
Neuroticism	-	-	-	.781	-	0.25	2, 151	.00
Openness to Experience	-	-	-	.543	-	0.61	2, 151	.01
Negative Valence	-	-	-	.007	-	5.17	2, 151	.06

3.4.5.4 Differences of Child Number on Personality Traits

In order to see the influence of child number of mothers (one child, two children, and three or more children) on personality traits of mothers (Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence) MANOVA was conducted. According to the results, there was no significant main effect of child number (Multivariate F (12, 292) = 1.50, p > .05, Wilks' Lambda = 0.89, partial η^2 = .06). Since the multivariate F was not significant, univariate analyses were not examined.

Table 34. MANOVA for Personality Traits and Child Number

Source	Wilks' Lambda	Multivariate F	df	Sig.	η^2	Univariate F	df	η^2
CHILD NUMBER	.89	1.50	12, 292	.122	.06	-	-	-
Extraversion	-	-	-	.963	-	0.37	2, 151	.00
Conscientiousness	-	-	-	.095	-	2.39	2, 151	.03
Agreeableness	-	-	-	.583	-	0.54	2, 151	.01
Neuroticism	-	-	-	.792	-	0.23	2, 151	.00
Openness to Experience	-	-	-	.494	-	0.71	2, 151	.01
Negative Valence	-	-	-	.383	-	0.97	2, 151	.01

3.5 Correlation Coefficients between Groups of Variables

Before the regression analyses, in order to determine the relationship between depressions, anxiety, subscales of Family Assessment Device (Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning), subscales of Ways of Coping Inventory (Problem-Focused Coping, Emotion Focused Coping, Indirect Coping) and subscales of Basic Personality Traits Inventory (Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience and Negative Valence), Pearson correlation analyses were performed.

According to the results as shown in Table 35, BDI scores revealed significant positive correlations with problems in family functioning; specifically problems in the areas of problem solving ($\underline{r} = 39$, $\underline{p} < .01$), communication ($\underline{r} = 48$, $\underline{p} < .01$), roles ($\underline{r} = 36$, $\underline{p} < .01$), affective responsiveness ($\underline{r} = 50$, $\underline{p} < .01$), affective involvement ($\underline{r} = 52$, $\underline{p} < .01$), behavior control ($\underline{r} = 48$, $\underline{p} < .01$), and general functioning ($\underline{r} = 61$, $\underline{p} < .01$) subscales, and also with neuroticism ($\underline{r} = .26$, $\underline{p} < .01$).

Moreover there were significant negative correlations between BDI scores and problem focused coping (r = -.45, p < .01), indirect coping (r = -.21, p < .05), and extraversion (r = -.25, p < .01) subscales. Thus, having a problem in all areas of family functioning (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) were positively correlated with mothers' depression level and also mothers' neuroticism level were positively correlated with depression symptoms. On the other hand using problem focused coping and indirect coping were negatively correlated with participants depression level and also participants' extraversion level was negatively correlated with their depression level.

According to analyses of Anxiety, there were significant positive correlations between TAI scores and problems in family functioning; specifically problems in the areas of problem solving (r = 33, p < .01), communication (r = 45, p < .01), roles (r = 34, p < .01), affective responsiveness (r = 38, p < .01), affective involvement (r = 41, p < .01), behavior control (r = 33, p < .01), and general functioning (r = 50, p < .01) subscales and also neuroticism (r = .44, p < .01) subscale of personality dimensions. TAI scores also showed significant negative correlations between problem focused coping (r = -.54, p < .01), indirect coping (r = -.17, p < .05), extraversion (r = -.45, p < .01) and openness to experience (r = -.43, p < .01) subscales. Thus, experiencing a problem in all areas of family functioning (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) was positively correlated with mothers' anxiety level and also mothers neuroticism level were positively correlated with

anxiety symptoms. On the other hand, using problem focused coping and indirect coping was negatively correlated with participants' anxiety level; participants' extraversion and openness to experience scores were negatively correlated with their anxiety level.

Table 35. Pearson Correlations between Depressions, Anxiety, Subscales of Family Assessment Device Subscales of Ways of Coping Inventory and Subscales of Basic Personality Traits Inventory

	D	A	PFC	EFC	ICC	PS	C	R	AR	AI	BC	GF	E	CO	AG	N	OE	NV
D	1	,636**	-,449**	,093	-,206*	,386**	,475**	,358**	,495**	,521**	,482**	,605**	-,245**	-,003	,047	,260**	-,142	-,047
A		1	-,541**	,043	-,177*	,330**	,452**	,340**	,376**	,414**	,334**	,505**	-,445**	-,114	-,081	,439**	-,425**	,098
PFC			1	-,055	,172*	-,237**	-,314**	-,180*	-,196*	-,229**	-,199*	-,276**	,454**	,287**	,325**	-,212**	,359**	-,127
EFC				1	,053	-,084	,096	,164*	,186*	,221**	,300**	,118	-,112	-,064	,097	,240**	,100	,208**
ICC					1	-,135	-,169*	-,136	-,247**	-,271**	-,249**	-,252**	,193*	-,089	,091	-,092	,070	-,104
PS						1	,667**	,429**	,537**	,431**	,481**	,666**	-,165*	-,181*	,014	,048	-,182*	,051
C							1	,533**	,780**	,582**	,559**	,756**	-,222**	-,146	-,122	,224**	-,210**	,135
R								1	,505**	,455**	,593**	,566**	-,147	-,079	,084	,241**	-,138	,019
AR									1	,651**	,623**	,776**	-,186*	-,108	-,091	,287**	-,146	,165*
AI										1	,624**	,697**	-,220**	-,087	-,125	,368**	-,049	,269**
BC											1	,668**	-,165*	-,033	,069	,220**	,053	,160*
GF												1	-,197*	-,113	,030	,245**	-,133	,194*
E													1	,292**	,343**	-,279**	,630**	-,091
CO														1	,472**	-,041	,378**	-,126
AG															1	-,250**	,401**	-,304**
N																1	-,182*	,299**
OE																	1	,020

Note 1. * p < .05, ** p < .01, Note 2. D = Depression, A = Anxiety, PS = problem solving, C = communication, R = roles, AR = affective responsiveness, AI = affective involvement, BC = behavior control, GF = general functioning, PFC = problem-focused coping, EFC= emotion focused coping, ICC = indirect coping, E = extraversion, CO = conscientiousness, AG = agreeableness, N = neuroticism, OE = openness to experience, NV = negative valence, Note 3. For FAD subscales, higher scores indicated greater disfunctioning in that area.

3.6 Factors Associated with Symptoms of Depression, and Anxiety

To reveal the factors associated with symptoms of depression and anxiety, two separate regression analyses were conducted.

3.6.1 Factors Associated with Symptoms of Depression

In order to determine the associations of demographic variables, basic personality traits, family functions, and coping strategies with depression symptoms, a hierarchical regression analysis was conducted with the depression measure as the dependent variable. For this analysis, in the first step (as shown in the Table 36) among the demographic variables age, education level, income level and child number were entered into the equation. These were the variables that revealed significant main effect on depression via variance analysis. In the second step, basic personality traits (extraversion, conscientiousness, agreeableness, neuroticism, openness to experience and negative valence) were entered into the equation. In the third step different coping strategies (problem focused coping, emotion focused coping and indirect coping) were entered into equation. At the final step, subscales of problems in family functioning; problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning were entered into the equation.

At the first step demographic variables were significantly associated with the depression measure, $\underline{F}_{change}$ (4, 141) = 5.35, $\underline{p} < .01$, and explained total variance in this step was 13 %. From these demographic variables, only income level [$\beta = -.23$, $\underline{t}$ (141) = -2.13, $\underline{p} < .01$, $\underline{pr} = -.18$] revealed significant association with the depression measure. Indicating that, when participants' income level increased, depression level

showed a decrement. But there were no significant association between depression and variables of mother's age [β = -.16, t (141) = -1.81, p > .05, pr = -.15], education level [β = -.03, t (141) = -0.24, p > .05, pr = -.02] and child number [β = -.11, t (141) = 1.20, p > .05, pr = .10].

After controlling for the demographic variables, personality traits were included into the analysis as the second step measures. With the inclusion of personality traits the explained total variance increased to 30 **%**, and personality traits showed significant association with the depression symptoms F_{change} (6, 135) = 5.30, p < .01. According to the results of this step neuroticism [β = .28, t (135) = 3.55, p < .01, pr = .29] and negative valence [β = -.19, t (135) = -2.24, p < .05, pr = -.19] subscales were significantly associated with depression symptoms. According to these results, it was revealed that having high tendency for neuroticism but lower tendency for negative valence traits increased the probability of having depression.

However extraversion [β = -.18, t (135) = - 1.76, p > .05, pr = -.15], conscientiousness [β = -.03, t (135) = -0.37, p > .05, pr = -.03], agreeableness [β = .17, t (135) = 1.89, p > .05, pr = .16], and openness to experience [β = -.09, t (135) = -0.82 p > .05, pr = -.07] did not reveal significant associations with the depression level.

In the third step problems in family functions subscales were included into the analysis, and explained total variance increased to 51 %**,** and family functioning dimensions had significant associations with depressive symptoms F_{change} (7, 128) = 7.66, p < .01. In this step after controlling for the demographic variables and personality traits, problems in general functioning was found to be significantly

associated with depression [β = .41, t (128) = 3.11, p < .05]. Thus, as expected, as families' general functioning got worse, mothers' tendency for depression increased. However problems in the areas of problem solving skills [β = -.01, t (128) = -0.10, p > .05, pr = -0.01], communication skills [β = -.01, t (128) = 0.10, p > .05, pr = .01], roles [β = .01, t (128) = -0.07, p > .05, pr = -.01], affective responsiveness [β = -.04, t (128) = -0.32, p > .05, pr = - .03], affective involvement [β = .13, t (128) = 1.30, p > .05, pr = .11], and behavior control levels [β = .11, t (128) = 1.06, p > .05, pr = .09] of mothers did not reveal significant associations with the depression level.

At the final step, coping strategies were included into the analysis, and the explained total variance increased to 56 %, and coping strategies showed a significant association with the depression symptoms F_{change} (3, 125) = 4.44, p < .05. In this final step, after the controlling for the demographic variables, personality traits, and family functions, problem focused coping strategy was found to be significantly associated with the depression symptoms [β = -.28, t (125) = -3.58, p < .01, pr = -.31]. Thus mothers, who used more problem focused coping had a less tendency of having depression symptoms. On the other hand emotion focused coping [β = -.04, t (125) = -0.59, p > .05, pr = -.05] and indirect coping [β = .02, t (128) = 0.31, p > .05, pr = .03] had no significant association with the depression.

Table 36. Associates of Depressive Symptoms

IVs	df	F_{change}	β	t (within set)	pr	R^2 (change)
Step 1:	4, 141	5.35**	-	-	-	.13
Demographic Variables						
Age	141	-	-.16	-1.81	-.15	-
Education Level	141	-	-.03	-0.24	-.02	-
Child Number	141	-	.11	1.20	.10	-
Income Level	141	-	-.23	-2.13**	-.18	-
Step 2:	6, 135	5.30**	-	-	-	.17
Personality Traits						
Extraversion	135	-	-.18	-1.76	-.15	-
Conscientiousness	135	-	-.03	-0.37	-.03	-
Agreeableness	135	-	.17	1.89	.16	-
Neuroticism	135	-	.28	3.55**	.29	-
Openness to Experience	135	-	-.09	-0.82	-.07	-
Negative Valence	135	-	-.19	-2.24*	-.19	-
Step 3:	7, 128	7.66**	-	-	-	.21
Family Functions						
Problem Solving	128	-	-.01	-0.10	-.01	-
Communication	128	-	.01	0.10	.01	-
Roles	128	-	.01	-0.07	-.01	-
Affective Responsiveness	128	-	-.04	-0.32	-.03	-
Affective Involvement	128	-	.13	1.30	.11	-
Behavior Control	128	-	.11	1.06	.09	-
General Functioning	128	-	.41	3.11*	.27	-
Step 4:	3, 125	4.44*	-	-	-	.05
Coping Strategies						
Problem Focused Coping	125	-	-.28	-3.58**	-.31	
Emotion Focused Coping	125	-	-.04	-0.59	-.05	
Indirect Coping	125	-	.02	0.31	.03	

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

3.6.2 Factors Associated with Symptoms of Anxiety

In order to determine the associations of demographic variables, basic personality traits, family functions, and coping strategies with anxiety symptoms, a hierarchical regression analysis was conducted, with the anxiety measure as the dependent measure. For this analysis, in the first step (as shown in the Table 37) among the demographic variable only income level (the variable variance analysis

revealed to have significant main effect on anxiety) was entered into the equation. In the second step, basic personality traits (extraversion, conscientiousness, agreeableness, neuroticism, openness to experience and negative valence) were entered into the equation. In the third step different coping strategies (problem focused coping, emotion focused coping and indirect coping) were entered into equation. At the final step subscales of problems in family functioning namely, problems in problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning were entered into the equation.

At the first step demographic variables were significantly correlated with the anxiety measure, F_{change} (1, 145) = 11.05, $p < .01$, and explained total variance in this step was 7 %. Income level [$\beta = -.27$, t (145) = -3.32, $p < .01$, $pr = -.27$] revealed significant association with the anxiety measure. Indicating that, when participants' income level increased, anxiety level showed a decrement.

After controlling for income level, personality traits were included into the analysis as second step measures. With the inclusion of personality traits the explained total variance increased to 47 %. Personality traits showed significant association with the anxiety symptoms F_{change} (6, 139) = 17.47, $p < .01$. According to the results of this step, extraversion [$\beta = -.18$, t (139) = -2.15, $p < .05$, $pr = -.18$], agreeableness [$\beta = .30$, t (139) = 3.91, $p < .01$, $pr = .32$], neuroticism [$\beta = .40$, t (139) = 5.81, $p < .01$, $pr = .44$], and openness to experience [$\beta = -.36$, t (139) = -4.19, $p < .01$, $pr = -.34$] subscales were significantly correlated with anxiety symptoms. Thus it was found that having high tendency for neuroticism and

agreeableness traits increased the probability of experiencing anxiety symptoms, on the other hand, having high tendency for extraversion, and openness to experience traits decrease the probability of having anxiety symptoms.

However conscientiousness [β = -.02, $\underline{t}$ (139) = -0.33, $\underline{p} > .05$, $\underline{pr}$ = -.03], and negative valence [β = -.02, $\underline{t}$ (139) = -0.24, $\underline{p} > .05$, $\underline{pr}$ = -.02] subscales did not reveal a significant association with the anxiety level.

In the third step problems in family functions were included to the analysis and explained total variance increased to 54 %, and problems in family functioning dimensions had significant associations with anxiety level. $\underline{F}_{change}$ (7, 132) = 2.91, $\underline{p} <$ .05. In this step after controlling for the income level and personality traits, general functioning was found to be significantly associated with anxiety [β = .29, $\underline{t}$ (132) = 2.40, $\underline{p} < .05$, $\underline{pr}$ = .20]. Thus, as families' general functioning got worse mothers' tendency for anxiety symptoms increased, a finding similar to the depression symptoms. However problem solving skills [β = -.01, $\underline{t}$ (132) = -.05, $\underline{p} > .05$, $\underline{pr}$ = -.01], communication skills [β = .15, $\underline{t}$ (132) = 1.30, $\underline{p} > .05$, $\underline{pr}$ = .11], roles [β = -.01, $\underline{t}$ (132) = -0.17, $\underline{p} > .05$, $\underline{pr}$ = -.02], affective responsiveness [β = -.15, $\underline{t}$ (132) = -1.40, $\underline{p} > .05$, $\underline{pr}$ = -.12], affective involvement [β = .02, $\underline{t}$ (132) = 0.23, $\underline{p} > .05$, $\underline{pr}$ = .02], and behavior control levels [β = -.01, $\underline{t}$ (132) = -0.11, $\underline{p} > .05$, $\underline{pr}$ = .-.01] of mothers did not reveal significant associations with the anxiety level.

At the final step, coping strategies were included into the analysis, and the explained total variance increased to 62 %, and coping strategies showed a significant association with the anxiety symptoms $\underline{F}_{change}$ (3, 129) = 8.38, $\underline{p} < .01$. In this final step, after the controlling for the income level, personality traits, and family

functions, problem focused coping strategy [β = -.30, t (129) = -4.38, p < .01, pr = -.24.] and emotion focused coping strategy [β = -.16, t (129) = -2.34, p < .05, pr = -.13] were found to be significantly associated with the anxiety symptoms. Thus mothers, who used more problem focused coping and also emotion focused coping had lower tendency to have anxiety symptoms. However, indirect coping [β = .03, t (129) = .43 p > .05, pr = .02] had no significant association with the anxiety symptoms.

Table 37. Associates of Anxiety

IVs	df	F_{change}	β	t (within set)	pr	R^2 (change)
Step 1:	1, 145	11.05**	-	-	-	.07
Demographic Variables						
Income Level	145		-.27	-3.32**	-.27	
Step 2:	6, 139	17.47**	-	-	-	.40
Personality Traits						
Extraversion	139	-	-.18	-2.15*	-.18	
Conscientiousness	139	-	-.02	-0.33	-.03	
Agreeableness	139	-	.30	3.91**	.32	
Neuroticism	139	-	.40	5.81**	.44	
Openness to Experience	139	-	-.36	-4.19**	-.34	
Negative Valence	139	-	-.02	-0.24	-.02	
Step 3:	7, 132	2.91*	-	-	-	.07
Family Functions						
Problem Solving	132	-	-.01	-0.05	-.01	-
Communication	132	-	.15	1.30	.11	-
Roles	132	-	-.01	-0.17	-.02	-
Affective Responsiveness	132	-	-.15	-1.40	-.12	-
Affective Involvement	132	-	.02	0.23	.02	-
Behavior Control	132	-	-.01	-0.11	-.01	-
General Functioning	132	-	.29	2.40*	.20	-
Step 4:	3, 129	8.38**	-	-	-	.08
Coping Strategies						
Problem Focused Coping	129	-	-.30	-4.38**	-.24	-
Emotion Focused Coping	129	-	-.16	-2.34*	-.13	-
Indirect Coping	129	-	.03	0.43	.02	-

* p < .05, ** p < .01

CHAPTER IV

DISCUSSION

In the present study main purpose was to investigate effects of family functions (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping), and basic personality traits (i, e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence), on mothers' depression and anxiety level. Besides these, effect of demographic variables on our measures and correlations among variables were examined as well.

4.1. Review of the Hypotheses

In the present study, in the first hypothesis, it was expected that, there would be significant differences in depression, and anxiety levels of participants' who have different income and education levels, different number of children, and different ages. This was confirmed for depression for all demographic variables but for anxiety only for income level (details have been provided in subsections 4.3 and 4.4).

The second hypothesis, it was expected that, there would be significant differences in family functions, coping strategies and personality traits of participants' who have different income and education levels, different number of

children, and different ages. Regarding the different problem areas of family functioning, results revealed that, income level had significant effect on reported problems of affective responsiveness, affective involvement, behavior control, general functioning; furthermore education level and child number of mothers had significant effect on reported problems of communication, affective responsiveness, affective involvement, and general functioning (details have been provided in subsections 4.5 and 4.6 and 4.7).

Third hypothesis suggested that family functions (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping) and personality traits (i, e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence), would be associated with depression and anxiety symptoms. Regarding depression, low income level, high level of neuroticism and low level of negative valence traits, problems of general functioning of family and using less problem focused coping strategy were found to be associated with the depression level of mothers. With regard to the anxiety symptoms, low income level, low level of extraversion, conscientiousness, neuroticism and openness to experience, problems of general functioning of family and using less problem focused and emotion focused coping strategies were found to be associated with anxiety levels of mothers (details have been provided in subsection 4.9).

4.2. Psychometric Qualities of the Assessment Devices

The present study employed various scales to assess mothers' depressive symptoms, anxiety symptoms, family functions, coping strategies and basic personality traits. These scales included the Family Assessment Device, Ways of Coping Inventory, Basic Personality Traits Inventory, Beck Depression Inventory and Trait Anxiety form of State and Trait Anxiety Inventory. As expected, all these scales were found to have reasonably high internal consistency coefficients.

4.3. Findings Related to Differences of Demographic Variables on the Depression

In the present study we examine the differences of demographic variables (i.e., age, education level, income level and number of children) on depressive symptoms of mothers. Result showed that all of our demographic variables (age, education level, income level and child number) had significant main effects on depressive symptoms.

According to the result of mother's age analysis indicated that younger mothers had higher depression scores than the older mothers, whereas middle aged mothers did not differ from the other two groups. Young mothers emotionally adjust to and experience the transition to motherhood differently than adult mothers. It is often thought that situational depression is caused by lack of knowledge, experience, and resources. A lack of social support and upper rates of stress increase the risk of depression among young mothers (East, & Fellice, 1990). Kubzansky and Sparrow (1999) found that Americans with lower education level (i.e., less than higher education) were almost twice as likely to suffer from long-term stress as individuals

with at least a college education (cited in, Chevalier and Feinstain, 2004). McKenzie, Clarke, McKenzie, and Smith (2010) found that people with higher education are less at risk for developing psychiatric disorders, such as depression and psychosomatic disorders, but more at risk for persistence if they do develop them. Chevalier and Feinstain (2004), argue that, education has been hypothesized as an important influence on psychosocial characteristics such as efficacy and self-esteem both of which have been found to have a moderator effect on depression. In line with the literature, education levels of mothers indicated that, lower educated mothers had higher depression level than moderately educated mothers and higher educated mothers. Increasing knowledge and skills with higher education level can be considered to be effective to cope with depression for mothers. Therefore, the result of the current study was consistent with literature as well.

Based on the findings regarding income levels, low income, unemployment, poor housing, were all found to be associated with loss of autonomy, vulnerability and stress, and depression. These factors were also found to have impact on well-being (Chevalier, & Feinstain, 2004). Consistently, mothers of lower income level, in our sample, had higher depression scores than mothers of middle income level, and mothers of higher income level, whereas mothers of middle income level did not differ from mothers of higher income level. Studies about depressive symptomatology rates among poor mothers of young children have been in the range of 40 to 50% (Lanzi, Pascoe, Keltner, & Ramey, 1999; Orr, James, Burns, & Thompson, 1989). In Turkey, Güleç (1981) found that women among lower income group showed significantly higher depression level than women among higher

income group, and result of present study was also consistent with the literature with respect to the depression and income level relationship.

According to the result, mothers who had one child or two children had lower depression scores than mothers who had three or more children. Augusto, Kumar, and Calherios (1996) argued that the number of children mothers have was significantly related to the mothers' depression and it was probably related to the increased burden of mothers for child bearing. Önen, Kaptanoğlu, and Seber (1988), found similar results in Turkey that, depression scores of subjects significantly affected from their child number.

4.4. Findings Related to Differences of Demographic Variables on the Anxiety

In the present study it was hypothesized that, there would be differences due to demographic variables (i.e., age, education level, income level and number of children) on the anxiety symptoms of mothers. But this hypothesis was accepted only for income level. Although co-morbidity rate of depressive symptoms and anxiety ranges between 50 and 70 % (Watson, & Kendall, 1989), and most of the our result show same pattern between depression and anxiety symptoms, besides income level ANOVA did not showed any significant differences on anxiety level, between participants of different age, education level and their child number.

4.5. Findings Related to Differences of Demographic Variables on the Family Functioning

In the present study differences due to demographic variables (i.e., age, education level, income level and number of children) on the family functioning (i.e., problem solving, communication, roles, affective responsiveness, affective

involvement, behavior control, and general functioning) of mothers were expected. This expectation was confirmed for education level, income level, and child number of mothers with respect to different problem areas of family functioning.

According to the results, regarding the education level of mothers, lower educated mothers had higher affective responsiveness and behavior control scores than higher educated mothers. Looking at the affective involvement and general functioning scores lower educated mothers had higher scores than both moderately educated mothers and higher educated mothers. It is important to note that, higher scores indicated greater disfunctioning in that area. Uysal, Köken, Şengül, and Nadir (2009) showed that there was a significant relationship between the education level of family members and reported family problems including mostly communication, behavior control and general functioning problems, in Turkey, these findings were in line with the results of the present study.

With respect to the income level, mothers of lower income group had more communication problem, affective involvement problem, affective responsiveness problem and general functioning problem than, mothers of middle income group, and, mothers of higher income group, whereas mothers of middle income group did not differ from the higher income group at this problem areas. It is consistent with the literature that, lower income and education level is highly correlated with mental health status, and its affection of family functioning, especially on the area of communication (Gresenz, Sturm, & Tang, 2001, Stele, Dewa, & Lee, 2007).

Mothers who had 3 or more children reported more communication problems, higher affective involvement, affective responsiveness, and general functioning

problems as compared to the mothers who had one child, or two children. Those who had one child or two children did not differ from each other in terms of the reported communication, affective responsiveness, affective involvement, and general functioning problems within the family. It has been known that the more educated the mother is, the less children she has. While especially 85% of the university graduate mothers have at most two children, 86 % of illiterate women have at least three children (Aile ve Sosyal Araştırmalar Kurumu, [ASAK], 1999). Regarding these statistics, it is clear that level of education and number of children are in parallel, and also findings about them go parallel with the literature.

4.6. Findings Related to Differences of Demographic Variables on the Coping Strategies

In the present study differences due to demographic variables (i.e., age, education level, income level and number of children) on the coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping) of mothers were expected. This expectation was confirmed for education level and income level with respect to different coping strategies.

Regarding the income levels, mothers among high income group use more problem focused coping than low income group and middle income group, whereas middle income group did not differ from the lower income group with respect to usage of problem focused coping strategies. Furthermore, mothers among low income group have lower indirect coping scores than middle income group and high income group, whereas middle income group did not differ from the high income group. According to the result, lower educated mothers use less indirect coping than

moderately educated mothers and higher educated mothers. Folkman, and Lazarus (1988) argued that in lower control situations, which are commonly found in low income families (i.e., finances, interpersonal issues, unemployment, chronic illness, community violence and lack of educational resources), people tended to use more passive or emotion-focused coping approaches, whereas high control stressors (which are commonly found in high income families) were related to the use of problem-focused coping. Although, Brantley, O'Hea Jones, and Mehan (2002), suggest that low income individuals reported utilizing greater rates of coping strategies overall (due to the face with great number of daily stressors), and as mentioned earlier, specifically employ emotion-focused coping. However, findings of the current study did not reveal such result.

4.7. Findings Related to Differences of Demographic Variables on the Personality Traits

Results of this study did not reveal any significant differences between the demographic variables and participants' basic personality traits. McAdams (1992) criticized the five-factor model as, it did not adequately delineate the cause of a behavior; it merely described behavior. Besides McAdams criticism, Loevinger (1994) asserted that the five-factor model did little to address personality development. Thus six factors of personality may be so general that, statistical differences on these traits in terms of sociodemographic factors are difficult to attain. Although results of this study did not reveal any significant differences between the demographic variables and participants' basic personality traits, regression analysis

revealed that significant association between psychological well being and basic personality traits as expected.

4.8. Findings Related to Correlation Coefficients between Groups of Variables

In order to determine the relationship between our dependent measures (i.e., depression symptoms and anxiety symptoms) and family functioning (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning), coping strategies (i.e., problem focused coping, emotion focused coping and indirect coping), and basic personality traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, negative valence), Pearson correlation analyses were performed.

According to the results, having a problem in all areas of family functioning (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) were positively correlated with mothers' depression level. There have been research indicating that the families of depressed patients demonstrated significantly more difficulties compared to the control group, on each of the FAD scales (i.e., problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) (Miller et al.,1986). As expected, and in line with the several previous research (Duggan, Lee, & Murray, 1990; Kendler, Kessler, Neale, Heath, & Eaves, 1993; Muris, Roelofs, Rassin, Franken, & Mayer, 2005; Ormel, Oldehinkel, & Brilman, 2001; Roberts, & Gotlib, 1997; Surtees, & Wainwright, 1996; Roelofs, Huibers, Peeters, and Arntz, 2008) mothers' neuroticism level was positively correlated with depression symptoms. Roelofs et al. (2008) also examined the

mediational effect of rumination between neuroticism and depressive symptoms and found that rumination partially mediated the relation between neuroticism and depression. On the other hand using problem focused coping and indirect coping were negatively correlated with participants depression level as expected (Bruder-Mattson, & Hovanitz 1990; Herman-Stahl, Stemmler, & Petersen, 1995; Seiffge-Krenke, & Klessinger, 2000; Schwartz, & Koenig, 1995; Compas, Malcarne, & Foncacaro, 1988). When it comes to participants' extraversion level, it was negatively correlated with their depression level (Pekka, & Erkki, 2006; Farmer, Redman, Harris, Mahmood, Sadler, Pickering, & McGuffin, 2002; Saklofske, Kelly, & Jansen, 1995) in our study and as expected in line with the literature.

Regarding to the anxiety level, experiencing a problem in all areas of family functioning (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) was positively correlated with mothers' anxiety level, as expected. Mothers' neuroticism levels were positively correlated with anxiety symptoms as expected (Roelofs, Huibers, Peeters, and Arntz, 2008). On the other hand, using problem focused coping and indirect coping were negatively correlated with participants' anxiety level and as cited before according to the research studies, problem focused coping was found to be related to psychological well being (Hino, Takeuchi, & Yamanouchi, 2002; Karademas, & Kalantzi-Azizi, 2004; Bruder-Mattson, & Hovanitz 1990) and our finding was in line with the expectations and literature.

Participants' extraversion scores were negatively correlated with their anxiety level as expected (Pekka, & Erkki, 2006; Farmer et al., 2002; Saklofske et al.1995)

and also participants' openness to experience scores were negatively correlated with their anxiety scores.

4.9. Findings Related to Associates of Depression and Anxiety

According to the regression analyses, the results revealed that, when participants' income level increased, depression level and anxiety level showed a decrement (Watson, & Kendall, 1989; Chevalier, & Feinstain, 2004).

With regard to the personality traits of participants, it was revealed that having high tendency for neuroticism but lower tendency for negative valence traits increased the probability of having depression and it was found that having high tendency for neuroticism and agreeableness traits increased the probability of experiencing anxiety symptoms, on the other hand, having high tendency for extraversion, and openness to experience traits decreased the probability of having anxiety symptoms. Neuroticism, extraversion, openness to experience and their relations with the depressive and anxiety symptoms was found to be consistent with the previous literature, as mentioned and discussed earlier. But, interestingly our study revealed that a significant relationship between agreeableness and anxiety symptoms in a negative direction.

Looking at the family functioning, as expected, as families' general functioning got worse, mothers' tendency for depression and anxiety increased. Although this finding was consistent with the literature, our regression analysis did not show any significant relationship between other areas of problem functioning and depressive and anxiety symptoms, contradict to the literature (Keitner, & Miller, 1990; Palabıyıkoğlu, et al., 1993).

For coping strategies, mothers, who used more problem focused coping had a less tendency of having depression symptoms, and mothers, who used more problem focused coping and also emotion focused coping had lower tendency to have anxiety symptoms. Regarding the coping strategies, our study revealed the parallel findings with the literature.

4.10. Limitations of the Study

The most important limitations were that the sample size was small (N = 155) and the sample of the study is chosen only from Ankara, and most of the participants' education levels were above the average. Besides, data collection, which had taken place in Ankara, has not been conducted in the rural areas but only in the urban areas can obstruct the generalization of the results.

4.11. Future Directions and Clinical Implications

It is known that depression affects the 20-25 % of the women at some point in their lives. Also, it is known that the risk and rate of depression increases due to giving birth to a child and this influences both family relations and the child's mental health. It is found in the current study that there is a relationship between the symptoms of depression and anxiety mothers have and malfunctions they encounter later. Taking all these into account, monitoring mothers psychologically especially before having a child and during maternity, and interfering in possible problems are regarded as significant in terms of protecting both the mother's and the children's psychological health.

The relationship especially between problem-focused coping and psychological health has been indicated in the current research as in parallel with the

literature. In this aspect, active coping strategies should be taught to mothers. Achieving this will have constructive effects on both protecting mothers' mental health and relatedly children's mental health and family functions.

For the future studies, it is necessary to include fathers as the participants. In this way, besides factors predicting mothers' psychological health, fathers' and children's psychological health and predicting factors will be observed better. On the other hand, increasing the family education, which is a preventive and protective mental health service, and enhancement of the family functions will have positive effects on mother's psychological health.

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APPENDICES

APPENDIX A

DEMOGRAPHIC VARIABLE FORM
(DEMOGRAFİK FORM)

Katılımcının:	
Yaşı:	
Cinsiyeti:	Kadın □ Erkek □
Eğitim durumu:	İlkokul □ Ortaokul □ Lise □ Üniversite ve üstü □
Medeni Durumu	Evli Boşanmış Dul Evli fakat ayrı yaşıyorlar Boşanmış fakat birlikte yaşıyorlar Diğer……..
Eve Gelir Getiren Kişi	……..
Görüşülen Kişinin Mesleği:	…….
Yaptığı iş:	…….
Ailede yaşayan kişi sayısı	……
Çocuk sayısı:	1 2 3 4 5
Çocukların yaşları:	… … … … …
Özürlü çocuk var mı?	Evet □ Hayır □
	1 2 3
Var ise özrü:	… … …
Kaç yaşında:	… … …
Özel eğitime gidiyor mu?	Evet □ Hayır □
Çocuklarla ilgilenen başka kimse var mı?	Evet □ Hayır □ Evet ise Kim? ……
Gelir getiren Kişinin Mesleği:	…….
Yaptığı iş:	…….
Ailenin aylık ortalama geliri:	500Tl altı □ 500-1000 TL □ 1000-1500 TL □ 1500-2000 TL □ 2000TL ve üzeri □

APPENDIX B

BECK DEPRESSION INVENTORY
(BECK DEPRESYON ÖLÇEĞİ)

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

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

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

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

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

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

6. (a) Cezalandırıldığımı düşünmüyorum.
   (b) Bazı şeyler için cezalandırılabileceğimi hissediyorum.
   (c) Cezalandırılmayı bekliyorum.
   (d) Cezalandırıldığımı hissediyorum.

7. (a) Kendimden hoşnutum.
   (b) Kendimden pek hoşnut değilim.
   (c) Kendimden hiç hoşlanmıyorum.
   (d) Kendimden nefret ediyorum.

8. (a) Kendimi diğer insanlardan daha kötü görmüyorum.
   (b) Kendimi zayıfliklarım ve hatalarım için eleştiriyorum.
   (c) Kendimi hatalarım için çoğu zaman suçluyorum.
   (d) Her kötü olayda kendimi suçluyorum.

9. (a) Kendimi öldürmek gibi düşüncelerim yok.
   (b) Bazen kendimi öldürmeyi düşünüyorum, fakat bunu yapamam.
   (c) Kendimi öldürebilmeyi isterdim.
   (d) Bir firsatını bulsam kendimi öldürürdüm.

10. (a) Her zamankinden daha fazla ağladığımı sanmıyorum.
    (b) Eskisine göre şu sıralarda daha fazla ağlıyorum.
    (c) Şu sıralarda her an ağlıyorum.
    (d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.

11. (a) Her zamankinden daha sinirli değilim.
    (b) Her zamankinden daha kolayca sinirleniyor ve kızıyorum.
    (c) Çoğu zaman sinirliyim.
    (d) Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.

12. (a) Diğer insanlara karşı ilgimi kaybetmedim.
    (b) Eskisine göre insanlarla daha az ilgiliyim.
    (c) Diğer insanlara karşı ilgimin çoğunu kaybettim.
    (d) Diğer insanlara karşı hiç ilgim kalmadı.

13. (a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.
    (b) Şu sıralarda kararlarımı vermeyi erteliyorum.
    (c) Kararlarımı vermekte oldukça güçlük çekiyorum.
    (d) Artık hiç karar veremiyorum.

14. (a) Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.
    (b) Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyor ve üzülüyorum.
    (c) Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler olduğunu hissediyorum.
    (d) Çok çirkin olduğumu düşünüyorum.

15. (a) Eskisi kadar iyi çalışabiliyorum.
(b) Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.
(c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.
(d) Hiçbir iş yapamıyorum.

16. (a) Eskisi kadar rahat uyuyabiliyorum.
(b) Şu sıralarda eskisi kadar rahat uyuyamıyorum.
(c) Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.
(d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.

17. (a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.
(b) Eskisinden daha çabuk yoruluyorum.
(c) Şu sıralarda neredeyse herşey beni yoruyor.
(d) Öyle yorgunum ki hiçbirşey yapamıyorum.

18. (a) İştahım eskisinden pek farklı değil.
(b) İştahım eskisi kadar iyi değil.
(c) Şu sıralarda iştahım epey kötü.
(d) Artık hiç iştahım yok.

19. (a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.
(b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.
(c) Son zamanlarda istemediğim halde beş kilodan fazla kaybettim.
(d) Son zamanlarda istemediğim halde yedi kilodan fazla kaybettim.
- Daha az yemeye çalışarak kilo kaybetmeye çalışıyor musunuz? EVET ( ) HAYIR ( )

20. (a) Sağlığım beni pek endişelendirmiyor.
(b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.
(c) Ağrı, sızı gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.
(d) Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka hiçbirşey düşünemiyorum.

21. (a) Son zamanlarda cinsel yaşantımda dikkatimi çeken birşey yok.
(b) Eskisine oranla cinsel konularda daha az ilgiliyim.
(c) Şu sıralarda cinsellikle pek ilgili değilim.
(d) Artık, cinsellikle hiçbir ilgim kalmadı.

APPENDIX C

McMASTER FAMILY ASSESSMENT DEVICE (AİLE DEĞERLENDİRME ÖLÇEĞİ)

AÇIKLAMA:İlişikte aileler hakkında 60 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, sizin ailenize ne derecede uyduğuna karar veriniz. Önemli olan, sizin ailenizi nasıl gördüğünüzdür. Her cümle için 4 seçenek söz konusudur (*Aynen Katılıyorum/ Büyük Ölçüde Katılıyorum/ Biraz Katılıyorum/ Hiç Katılmıyorum*)

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

CÜMLELER:	Aynen Katılı-yorum	Büyük Ölçüde Katılı-yorum	Biraz Katılı-yorum	Hiç Katılmı-yorum
1.Ailece ev dışında program yapmada güçlük çekeriz, çünkü aramızda fikir birliği sağlayamayız.	( )	( )	( )	( )
2.Günlük hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.	( )	( )	( )	( )
3.Evde biri üzgün ise, diğer aile üyeleri bunun nedenlerini bilir.	( )	( )	( )	( )
4.Bizim evde, kişiler verilen her görevi düzenli bir şekilde yerine getirmezler.	( )	( )	( )	( )
5.Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.	( )	( )	( )	( )
6.Bir sıkıntı ve üzüntü ile karşılaştığımızda, birbirimize destek oluruz.	( )	( )	( )	( )
7.Ailemizde acil bir durum olsa, şaşırıp kalırız.	( )	( )	( )	( )
8.Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.	( )	( )	( )	( )
9.Birbirimize karşı olan sevgi, şefkat gibi duygularımızı açığa vurmaktan kaçınırız.	( )	( )	( )	( )
10.Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.	( )	( )	( )	( )
11.Evde dertlerimizi üzüntülerimizi birbirimize söylemeyiz.	( )	( )	( )	( )
12.Sorunlarımızın çözümünde genellikle ailece aldığımız kararları uygularız.	( )	( )	( )	( )
13.Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğimizde bizi dinlerler.	( )	( )	( )	( )

14.Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.	( )	( )	( )	( )
15.Ailemizde eşit bir görev dağılımı yoktur.	( )	( )	( )	( )
16.Ailemizin üyeleri, birbirlerine hoşgörülü davranırlar.	( )	( )	( )	( )
17.Evde herkes başına buyruktur.	( )	( )	( )	( )
18.Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirlerinin yüzüne söyler.	( )	( )	( )	( )
19.Ailede bazılarımız, duygularımızı belli etmeyiz.	( )	( )	( )	( )
20.Acil bir durumda ne yapacağımızı biliriz.	( )	( )	( )	( )
21.Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.	( )	( )	( )	( )
22.Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.	( )	( )	( )	( )
23.Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.	( )	( )	( )	( )
24.Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.	( )	( )	( )	( )
25.Bizim ailede herkes kendini düşünür.	( )	( )	( )	( )
26.Duygularımızı birbirimize açıkça söyleyebiliriz.	( )	( )	( )	( )
27.Evimizde banyo ve tuvalet bir türlü temiz durmaz.	( )	( )	( )	( )
28.Aile içinde birbirimize sevgimizi göstermeyiz.	( )	( )	( )	( )
29.Evde herkes her istediğini birbirinin yüzüne söyleyebilir.	( )	( )	( )	( )
30.Ailemizde, her birimizin belirli görev ve sorumlulukları vardır.	( )	( )	( )	( )
31.Aile içinde genellikle birbirimizle pek iyi geçinemeyiz.	( )	( )	( )	( )
32.Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.	( )	( )	( )	( )
33.Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.	( )	( )	( )	( )
34.Aile içinde birbirimizle ilgilenmeye pek zaman bulamıyoruz.	( )	( )	( )	( )
35.Evde genellikle söylediklerimizle, söylemek istediklerimiz birbirinden farklıdır.	( )	( )	( )	( )
36.Aile içinde birbirimize hoşgörülü davranırız	( )	( )	( )	( )
37.Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacaksak ilgi gösteririz.	( )	( )	( )	( )
38.Ailemizde bir dert varsa, kendi içimizde hallederiz.	( )	( )	( )	( )
39.Ailemizde sevgi ve şefkat gibi güzel duygular ikinci plandadır.	( )	( )	( )	( )

40.Ev işlerinin kimler tarafından yapılacağını hep birlikte konuşarak kararlaştırırız.	( )	( )	( )	( )
41.Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.	( )	( )	( )	( )
42.Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterir.	( )	( )	( )	( )
43.Evde birbirimize karşı açık sözlüyüzdür.	( )	( )	( )	( )
44.Ailemizde hiçbir kural yoktur.	( )	( )	( )	( )
45.Evde birinden bir şey yapması istendiğinde mutlaka takip edilmesi ve kendisine hatırlatılması gerekir.	( )	( )	( )	( )
46.Aile içinde, herhangi bir sorunun (problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.	( )	( )	( )	( )
47.Evde kurallara uyulmadığı zaman ne olacağını bilmeyiz.	( )	( )	( )	( )
47.Bizim evde aklınıza gelen her şey olabilir.	( )	( )	( )	( )
49.Sevgi, şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.	( )	( )	( )	( )
50.Ailede her türlü problemin üstesinden gelebiliriz.	( )	( )	( )	( )
51.Evde birbirimizle pek iyi geçinemeyiz.	( )	( )	( )	( )
52.Sinirlenince birbirimize küseriz.	( )	( )	( )	( )
53.Ailede bize verilen görevler pek hoşumuza gitmez çünkü genellikle umduğumuz görevler verilmez.	( )	( )	( )	( )
54.Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.	( )	( )	( )	( )
55.Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı aramızda konuşulmuş ve belirlenmiştir.	( )	( )	( )	( )
56.Aile içinde birbirimize güveniriz.	( )	( )	( )	( )
57.Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.	( )	( )	( )	( )
58.İşimize (okulumuza) yetişmekte güçlük çekiyoruz.	( )	( )	( )	( )
59.Aile içinde birisi, hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.	( )	( )	( )	( )
60.Problemimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.	( )	( )	( )	( )

APPENDİX D

TRAIT ANXIETY INVENTORY
(SÜREKLİLİK KAYGI ÖLÇEĞİ)

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da **genel olarak** nasıl hissettiğinizi, ifadelerin sağ tarafındaki rakamlardan uygun olanını işaretlemek suretiyle belirtin. Doğru yada yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **genel olarak** nasıl hissettiğinizi gösteren cevabı işaretleyin.

	Hemen hiç bir zaman	Bazen	Çok zaman	Hemen her zaman
1. Genellikle keyfim yerindedir.	1	2	3	4
2. Genellikle çabuk yorulurum.	1	2	3	4
3. Genellikle kolay ağlarım.	1	2	3	4
4. Başkaları kadar mutlu olmak isterim.	1	2	3	4
5. Çabuk karar veremediğim için fırsatları kaçırırım.	1	2	3	4
6. Kendimi dinlenmiş hissederim.	1	2	3	4
7. Genellikle sakin, kendime hakim ve soğukkanlıyım.	1	2	3	4
8. Güçlüklerin yenemeyeceğim kadar biriktiğini hissederim.	1	2	3	4
9.Önemsiz şeyler hakkında endişelenirim.	1	2	3	4

10. Genellikle mutluyum.	1	2	3	4
11. Her şeyi ciddiye alır ve etkilenirim.	1	2	3	4
12. Genellikle kendime güvenim yoktur.	1	2	3	4
13. Genellikle kendimi emniyette hissederim.	1	2	3	4
14. Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım.	1	2	3	4
15. Genellikle kendimi hüzünlü hissederim.	1	2	3	4
16. Genellikle hayatımdan memnunumum.	1	2	3	4
17. Olur olmaz düşünceler beni rahatsız eder.	1	2	3	4
18. Hayal kırıklıklarını öylesine ciddiye alırım ki hiç unutmam.	1	2	3	4
19. Aklı başında ve kararlı bir insanım.	1	2	3	4
20. Son zamanlarda kafama takılan konular beni tedirgin eder.	1	2	3	4

APPENDIX E

BASIC PERSONALITY TRAITS INVENTORY (TÜRK KÜLTÜRÜNDE GELİŞTİRİLMİŞ TEMEL KİŞİLİK ÖZELLİKLERİ ÖLÇEĞİ)

YÖNERGE:

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden her birinin sizin için ne kadar uygun olduğunu ilgili rakamı daire içine alarak belirtiniz.

Örneğin;

Kendimi ..... biri olarak görüyorum.

	Hiç uygun değil	Pek uygun değil		oldukça uygun	çok uygun
Madde 4.	1……..2……..		(3)	……..4……	5

		Hiç uygun değil	Uygun değil	Kararsızım	Uygun	Çok uygun
1	Aceleci	1	2	3	4	5
2	Yapmacık	1	2	3	4	5
3	Duyarlı	1	2	3	4	5
4	Konuşkan	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5
6	Soğuk	1	2	3	4	5
7	Utangaç	1	2	3	4	5
8	Paylaşımcı	1	2	3	4	5
9	Geniş / rahat	1	2	3	4	5
10	Cesur	1	2	3	4	5
11	Agresif	1	2	3	4	5
12	Çalışkan	1	2	3	4	5
13	İçten pazarlıklı	1	2	3	4	5
14	Girişken	1	2	3	4	5
15	İyi niyetli	1	2	3	4	5
16	İçten	1	2	3	4	5
17	Kendinden emin	1	2	3	4	5
18	Huysuz	1	2	3	4	5
19	Yardımsever	1	2	3	4	5
20	Kabiliyetli	1	2	3	4	5
21	Üşengeç	1	2	3	4	5
22	Sorumsuz	1	2	3	4	5
23	Sevecen	1	2	3	4	5
24	Pasif	1	2	3	4	5
25	Disiplinli	1	2	3	4	5
26	Açgözlü	1	2	3	4	5
27	Sinirli	1	2	3	4	5
28	Cana yakın	1	2	3	4	5
29	Kızgın	1	2	3	4	5
30	Sabit fikirli	1	2	3	4	5
31	Görgüsüz	1	2	3	4	5
32	Durgun	1	2	3	4	5
33	Kaygılı	1	2	3	4	5
34	Terbiyesiz	1	2	3	4	5
35	Sabırsız	1	2	3	4	5
36	Yaratıcı	1	2	3	4	5
37	Kaprisli	1	2	3	4	5
38	İçine kapanık	1	2	3	4	5
39	Çekingen	1	2	3	4	5
40	Alıngan	1	2	3	4	5
41	Hoşgörülü	1	2	3	4	5
42	Düzenli	1	2	3	4	5
43	Titiz	1	2	3	4	5
44	Tedbirli	1	2	3	4	5
45	Azimli	1	2	3	4	5

APPENDIX F

THE WAYS OF COPING INVENTORY
(BAŞA ÇIKMA YOLLARI ENVANTERİ)

AÇIKLAMA

Bir anne olarak çeşitli sorunlarla karşılaşıyor ve bu sorunlarla başa çıkabilmek için çeşitli duygu, düşünce ve davranışlardan yararlanıyor olabilirsiniz.

Sizden istenilen karşılaştığınız sorunlarla başa çıkabilmek için neler yaptığınızı göz önünde bulundurarak, aşağıdaki maddeleri cevap kağıdı üzerinde işaretlemenizdir. Lütfen her bir maddeyi dikkatle okuyunuz ve cevap formu üzerindeki aynı maddeye ait cevap şıklarından birini daire içine alarak cevabınızı belirtiniz. Başlamadan önce örnek maddeyi incelemeniz yararlı olacaktır.

ÖRNEK:

Madde 4. İyimser olmaya çalışırım.

	Hiç uygun değil	Pek uygun değil	uygun	oldukça uygun	çok uygun
Madde 4.	1	2	(3)	4	5

1.Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım.
1……2……..3……..4……..5
2. Bir sıkıntım olduğunu kimsenin bilmesini istemem.
1……2……..3……..4……..5
3. Bir mucize olmasını beklerim.
1……2……..3……..4……..5
4. İyimser olmaya çalışırım.
1……2……..3……..4……..5
5. " Bunu da atlatırsam sırtım yere gelmez " diye düşünürüm.
1……2……..3……..4……..5
6. Çevremdeki insanlardan problemi çözmede bana yardımcı olmalarını beklerim.
1……2……..3……..4……..5
7. Bazı şeyleri büyütmemeye üzerinde durmamaya çalışırım.
1……2……..3……..4……..5
8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım.
1……2……..3……..4……..5
9. Bu sıkıntılı dönem bir an önce geçsin isterim..
1……2……..3……..4……..5
10. Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım
1……2……..3……..4……..5
11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya çalışırım
1……2……..3……..4……..5
12. Problemin kendiliğinden hallolacağına inanırım
1……2……..3……..4……..5

13. Ne olursa olsun kendimde direnme ve mücadele etme gücü hissederim
1…….. ….2……..3……..4……..5
14. Başkalarının rahatlamama yardımcı olmalarını beklerim
1……2……..3……..4……..5
15. Kendime karşı hoşgörülü olmaya çalışırım
1……2……..3……..4……..5
16. Olanları unutmaya çalışırım
1……2……..3……..4……..5
17. Telaşımı belli etmemeye ve sakin olmaya çalışırım
1……2……..3……..4……..5
18. " Başa gelen çekilir " diye düşünürüm
1……2……..3……..4……..5
19. Problemin ciddiyetini anlamaya çalışırım
1……2……..3……..4……..5
20. Kendimi kapana sıkışmış gibi hissederim
1……2……..3……..4……..5
21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim
1……2……..3……..4……..5
22. Hayatta neyin önemli olduğunu keşfederim
1……2……..3……..4……..5
23. " Her işte bir hayır vardır " diye düşünürüm
1……2……..3……..4……..5
24. Sıkıntılı olduğumda her zamankinden fazla uyurum
1……2……..3……..4……..5
25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem
1……2……..3……..4……..5
26. Dua ederek Allah'tan yardım dilerim
1……2……..3……..4……..5
27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım
1……2……..3……..4……..5
28. Olanla yetinmeye çalışırım
1……2……..3……..4……..5
29. Olanları kafama takıp sürekli düşünmekten kendimi alamam
1……2……..3……..4……..5
30. İçimde tutmaktansa paylaşmayı tercih ederim
1……2……..3……..4……..5
31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım
1……2……..3……..4……..5
32. Sanki bu bir sorun değilmiş gibi davranırım
1……2……..3……..4……..5
33. Olanlardan kimseye söz etmemeyi tercih ederim
1……2……..3……..4……..5
34. " İş olacağına varır " diye düşünürüm
1……2……..3……..4……..5
35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım
1……2……..3……..4……..5
36. İşin içinden çıkamayınca " elimden birşey gelmiyor " der, durumu olduğu gibi kabullenirim
1……2……..3……..4……..5

37. İlk anda aklıma gelen kararı uygularım
1……2……..3……..4……..5
38. Ne yapacağıma karar vermeden önce arkadaşlarımın fikrini alırım
1……2……..3……..4……..5
39. Herşeye yeniden başlayacak gücü bulurum
1……2……..3……..4……..5
40. Problemin çözümü için adak adarım
1……2……..3……..4……..5
41. Olaylardan olumlu birşey çıkarmaya çalışırım
1……2……..3……..4……..5
42. Kırgınlığımı belirtirsem kendimi rahatlamış hissederim
1……2……..3……..4……..5
43. Alın yazısına ve bunun değişmeyeceğine inanırım
1……2……..3……..4……..5
44. Soruna birkaç farklı çözüm yolu ararım
1……2……..3……..4……..5
45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım
1……2……..3……..4……..5
46. " Olanları keşke değiştirebilseydim " derim
1……2……..3……..4……..5
47. Aile büyüklerine danışmayı tercih ederim
1……2……..3……..4……..5
48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım
1……2……..3……..4……..5
49. " Herşeye rağmen elde ettiğim bir kazanç vardır " diye düşünürüm
1……2……..3……..4……..5
50. Gururumu koruyup güçlü görünmeye çalışırım
1……2……..3……..4……..5
51. Bu işin kefaretini (bedelini) ödemeye çalışırım
1……2……..3……..4……..5
52. Problemi adım adım çözmeye çalışırım
1……2……..3……..4……..5
53. Elimden hiç birşeyin gelmeyeceğine inanırım
1……2……..3……..4……..5
54. Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım
1……2……..3……..4……..5
55. Problemin çözümü için hocaya okunurum
1……2……..3……..4……..5
56. Herşeyin istediğim gibi olmayacağına inanırım
1……2……..3……..4……..5
57. Bu dertten kurtulayım diye fakir fukaraya sadaka veririm
1……2……..3……..4……..5
58. Ne yapılacağını planlayıp ona göre davranırım
1……2……..3……..4……..5
59. Mücadeleden vazgeçerim
1……2……..3……..4……..5
60. Sorunun benden kaynaklandığını düşünürüm
1……2……..3……..4……..5
61. Olaylar karşısında " kaderim buymuş " derim
1……2……..3……..4……..5

62. Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım
1……2……..3……..4……..5
63. “ Keşke daha güçlü bir insan olsaydım ” diye düşünürüm
1……2……..3……..4……..5
64. Nazarlık takarak, muska taşıyarak benzer olayların olmaması için önlemler alırım
1……2……..3……..4……..5
65. Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm
1……2……..3……..4……..5
66. “ Benim suçum ne ” diye düşünürüm
1……2……..3……..4……..5
67. “ Allah’ın takdiri buymuş ” diye kendimi teselli ederim
1……2……..3……..4……..5
68. Temkinli olmaya ve yanlış yapmamaya çalışırım
1……2……..3……..4……..5
69. Bana destek olabilecek kişilerin varlığını bilmek beni rahatlatır
1……2……..3……..4……..5
70. Çözüm için kendim birşeyler yapmak istemem
1……2……..3……..4……..5
71. “ Hep benim yüzümden oldu ” diye düşünürüm
1……2……..3……..4……..5
72. Mutlu olmak için başka yollar ararım
1……2……..3……..4……..5
73. Hakkımı savunabileceğime inanırım
1……2……..3……..4……..5
74. Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissederim
1……2……..3……..4……..5