

THE INFLUENCE OF THE UNIVERSITY STUDENTS' PERCEIVED PATERNAL AND  
MATERNAL ACCEPTANCE, FATHER INVOLVEMENT AND DEPRESSIVE  
SYMPTOMS ON THEIR RESILIENCY

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2010

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Thesis submitted to the  
Institute for Graduate Studies in the Social Sciences  
in partial fulfillment of the requirements for the degree of

Master of Arts  
in  
Educational Sciences

by  
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Boğaziçi University

January 2010

The Influence of the University Students' Perceived Paternal and Maternal Acceptance,  
Father Involvement and Depressive Symptoms on Their Resiliency

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## Thesis Abstract

### Sevla Serbest, “The Influence of University Students’ Perceived Paternal and Maternal Acceptance, Father Involvement and Depressive Symptoms on Their Resiliency”

The present study investigated the influence and association among perceived paternal acceptance, maternal acceptance, father involvement, depressive symptoms and perceived resiliency among 379 university undergraduate students in Istanbul with the mean age of twenty one years and six months.

The independent variables of this study were: perceived paternal acceptance, perceived maternal acceptance, perceived father involvement, and perceived depressive symptoms while perceived resiliency was the dependent variable. Personal Data Sheet, Resiliency Scale, Parental Acceptance-Rejection Questionnaire (Child PARQ-Turkish Short Form), Father Involvement Scale (FIS-Turkish Form), Center for Epidemiologic Studies Depression Scale (CES-D [NIMH] Turkish Form) and Beck Depression Inventory (Turkish Form) were used for data collection.

Data analysis was conducted through SPSS and Structural Equation Modeling, in AMOS software statistics program. Results indicated that for university students perceived mother acceptance and depressive symptoms had a significant effect on resiliency, explaining 41 % of the variance. When data was analyzed separately for gender it was seen that for male university students, perceived maternal acceptance, depressive symptoms and perceived father involvement had a significant influence on resiliency explaining 45 % variance of resiliency. For female university students, depressive symptoms had a significant influence on resiliency with 39 % of the variance.

It was also seen that perceived paternal acceptance had a significant relation to father involvement, for the total student sample ( $\beta=.71$ ) in the study as well as for males ( $\beta=.67$ ) and females ( $\beta=.72$ ) when the data was analyzed according to gender,

The implications of these findings, specifically the positive influence of maternal acceptance and the negative influence of depressive symptoms on resiliency of university youth can be translated into the work of counselors for health promotion of this population.

## Tez Özeti

Sevla Serbest, “Üniversite Öğrencilerinin Algıladıkları Baba ve Anne Kabulünün, Baba İlgisi ve Depresif Belirtilerin Yılmazlık Düzeylerine Etkisi”

Bu araştırmada İstanbul'daki 21 yaş 6 ay ortalamasına sahip 379 üniversite lisans öğrencisinin algıladıkları anne kabulü, baba kabulü, baba ilgisi, depresif belirtiler ve yılmazlık düzeyleri arasındaki birleşik etkileri incelenmiştir.

Algılanan yılmazlık düzeyi araştırmanın bağımlı değişkeniyken algılanan baba kabulü, anne kabulü, baba ilgisi, depresif belirtiler araştırmanın bağımsız değişkenleridir. Veri toplamak için Kişisel Bilgi Formu, Yılmazlık Ölçeği (YÖ), Ebeveyn Kabul-Red Ölçeği/Çocuk Kısa Formu (EKRÖ-Türkçe Form), Baba İlgisi Ölçeği (Türkçe Form), Epidemiyolojik Çalışmalar Merkezi Depresyon Ölçeği (EÇM-D, Türkçe Form) ve Beck Depresyon Envanteri (BDE- Türkçe Form) kullanılmıştır.

Verilerin analizi SPSS ve yapısal denklem modelleme yöntemi ile AMOS istatistik programında yapılmıştır. Araştırmanın sonucunda üniversite öğrencilerinin algıladıkları anne kabulü ve depresif belirtilerin yılmazlık düzeylerine etkisi olduğu görülmüştür. Bunun sonucunda algılanan anne kabulü ve depresif belirtilerin yılmazlığın %41'ini açıkladığı bulunmuştur. Veriler cinsiyete göre ayrı ayrı analiz edildiğinde, erkek üniversite öğrencilerinin algıladıkları anne kabulü, depresif belirtiler ve baba ilgisinin yılmazlık düzeylerine anlamlı bir etkisi olduğu ve yılmazlık düzeylerinin %45'ini açıkladığı görülmüştür. Kadın üniversite öğrencileri için depresif belirtilerin yılmazlık düzeyleri üzerinde anlamlı bir etkisi vardır ve %39 unu açıklamaktadır.

Hem tüm öğrenciler ( $\beta=.71$ ) için hem de kadın ( $\beta=.67$ ) ve erkek ( $\beta=.72$ ) öğrenciler için ayrı analiz yapıldığında, algıladıkları baba kabulü ile baba ilgisi arasında anlamlı ilişkiler bulunmuştur.

Özellikle üniversite gençliğinin yılmazlığı üzerinde anne kabulünün olumlu etkisi ve depresif semptomların olumsuz etkisi bu popülasyonun sağlığının geliştirilmesi için danışmanların çalışmalarına yansıtılabilir.

## ACKNOWLEDGEMENTS

This thesis would not have been possible without the essential and gracious support of many individuals. I would like to express my gratitude to all those who made it possible for me to complete this thesis.

First and foremost, I want to express my gratitude to my thesis advisor Assoc. Prof. Dr. Fatoş Erkman for her support, endless motivation and her great efforts to explain things clearly and simply. She believed in me every step of the way and she was there for me through the hardest time. She was always accessible and willing to help throughout my thesis-writing period. I would have been lost without her. It has been a pleasure working with her.

I am grateful to Dr. Bengü Borkan for statistical support, valuable comments and helpful feedback. Without her support it would be difficult for me to complete this thesis.

I would like to give my special thanks to Assist.Prof. Z.Hande Sart for her invaluable suggestions, constructive criticism, contributions and continuous supports in every step throughout this study.

I would like to deeply thank Prof. Dr. Aydan Gülerce. She has been a source of personal development and professional support for me. She is a very special person and it is an honor for me to have known her.

I am very thankful to Yrd. Doç.Dr. Uğur Gürkan for his support. I would also like to thank to Yrd. Doç. Dr. Esra İşmen Gazioğlu and Doç. Dr. Yücel Kabapınar for helping me during data collection. They were so helpful and welcoming.

I am grateful to my assistant friends, Pınar Yavuz, Soner Şimşek, Onur Seçkin, Gökçe Güvercin and Begüm Özdemir for helping me in data collection.

Very special thanks to my family for their endless support and encouragement. They always believed in me and words are inadequate to describe my appreciation and gratitude for their never ending support. This thesis would not have been possible without their assistance and support. I am indebted to my sister Seda Serbest Onat, my little nephew Demir Onat, my aunt Gülseren Erbil and my cousin Tarkan Tevetoğlu.

I am very thankful to my mother Güler Serbest and my father Hasan Serbest. They bore me, raised me, supported me, taught me, and loved me. I am grateful to them for everything.

Lastly, and most importantly, I would like to thank my brother Murat Serbest for his unconditional love, support, and encouragement during all these years. He never let me feel alone in any part of my life and he always believed in me. I would like to thank him for believing in me in everything I do, respecting my decisions, and doing his best to make me feel comfortable for 28 years. I dedicate this thesis to him.

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## CHAPTER 1

### INTRODUCTION

In the behavioral sciences the construct of resiliency has been studied in order to recognize, define, and measure the capacity of the individual to continue and develop in the presence of adverse conditions and to recognize the individual's ability to recover from adversity. Resilience which has become a popular construct includes personal characteristics, coping processes, the development of other associated constructs such as hardiness and sense of coherence, risk and protective factors (McCubbin, Thompson, & McCubbin, 2001). Resilience has become an umbrella term to cover many aspects of overcoming adversity and adapting to one's environment (Masten & Obradovic, 2006).

Resilience means an individual's capacity to successfully adapt to change and stressful events in healthy and constructive ways (Catalano, Berglund, Ryan et al., 2002a; Garmezy, 1991). Resilience is not invulnerability to stress, but it is an ability to recover from negative events (Garmezy, 1991). Resilience is a process, rather than a fixed constitutional attribute and it is affected by everyday decisions (Masten, 2001).

Every transition is a point of crisis where the resiliency of the individual is challenged. University students experience transition from adolescence to adulthood. This stage means leaving home, separating from old friends, familiar surroundings, living in dormitories or on their own, making decisions never made before for some students. Academic overload, constant pressure to succeed, competition with peers, financial burden and concerns about the future are some multiple stressors that university students face. All of them may lead to some problems for them (Pull&Janca, 2010). In university life, students experience many events and how the students perceive these events and how they cope can have valuable

contribution to the understanding of resiliency. Resilience can be seen as a process of good adaptation in the face of trauma, stress, adversity and threats. Resilience is not a trait. It includes behaviors, thoughts and actions that can be learned and developed in anyone (APA Health Center, 2010). Almost every individual experiences a certain amount of anxiety in her/his daily life. This amount of anxiety may be initiated by several factors of everyday living. Resilient individuals use a set of coping skills and resources that allow them to deal effectively with stress and problems (Blum, 1998a).

Some individuals adapt successfully whereas others experience problems in adjustment. The study of these individual differences may give information on possible protective factors that may help individuals in at-risk situations (Garmezy, 1983; Rutter, 1979; cited in Dumont&Provost, 1999). Building resilience in young people is an important goal if we aim to strengthen capacity and promote skills that help reduce mental health problems.

Family plays fundamental role in child's life. Family affects the emotional health of children. The development of children is influenced by parent-child relationship (Mahalihali, 2006). Better parenting is among the important resources that may prevent negative effects of risks and adversity so that children have more positive outcomes such as healthy social relationships (Masten & Powell, 2003). Risks and adversity can include the experience of death of someone close, chronic illness, abuse and violence. Although some individuals face risky situations and adverse conditions, they can cope with them effectively; these individuals can be called resilient. As parenting quality, high warmth as being one of the protective factors related to resiliency, is emphasized in developing competence as well, under both favorable and unfavorable conditions (Masten & Powell, 2003). Also, according to Fergusson and Horwood (2003), the importance of a warm,

nurturing, supportive relationship with a parent is also strongly supported as crucial factors for resilience which means the positive capacity of people to overcome stress. It is also stated that family characteristics are viewed as antecedents for resilience. Parents are very important for raising resilient children and preparing them to deal with life's challenges. Parents can raise resilient children by being empathic, communicating effectively, help establish realistic expectations and goals, teaching how to solve problems, how to make decisions and take responsibility. All these lead to the value of Parental Acceptance-Rejection Theory (PARTheory) (Rohner, 1986; 2000) in terms of understanding parent-child relations that lead to enhancement of resilience.

In the PARTheory, the significance of parental acceptance, love and positive response for children from the most important people to them is reported (Rohner, Khaleque, & Cournoyer, 2005). It is a theory of socialization and lifespan development and postulates that all individuals around the world, regardless of their culture, ethnicity, gender or social class, have a need to receive warmth from the people who are important for them (Erkman, 1992; Rohner, 2005). It is contended in the PARTheory that individuals' feeling of emotional security and well-being are likely to be dependent on the amount of warmth they received from their parents (Rohner & Khaleque, 2005). Not getting this warmth in an acceptable manner results in negative consequences. That is to say, deprived children and adults easily become dependent individuals. They tend to express negative mental representations of themselves, others and the world in general. They also have a tendency to have impaired self-esteem and self-adequacy and they can more easily become aggressive, emotionally unstable and unresponsive (Rohner & Khaleque, 2005).

On the other hand when risk factors are considered among the individual risk factors in relation to resilience (Masten, 2001) depressive symptoms can be considered to have a

major place since the highest ranking mental problems among the general population are depressive disorders (Wolman & Stricker, 1990).

Nowadays, people can face with many challenges and they experience a wide variety of adversities. Although some people are better in managing the adversities, others can fail to cope with them. As well known, coping with adversities can be learned (Holland, 2005). One of the main aims of counseling is to help people develop new coping strategies in order to acquire the skills needed for effective living and promote personal strength of individuals. To know how to raise resilient children is important. The related literature indicates that resilience is influenced by a number of different variables. The role of perceived parental acceptance and father involvement as protective factors on resilience and the influence of depressive symptoms as a risk factor vis a vis resilience, are important issues which are addressed by the present researcher.

The present study aimed to investigate the predictor role of perceived parental acceptance, father involvement and depressive symptoms on perceived resilience. The possible differences related to gender in terms the influence of the study variables on resilience have also been explored. It is aimed by the present study to contribute to the understanding of the influence of these three factors, namely; parental acceptance, father involvement and depressive symptoms on resilience for the university youth.

## CHAPTER 2

### REVIEW OF LITERATURE

The present study investigates the influence of perceived paternal and maternal acceptance, father involvement and depressive symptoms on perceived resiliency. This section gives background information to establish the theoretical and empirical foundation of the present study.

#### Resilience

Resilience research has expanded significantly for the past three decades. According to Brooks and Goldstein (2006), there are some reasons for this popularity in the study of resilience. First, when the technological development of our society increases, the number of youth facing adversity and the number of adversities they face is increasing. Risks are increasing for more youth. Second, there has been an interest in both understanding risk and protective factors and in determining whether this information can be used in interventions that cannot only increase positive outcomes for those youth facing risk, but can also be applied to the population of children in general in an effort to create, as Brooks and Goldstein (2006) state, a “*resilient mindset*” in all youth.

As is known every child is exposed to pressure in our current, fast-paced, stress-filled environment. Even the children who do not face significant adversity or trauma, suffer from intense stress or anxiety, all experience the pressures around them and the expectations placed upon them (Brooks and Goldstein). So, the field has increasingly concentrated on identifying variables that predict resilience in the face of adversity and developing models for effective application. According to Brooks and Goldstein, every child capable of

developing a resilient mind-set will be able to deal more effectively with stress and pressure, to cope with everyday challenges, to bounce back from disappointments, adversity, and trauma, to develop clear and realistic goals, to solve problems, to relate comfortably to others, and to treat oneself and others with respect.

For Wyman (et al., 1999; cited in Brooks and Goldstein), resilience can be defined as a child's achievement of positive developmental outcomes and avoidance of maladaptive outcomes under adverse conditions. In the clinical field, a resilient mind-set can be defined as the product of providing children with opportunities to develop the skills necessary to fare well in the face of adversity that might lie in the path to adulthood for that individual.

#### Definition of Resilience

In the definition of resiliency, some consistency has emerged in the past decade although the construct of resilience has been studied and described since the 1950s. Most researchers agree that resilience refers to positive outcomes, adaptation, or the process of acquiring developmental milestones or competencies in the face of significant risk, adversity, or stress. As Masten (2001) indicates two conditions are necessary for individuals to be considered resilient: first, that the individual has been exposed to significant risk or adversity, and, second, that the individual has achieved at least typical or normal developmental outcomes. According to Garmezy, Masten, and Tellegen (1984) resilience is manifestations of competence in children despite exposure to stressful events. Resilience is an individual's capacity to successfully adapt to change and stressful events in healthy and constructive ways (Catalano, Berglund, Ryan et al., 2002a; Garmezy, 1991). In this sense, resilience is an ability to recover from negative events rather than only imply invulnerability to stress (Garmezy, 1991). According to Masten (2006) resilience is a broad



conceptual umbrella, covering many concepts related to positive patterns of adaptation in the context of adversity.

Masten states that resilience in an individual refers to successful adaptation despite risk and adversity (Masten&Obradovic, 2006). In other words resilience can be defined as the ability to bounce back or overcome adversity. Luthar, Cicchetti and Becker (2000) defined resiliency as a dynamic process which encompass positive adaptation within the context of adversity.

Resilience has been studied in Turkey for the last few years. Turkish academicians use different terms when they translate “resilience” from English. The widely used expressions are “*yılmazlık*” (Öğülmüş, 2001), “*psikolojik sağlamlık*” (Gizir, 2004) and “*kendini toparlama gücü*” (Terzi, 2006). In this study the term “*yılmazlık*” (Gürgan, 2006) was used.

### Resilience and Risk Factors

When a person experiences some type of risk or adversity, and comes out intact, it can be said that the person is resilient. As cited in Kaya (2007), Richman and Fraser (2001, p.2) define risk factors as the “presence of one or more factors or influences that increase the probability of a negative outcome”. Resilience research has found three different groups of risk factors, namely; individual risk factors, familial risk factors and environmental risk factors. Individual, family and community characteristics are likely to make contribution to resiliency among children and youth. Gender, positive self-esteem, social competence, problem-solving abilities, autonomy, a sense of purpose (Dahir & Eby, 2001), an active engagement in one’s culture (LaFromboise, Hoyt, Oliver, & Whitebeck, 2006), age (Fisher, Kokes, Cole, Perkins & Wynne, 1987), temperament (Werner, 1993), and intelligence (Doll & Lyon, 1998) are related to resilience at the individual level. Family structure and parental support are associated with resilience at the family level. Whereas factors such as poverty

and discrimination indicate risk factors, community support is one of the positive factors related to resilience at the community level (LaFromboise, Hoyt, Oliver, & Whitebeck, 2006). To conclude, resilience is accepted as a developmental process that involves individual differences in the attributes and environments of children (Deater-Deckard, Ivy, & Smith, 2004).

### Resilience and Protective Factors

Protective factors are described as conditions or processes that work to moderate the negative effects of risk factors, leading to resilient outcomes (Rutter, 1987). They decrease the risk, reduce the effects of the risk factor or improve coping capacity. It is important to study protective factors to understand resiliency and design intervention programs to raise resilient people. Protective factors provide protection for people from a negative outcome, from developing the problem. Protective factors may decrease the risk itself, reduce the effects of the risk factors, or improve coping capacity (Carbonell et. al., 2002). Individual vulnerability, the degree of adversity, and environmental factors are very important in the effectiveness of a protective factor (Masten, Best, & Garmezy, 1990). Individual, family, and environmental/situational are three groups of protective factors (Brooks, 1994; Garmezy et al., 1984). Cognitive capacity and self-esteem are individual protective factors. Family factors involve family cohesion, conflict management, and effective communication. Environmental factors cover the family, social support, socioeconomic resources and constructive characteristics of the peer group (Carbonell et. al., 2002).

Protective factors are also divided as internal and external protective factors in literature. Among the Internal Protective Factors Intelligence, which, as measured by IQ and other tests is mostly examined among the internal protective factors in predicting resilience. Most studies have concluded that resilient children generally have higher

intellectual and academic abilities than non-resilient children (Kandel et al., 1988; Masten et al., 1988; Radke-Yarrow and Sherman, 1990, Werner & Smith, 1982, cited in Gürkan, 2006). Resilient children and adolescents are more likely to perform better in school academically, score higher on educational achievement and scholastic aptitude tests, and have superior reading, verbal and moral reasoning skills than their high-risk peers who develop maladjustment behavior (Mandleco & Perry, 2000).

An internal locus of control orientation is a belief that rather than external forces such as luck or destiny, things in one's life are largely shaped by one's own efforts and actions (Gizir, 2004). So, internal locus of control orientation is another internal protective factor of resilience. According to many researchers, resilient children and adolescents have greater internal locus of control orientation than do their nonresilient counterparts (Cowen et al., 1992; Grossman et al., 1992; Luthar, 1991; Luthar & Zigler, 1991; Magnus et al., 1999; Weist et al., 1995; Werner & Smith, 1992; cited in Gizir, 2004).

Temperament involves adaptability, intensity of reactions to stimuli, and reflectiveness in meeting new situations (Kirby & Fraser, 1997). It is another internal protective factor. Another internal protective factor for resilience is self-esteem (Werner, 1989; Dumont & Provost, 1999; Garmezy, 1991) which means a belief that one's own efforts can make a difference, is helpful in overcoming life's adversities (Maclean, 2004). According to Brooks (1994), resilient children have a high level of self-esteem, a realistic sense of personal control and a feeling of hope. Similarly, Rutter (1987) has said that low self-esteem is a risk factor, whereas high self-esteem is a protective factor for resilience. Research evidence showed that children who had high self esteem, self-efficacy and self worth were more likely to show competence and positive outcomes, resiliency than were the others (Cicchetti, Rogosch, Lynch, & Holt, 1993; Connell, Spencer, & Aber, 1994; Spencer et al., 1993; Werner & Smith, 1992). Also, optimism and hope for the future is another

protective factor (Benard, 1999). It was found that resilient children and adolescents were more hopeful about their abilities to generate good outcomes for themselves and others (Kumpfer, 1999). A sense of autonomy is another internal protective factor. It was found that autonomous people have a clear sense of who they are and have superior ability to think or work independently (Benard, 1993).

Also, problem-solving skill is another internal protective factor of resilience (Anthony, 1987b; Rutter & Quinton, 1994). Abstract, reflective and flexible thinking and generating alternative solutions for cognitive and social problems are included in problem-solving skills (Benard, 1991). According to Demos (1989), characteristics of resilient children involve high self-esteem and self-efficacy, an active attitude toward an obstacle or difficulty, the ability to see a difficulty as an opportunity that can be worked on, overcome, changed, or resolved in some way, reasonable persistence, and a capacity to develop a range of strategies and skills to deal with the problem, which can be used in a flexible way.

According to Haynes (2005), essential characteristics of resilient youth are social, emotional and cognitive/academic. Resilient youth has social characteristics involving the ability to develop friendships, to establish positive relationships with others, effective communication skills and show willingness and ability to seek help when needed. Emotional characteristics of resilient youth include a strong sense of self-efficacy, a high level of self-confidence, positive self-esteem and self-acceptance, ability to recognize and regulate emotions, ability to adapt quickly to different situations and the capacity to tolerate frustration and anxiety (Haynes, 2005). High achievement motivation, the ability to think about and plan for the future, confronting stressful and traumatic events by putting them in perspective, internal locus of control and manipulating and shaping environment to their benefit are cognitive/academical characteristics of resilient youth (Haynes, 2005). Some research on resilience has investigated whether resilience levels differ between males and

females. Preadolescent girls were found to be more resilient than boys whilst adolescent boys were more resilient than girls (Maclean, 2004).

Family is one of the most important external protective factors. Different characteristics of the home environment are seen as protective factors for girls and boys; while girls take advantage of greater structure and rules, and adult supervision, for males the availability of a positive male role model and encouragement of emotional expression was important (Maclean, 2004). Wasonga (2002) made a survey of 559 ninth and twelfth-grade high school students and investigated the effects of gender on the perceptions of external assets, development of resilience and academic achievement. The findings revealed that gender had an effect on external assets and resiliency among urban students. External assets and resiliency had high correlation for males, although their resiliency scores were significantly lower than those of females.

When a child has a close bond or a positive relationship with at least one parent or a family member then they have better adjustment and better outcomes among at-risk children (Anthony & Cohler, 1987; Buchanan, 2000; Grossman et al., 1992; Masten & Coatsworth, 1998; Rutter, 1990; Werner & Smith, 1982; 1992; Wyman, Cowen, Work, & Parker, 1991; Wyman et al., 1999; cited in Gizir, 2004).

Another important external protective factor is perceived social support (Richman, Rosenfeld, Bowen, 1998; Maclean, 2004). Richman, Rosenfeld and Hardy (cited in Maclean, 2004) define eight components of social support, as follows: Listening support (listening without advising or judging), Emotional support, Emotional challenge (helping the child evaluate his/her attitudes), Reality confirmation support (sharing the child's perspective of the world), Task appreciation support, Task challenge support (challenging, motivating), Tangible assistance support (money or gifts), Personal assistance support.

Social support received from family, peers, and teachers are considered very important. When children receive regular social support even if they are at risk of school failure they are found to be more successful than those who lack social support (Richman, Rosenfeld, Bowen, 1998). Many researchers agree that a close bond or positive relationship with at least one parent or other family member is a good predictor of a child's adjustment and is related to better outcomes among at-risk children (Gizir, 2004). Supportive relationships with parents also have a protective effect for the challenges of adolescent development (Luthar, 1999).

### Positive Outcomes

Positive outcome is associated with resiliency; it refers to competence in both academic and social domains. According to Masten and Coatsworth (1995), competence is a pattern of effective adaptation in the environmental context that promotes the process of development. A few examples of competence or good adaptation are positive behaviors like the presence of social and academic achievement, the presence of culturally desired behaviors (developmental tasks), happiness and life satisfaction, or the absence of maladjustments such as mental illness, emotional stress, criminal behavior, or risk-taking behavior. Resilient children usually have four attributes, namely social competence, problem-solving skills, autonomy, sense of purpose/future (Benard, 1993). Masten and Reed (2002) composed the most studied positive outcomes such as academic achievement (grades, test scores, graduating from high school), behavioral conduct (rule-abiding behavior vs. antisocial behavior), peer acceptance and close friendship, normative mental health and engagement in age-appropriate activities such as extracurricular programs, sports and community service. Also, social competence with peers includes effective social interactions (Diener & Kim, 2004; cited in Kaya, 2007). According to Masten and Coatsworth (1998), the quality of peer relations is related to social competence in childhood

and adolescence, and most researchers have supported both the concurrent and predictive validity of peer relations as current and future indicators of competence and a correlate of adaptation.

### Three Major Waves of Resilience Research

The study of resilience has advanced in three major waves of research over the past three decades (Goldstein & Brooks, 2006). The first wave of research attempted to identify the internal and external protective factors that help people grow through adversity; the second wave covers the resiliency process and enrichment of protective factors; and the third wave can be seen as a postmodern, multidisciplinary identification of motivational forces within the individual.

The first wave is focused on description of resilience phenomena and individuals. Resilience can be seen as a pattern of positive adaptation in the context of past or present adversity. The first wave has been seen as a paradigm shift away from looking at the risk factors that lead to psychosocial problems and towards the identification of individual strengths (Benson, 1997, cited in Richardson, 2002) and the development of an individual-focused description of resilience (Wright & Masten, 2005).

Person-focused and variable-focused approaches are included in the first wave of research on resilience. Person-focused approaches recognized resilient individuals with a view to decide how they differed from others facing similar adversities or risks who were not exhibiting similar positive adaptation to the situation. Variable-focused approaches studied the links among characteristics of individuals and their environments that lead to good outcome when risk or adversity was high. Many studies from each of these perspectives, the first wave of research revealed consistency in the findings, including a general set of correlates of better adaptation among children at risk for diverse reasons.

Masten (2001, cited in Goldstein & Brooks, 2006) has pointed out these correlates as the short list and they can show basic adaptive systems supporting human development.

According to Masten (2001, cited in Goldstein & Brooks, 2006, p.24), this short list can be seen in Table1.

Table 1. Examples of Assets and Protective Factors

Characteristics	Examples of Assets and Protective Factors
Child Characteristics	<ul style="list-style-type: none"> <li>Social and adaptable temperament in infancy</li> <li>Good cognitive abilities and problem-solving skills</li> <li>Effective emotional and behavioral regulation strategies</li> <li>Positive view of self (self confidence, high self-esteem, self-efficiency)</li> <li>Positive outlook on life (hopefulness)</li> <li>Faith and a sense of meaning in life</li> <li>Characteristics valued by society and self (talents, sense of humor, attractiveness to others)</li> </ul>
Family Characteristics	<ul style="list-style-type: none"> <li>Stable and supportive home environment</li> <li>Low level of parental discord</li> <li>Close relationship to responsive caregiver</li> <li>Authoritative parenting style (high on warmth, structure/monitoring, and expectations)</li> <li>Positive sibling relationships</li> <li>Supportive connections with extended family members</li> <li>Parents involved in child's education</li> <li>Parents have individual qualities listed above as protective for child</li> <li>Socioeconomic advantages</li> <li>Postsecondary education of parent</li> <li>Faith and religious affiliations</li> </ul>
Community Characteristics	<ul style="list-style-type: none"> <li>High neighborhood quality</li> </ul>



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	Safe neighborhood
	Low level of community violence
	Affordable housing
	Access to recreational centers
	Clean air and water
	Effective schools
	Well-trained and well-compensated teachers
	After-school programs
	School recreation resources (sports, music, art)
	Employment opportunities for parents and teens
	Good public health care
	Access to emergency services (police, fire, medical)
	Connections to caring adult mentors and pro-social peers
Cultural or Societal Characteristics	Protective child policies (child labor, child health, and welfare)
	Value and resources directed at education
	Prevention of and protection from oppression or political violence
	Low acceptance of physical violence

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*Note.* From S. Goldstein & R. B. Brooks (2006), *Handbook of Resilience in Children* (p. 24). New York : Kluwer Academic/Plenum.

The second wave is focused on transactions among individuals and the many systems in which their development occurs. Resilience research has increasingly focused on developmental systems (Roberts & Masten, 2004; Sroufe, 1997; Yates & Masten, 2004; cited in Goldstein & Brooks, 2006). This focus chose to emphasize the role of relationships and systems beyond family and tried to regard and combine biological, social and cultural processes into models and studies of resilience (Masten, 2001; Luthar, 2003; cited in Goldstein & Brooks, 2006). Several cross-cultural studies were carried out by comparing

the promotion of resilience in children from different cultural and ethnic backgrounds. As cited in Goldstein and Brooks (2006), Grotberg (1997) examined 1,225 children and their families or caregivers from 22 countries. Common environmental characteristics relevant to children's overcoming adversity involved the provision of loving support, acting as role models, seeking help, recognizing a child's need to be responsible for his/her own behavior, and establishing rules, whilst differences involved a wide variation in age-related expectations, an ability to encourage a sense of autonomy in children, the degree to which punishment is viewed as strengthening children, the availability of resources to draw on, the presence of hope and faith in outcomes, and communication and problem-solving skills.

The third wave is about intervening in foster resiliency. The third wave shows various goals, models and methods from prevention science and studies of resilience (Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Coie et.al., 1993; Cowen & Durlak, 2000; Masten & Coatsworth, 1998; Weissberg & Kumpfer, 2003; Yoshikawa, 1994; cited in Goldstein & Brooks, 2006). Intervention studies aimed to prevent or reduce children's risky behaviors and delinquency. Also, early childhood interventions aimed to promote success in developmental tasks of children at the same time they reduce risk for problem behaviors (Ramey & Ramey, 1998; Reynolds & Ou, 2003; cited in Goldstein & Brooks, 2006). Environmental factors within families, schools and communities can be modified, and certain barriers to the development of family-based intervention programs exist, while the family has the greatest impact on the development of resilience in children (Brooks, 2006). Most researchers agree that schools are the most proper settings for resilience-building intervention studies (Christiansen & Christiansen, 1997; Minnard, 2001; Waxman, Gray & Padron, 2003; cited in Goldstein & Brooks, 2006).

In this study, the model is based on the second wave of resilience because the second wave covers the resiliency process, the enrichment of protective factors and focus on individuals and the many systems in which their development occurs.

### Research on Resilience

Werner (1989) conducted one of the most important longitudinal studies related to resilience. He studied child development and well being using data collected by a research team comprised of pediatricians, public health nurses, public social workers, and psychologists. Six hundred and ninety-eight predominantly non-white, middle-to-low SES individuals from the Hawaiian Island of Kauai was the study sample. To determine how well participants adjusted to different aspects of life, researchers used a multifaceted assessment procedure. The study looked at risk factors evident in the first two years of life as predictors of adolescent and adult maladjustment. Risk factors which includes chronic poverty, parental psychopathology, family instability and parental alcoholism were seen as predictors of low educational achievement, future school dropout and alcohol abuse. The study stated that about one-third of the high-risk group grew into competent young adults identified as resilient. It was found that these resilient adolescents have higher levels of autonomy, independence, empathy, task orientation and curiosity as well as better problem solving skills, better peer relationships and better physical health than non-resilient adolescents (Werner, 1989).

The Rochester Longitudinal Study was another longitudinal study (Sameroff & Seifer, Baldwin, & Baldwin, 1993). It compared the social-emotional functioning of children whose mothers had significant psychopathologies with those whose mothers had no socio-emotional problems. In terms of demographic variables, the two samples were matched. It was found that by age 13, the resilient group of adolescents had higher levels of self-

esteem, greater internal locus of control, more effective parental teaching, and lower levels of parental criticism and lower rates of maternal depression than the non-resilient group.

With a sample of 480 urban high-school students, another study was carried out (Wasonga, Christman, & Kilmer 2003). It is suggested that the protective factors predicting resilience and academic resilience was influenced by ethnicity, gender and age.

Considering the amount of time children and youth spend in the school and the role of school in their development, the potential of schools in promoting resilience among children and youth is underlined (Goldstein & Brooks, 2006). By employing educators who possess a resiliency-building attitude, schools can build resilience in students within an environment of caring relationships (Henderson & Milstein, 1996; cited in Waxman, Gray, & Padron, 2003). According to Bruce (1995), teachers can use several specific strategies to foster resiliency, including social skills training and teaching students self-monitoring, self-evaluation and self-reinforcing strategies. Goldstein & Brooks (2006) stated developing “social competence”, “increasing caring relationships, communicating high expectations”, “maximizing opportunities for meaningful participation”, “strengthening school capacity for building resilience”, and “creating partnership with family and community” among the school based strategies for enhancing resilience in the students.

#### Research on Resilience in Turkey

Research conducted on resilience is rather scarce in Turkey although resilience has been studied widely internationally. Most studies within the realm of resilience literature in Turkey include research conducted with the aim of adapting resilience scales to the Turkish context (Gizir, 2004; Terzi, 2006), research on resilience in different risk groups (Gizir, 2004; Özcan, 2005; Gürgan, 2006) and an experimental study aimed at developing resilience among university students (Gürgan, 2006).

The relationship between resilience, hopelessness and locus of control using the California Healthy Kids Survey Resilience and Youth Development Module (RYDM) was studied by Gizir (2004). The study was carried out with 872 eighth-grade students (439 girls, 433 boys) living in poverty, and the aim of the study was to develop a Turkish adaptation of the RYDM. Results showed that there is a positive relationship between internal locus of control and academic resilience, whilst there is a negative relationship between hopelessness and resilience.

Terzi (2006) conducted another adaptation study with a sample of 155 university students. The validity and reliability of the Resilience Scale (RS) in the Turkish context was analyzed by Terzi (2006). The original RS developed by Wagnild & Young (1993) contains 24 modified Likert-scale items in a seven-point format. Construct validity was examined by factor analysis. To test concurrent validity, scores on the RS and the “Generalized Self-Efficacy Scale” were calculated. According to the results, there is a significant relationship between the scores on the two scales ( $r=.83$ ). The alpha coefficient of scale was found to be .82 and a test-retest correlation co-efficient of .84. It indicated satisfactory validity and reliability.

Also, Gürgan (2006) developed a resiliency scale for university students which has robust psychometric properties. It contains 50 items and 8 factors. Test-retest reliability coefficient of scale was found to be .89. To test validity, The Rosenbaum’s Learned Resourcefulness Schedule (RLRS), Locus of Control Scale (LCS), Beck Hopelessness Scale (BHS) and Problem Solving Inventory (PSI) were given. Pearson correlations between RS total scores and RLRS scores ( $.76, p<.001$ ), LCS total scores ( $-.44, p<.001$ ), BHS total scores ( $-.67, p<.001$ ), and PSI total scores ( $-.79, p<.001$ ) established validity for the Resiliency Scale (Gürgan, 2006).

Özcan (2005) investigated protective factors and resiliency traits of 152 high school students according to their gender and the marital status of their parents. High School Questionnaire of the California Healthy Kids Survey RYDM was used to measure protective factors and resilience traits. It indicated that students whose parents were married were found to have significantly higher protective factors and resilience traits than students whose parents were divorced. Gender was not found to significantly affect protective factors or resilience traits.

Gürkan (2006) examined the effects of a group resiliency education program on the resiliency level of Turkish university students. Pre-test scores revealed low resiliency levels among the 36 participants. Participants were divided into an experimental group (n=20) and a control group (n=16). It consisted of 11-week, cognitive-based group program of resiliency education developed by the researcher. Results indicated the program was effective in increasing student resiliency levels.

Kaya (2007) investigated the role of self-esteem, hope and external factors in predicting resilience of students in Regional Boarding Elementary Schools with a sample of 391 students in sixth, seventh and eighth grades in Ankara. The California Resilience and Youth Development Module Rosenberg Self-esteem Scale and The Children's Hope Scale were used. Results indicated that hope, and some external assets (Home Caring Relationships, High Expectations, and Meaningful Participation, Community Caring Relationships and High Expectations; School and Community Meaningful Participation; Peer Caring Relationships and High Expectations) were important predictors of resilience. Self-Esteem and two external assets (School Caring Relationships and High Expectations; and School Connectedness) did not contribute to resilience.

## Parental Acceptance-Rejection Theory

Parental Acceptance-Rejection Theory (PARTheory) developed by Rohner attempts to describe both causes and effects of parental acceptance-rejection worldwide (Rohner & Khaleque, 2005). Parental acceptance- rejection theory (PARTheory) aims to explain and predict the principal causes, consequences, and other correlates of parental acceptance-rejection for behavioral, cognitive, and emotional development of children. It is a socialization and lifespan development theory and postulates that all individuals around the world, regardless of culture, ethnicity, gender or social class, have a need to receive warmth from the people who are important for them (Erkman, 1992). Perceived parental acceptance-rejection can be seen as children's and adults' interpretations of major caregivers' behaviors. Individuals make interpretations of parenting based on their own cultural and personal perspectives and this avoids the likelihood of misinterpreting the meaning of caregivers' behavior.

The PARTheory approach has three subtheories, namely personality subtheory, coping subtheory and sociocultural systems subtheory, and the attempt is to finding the answer of some questions. According to Rohner, two questions are asked in the Personality subtheory. First, do children everywhere in different sociocultural systems, racial or ethnic groups, and gender answer the same way when they perceive themselves to be accepted or rejected by their parents? Second, to what degree does the impact of childhood rejection last through adulthood and old age (Rohner & Khaleque, 2005)?

One basic question addressed in coping subtheory is, what is the reason for some children and adults dealing more effectively emotionally with adversity, than most, even though they have experiences of childhood rejection? Lastly, with sociocultural systems subtheory the search for answers for two questions is conducted. Firstly, it examines the

reason for some parents being warm and loving while others are cold, aggressive, and neglecting/rejecting. Secondly, how is the structure of society together with behavior and beliefs of individuals within the society are influenced by the fact that most parents in the society tend to either accept or reject their children (Rohner & Khaleque, 2005).

The warmth dimension of parenting is very important in parental acceptance and rejection theory. According to the warmth dimension of parenting, every human being has received, more or less, love from their parents in childhood. While parental acceptance commands the warmth, affection, care, concern, comfort, nurturance and support, parental rejection attends to the absence and significant withdrawal of these loving feelings and behaviors and the presence of psychologically and physically hurtful behaviors (Rohner & Khaleque 2005).

According to extensive cross-cultural research, individuals state parental rejection as the following expressions: *cold and unaffectionate* (lack of affection), *hostile and aggressive*, *indifferent and neglecting*, and *undifferentiated rejecting* (Rohner & Khaleque, 2005). *Coldness* means deficiencies in emotions, eagerness and warmth towards the child. In the parents' feelings of coldness, they may show lack of affection in their verbal and physical behaviors. *Unaffectionate* expressions include not hugging, kissing or complimenting. *Hostile and aggressive* includes resentful and angry feelings toward the child and psychological or physical aggression is its behavioral indication. *Indifferent and neglecting* refers to a lack of concern for the child and its behavioral indicators are neglecting the child's physical, emotional and social needs. *Undifferentiated rejecting* refers to individuals' beliefs that their parents do not really care about or love them although there might not be observable indicators (Rohner & Khaleque, 2005).



Parental acceptance-rejection can be seen from two perspectives, namely the phenomenological perspective and the behavioral perspective. While the phenomenological perspective can be viewed perceived or subjectively experienced by the individual, behavioral perspective can be viewed as reported by an outside observer. PARTheory research recommends that one should generally trust the information derived from the individuals' own perceptions because the outside observers may fail to detect any behavioral indicators of rejection even if the child feels the opposite way (Rohner & Khaleque, 2005). According to Kagan (1978, p.61 cited in Rohner & Khaleque, 2005), "parental rejection is not a specific set of actions by parents, but a belief held by the child". Also, Demo, Small, and Savin Williams (1987) pointed out that the perceptions of children about parental attitudes and behaviors have more effect on the children than the actual parental attitudes and behavior (cited in Ekmekçi, 2008). So, to see the real situation for the child it is important to consider the perceptions of the children.

#### PARTheory's Personality Subtheory

According to PARTheory's personality subtheory, humans have developed biologically-based emotional needs for positive responses such as emotional wish, desire, or yearning for comfort, support, care, concern, and nurturance from the people most important to them (Rohner & Khaleque, 2005). Children's some needs including love, comfort, nurturance, support, care, and so on can be best satisfied by their parents (Khaleque, 2002; Rohner, 2004; Rohner & Khaleque, 2005). Personality subtheory indicates that, the emotional and psychological status of children depend largely on the quality of the relationship between parents and children. Thus, to shape the personality development of children positively, parents should meet the children's needs for positive response. Otherwise, if parents do not meet this need, children are likely to feel anxious, insecure, and dependent (Rohner, 2004;

Rohner & Khaleque, 2005). According to this theory, aggression or passive aggression, problems with the management of hostility, dependence or defensive independence, impaired self-esteem, impaired self-adequacy, emotional unresponsiveness, emotional instability, and a negative worldview are experienced by children who perceived themselves as rejected depending on the form, frequency, and intensity of rejection (Khaleque, 2002; Rohner, 2004; Rohner & Khaleque, 2005).

### PARTheory's Coping Subtheory

The coping subtheory deals with the fact that some children and adults cope more effectively emotionally than others who experienced rejection. There are two types of copers according to this theory: effective copers and instrumental copers. Individuals who are able to decrease the negative effects of rejection, and somehow develop a positive state of mental health despite parental rejection are effective copers while individuals who are performing well in their professions but having problems psychologically are instrumental copers (Khaleque, 2002; Rohner, 2004; Rohner & Khaleque, 2005).

It is important to look for the sources which could be useful for children and adults to cope more effectively emotionally than others who experienced rejection. Therefore, the coping subtheory questions can be examined. In the coping subtheory, these sources are social cognitive capabilities. The level of coping capacities of individuals with rejection is increased by a clearly differentiated sense of self, self-discrimination and the capacity to depersonalize. Self-determined people do not believe fate or chance. They believe that they have control over what happens to them through their effort or personal attributes. Also, individuals who are able to depersonalize are not taking the events personally. They are capable of dealing in a more positive way with interpersonal ambiguities (Rohner & Khaleque, 2005).

### PARTheory's Sociocultural Systems Subtheory

The PARTheory's sociocultural system tries to learn the reasons for and effects of parental acceptance-rejection, within individuals and whole societies. Social institutions including the family structure, systems of defense, economical and political organizations form maintenance systems of the society. As sociocultural systems subtheory suggests, the formation of any specific behavior of parents is effected by the maintenance systems directly. Also, the mutual interaction between the behavior of parents and children is seen. Children's personalities develop and their behavior is affected by the parents' accepting-rejecting and other behavior. The quality of children parents' behavior toward them is determined by the personal characteristics and the behavioral dispositions of children (Rohner & Khaleque, 2005).

Children are influenced both by their parental experiences, and by the natural environment in which they live, the maintenance systems of their society, interaction with peers and adults in the society, and the institutionalized expressive systems of their society. The traditions, behaviors, and preferences of religion, art, music, folklore, and symbolic beliefs of the people in the society are institutionalized expressive systems (Rohner & Khaleque, 2005). People reflect their inner worlds and psychological states through the expressive systems. The change in these systems is inevitable because people change through time. According to socio-cultural systems sub-theory, when the expressive systems are created and become united within the socio-cultural systems, the specified fact within the society influence individuals' beliefs, and behaviors (Rohner & Khaleque, 2005). In the societies in which supernatural world is perceived as malevolent (hostile, destructive, unpredictable, and negative), children tend to be rejected. On the other hand, in the

societies in which the supernatural world is perceived as benevolent (warm, supportive, protective, and generous), children tend to be accepted (Khaleque, 2002; Rohner & Khaleque, 2005). In addition, children may face rejection in families which are not supported economically and socially. It is the same for single parent families if they do not have enough social and economical support (Rohner & Khaleque, 2005).

### Research on Parental Acceptance-Rejection

Parental acceptance or rejection tends to be associated with psychological adjustment or psychological maladjustment. (Khaleque & Rohner, 2002; Rohner, 2004; Rohner & Khaleque, 2005). A large number of studies which deal with parent-child relations also concluded that perceived parental acceptance is associated with the psychological (mal)adjustment of children and adults (Khaleque & Rohner, 2002; Rohner, 2004; Rohner et. al., 2005).

Rohner (2004) formulated the concept of *parental acceptance-rejection syndrome* by evidence about the universal expressions of acceptance-rejection and the worldwide psychological effects of perceived acceptance-rejection. This syndrome is composed of two complementary set of factors. First, the four classes of behavior are warmth/affection, hostility/aggression, indifference/neglect, undifferentiated rejection. They seem to convey the message that the children tend either to be loved or rejected by the parent. Second, the psychological adjustment of children and adults tend to vary with the extent to which individuals perceive themselves to be accepted or rejected by their parents or by the individual most important to them (Rohner, 2004). Parental acceptance has been associated with positive outcomes, such as the development of pro-social behavior in children, positive peer relationships in adolescence and overall psychological well-being in

adulthood including happiness, life satisfaction, and low psychological distress (Rohner & Britner, 2002).

Lila, Garcia and Gracia (2007) examined the relationship between perceived paternal and maternal acceptance and children's psychological adjustment among 234 children and 234 parental figures in Colombia. It revealed that the children experienced more maternal and paternal acceptance than rejection. Also, the children's self-reported psychological adjustment was positively related to the perceived maternal and paternal acceptance.

According to results of many studies, parental rejection appears to be a considerable predictor of depression, anxiety, social withdrawal, conduct disorders, externalizing behavior, delinquency and substance abuse (Rohner & Britner, 2002). Clinical depression as well as nonclinical depression was found to be related to parental rejection in many countries worldwide. Parental rejection has been associated with depression in Australia, China, Egypt, Germany, Hungary, Italy, Spain, Sweden, and Turkey (Rohner & Khaleque, 2005). In addition to this, parental rejection in childhood was found to be associated with the development of depressive symptoms in children, adolescents and adults in major ethnic groups in the United States, including Asian-Americans, African-Americans, Mexican-Americans and European-Americans (Rohner & Britner). The studies which investigated the influence of both maternal and paternal behaviors indicated that fathers' love related behavior is significant as mothers' in the background of depressed adolescents and adults (Veneziano, 2000).

Parental acceptance-rejection and substance abuse are associated worldwide such as in Australia, Canada, England, Finland, Hungary, the Netherlands, and Sweden. Also, parental rejection is related with substance abuse in major ethnic groups in the U.S., including

African-Americans, Asian-Americans, Hispanic-Americans, and European-Americans (Rohner & Britner, 2002).

Apart from many studies which focused on negative results of parental rejection, there is some research that show the positive results of parental acceptance like academic achievement. The study which was conducted by Kim and Rohner (2002), with 245 Korean American adolescents, indicated that they perceived both their mothers and fathers to be warm and loving on the average. Adolescents saw their mothers as significantly more controlling than their fathers. However mothers and fathers perceived themselves to be moderate in behavioral control. Moreover, the results of the study indicated that both maternal and paternal acceptance significantly correlated with the academic achievement of the adolescents. In contrast, both maternal and paternal control did not relate to the adolescents' academic achievement.

#### Research on Parental Acceptance-Rejection in Turkey

Before presenting the research on Turkish youth utilizing the PARTheory it is important to give a contextual background on the characteristics of the Turkish family. In a changing world, Turkey, a country undergoing enormous changes and like most of the other developing countries engulfs in itself a wide variety of subgroups in terms of ethnicity, socioeconomic differences, etc. Yet some characteristics hold across all the diverse groups as they do for other societies described by Kagitcibasi (1990, 2002) as those with “communal orientation and a culture of relatedness”.

The child role is described to be based mainly on two dimensions, namely the place the child has in the interdependent structure of the family and the sex-role identity as a daughter or son (Kagitcibasi, 2002). In the Turkish family on the study of Value of Children (VOC) Kagitcibasi (1981), found that as the economic value of the child is lost,

the psychological value became even more important, thus strengthening and continuing the emotional interdependencies. This is different from typical Western families, again as seen in the VOC studies. In a Turkish family it is stated that there is the existence of close emotional relations among all family members. While the mother provides the physical care taking of the child, authority, in the Turkish family dominates the fathers' relationship with children. Sunar and Fisek (2005) caution the reader in terms of the rapid changes in the fabric of social functioning in Turkey stating that in particular family relations, it still can be characterized as authoritarian, patriarchal and traditional. A continual intimacy between children and parents is reported to exist beyond Western personal limits, with both parents in the Turkish family (Kagitcibasi & Sunar, 2002). It was seen that mothers used more control in their interaction with children, while fathers kept their superior position by interacting more with mothers than children and reached the child through them (Sunar & Fisek, 2005).

In terms of the differences in closeness, there is no simple preference for one parent over the other. Self and decision related information were shared with the father whereas emotional sharing and touching were shared with the mother (Fisek, 1991). It has been suggested that proximity are likely to be instrumental for fathers and expressive for mothers.

Different from traditional Turkish parents, modern Turkish parents desire a less hierarchical relationship with their children, without a lessening of proximity or interconnectedness (Sunar & Fisek, 2005). Lower and middle social class parents still uphold obedience and loyalty; upper-class parents are reported to emphasize independence and self-esteem (Sunar & Fisek, 2005).

The socialization process aims to produce children who are compliant rather than independent, thus control and discipline presides. Thus Kagıtcıbası (2002) concludes that, overprotection as well as control are normative and so are not perceived as rejection by Turkish children. It is stated that there is also a continuity of external control between home and school environment. Kagıtcıbası's (1996, p.89) suggestion will provide a frame to understand that in the Turkish family new child rearing practices in Turkey will produce an "autonomous- relational" rather than an independent or interdependent self in the child.

First parental acceptance-rejection study was conducted by Polat (1988) in Turkey. This study conducted with 120 ten to eleven-year-old children, revealed that their psychological adjustment significantly and moderately correlated with the subcategories of acceptance-rejection, non-warmth ( $r = -.44$ ), aggression-hostility ( $r = -.43$ ), indifference-neglect ( $r = -.49$ ), and undifferentiated rejection ( $r = -.43$ ) for the .001 level.

Erdem (1990) investigated the relationship between perceived parental acceptance-rejection and self-concept, anxiety, the attributional style of causality, parenting attitudes, and academic achievement for the construct validation of the child PARQ with 344 eighth graders coming from different socioeconomic status in Istanbul. The results of the study revealed that perceived rejection was significantly and negatively correlated with self-concept and academic achievement. Moreover, the perceived rejection was found to be significantly and positively correlated with anxiety and helpless explanatory style of causality.

In another study conducted by Erkman (2003) with 1821 children and youth between the ages of ten to eighteen in Turkey, the relationship of perceived parental acceptance-rejection and psychological adjustment was examined. In the study it was concluded that perceived maternal as well as paternal rejection correlated significantly with negative



psychological adjustment as assessed by the Personality Assessment Questionnaire (PAQ) ( $r=.34$ ,  $r=.33$ ;  $p<.00$ , respectively). Moreover, maternal acceptance correlated highly with paternal acceptance ( $r=.63$ ,  $p<.00$ ).

Erkman and Varan (2004) concluded that children in Turkey perceived both their mothers and fathers as being warm and moderately controlling on the average. Also, they reported themselves as being psychologically adjusted. The perceptions of maternal and paternal behavioral control were positively correlated with the psychological adjustment of adolescents ( $r=.18$ ,  $r=.16$ ;  $p<.00$ ). Moreover, the children's psychological adjustment and their perceptions of acceptance by mothers ( $r=.33$ ,  $p<.00$ ) and fathers ( $r=.33$ ,  $p<.00$ ) were correlated.

Erkan & Toran (2004) carried out a study with 123 mothers who have children who were five-years-old from the lower socio-economic levels in Diyarbakır, Turkey and examined their acceptance and rejection behaviors. The study indicated that the mothers who graduated from high school had higher acceptance, whilst the non-literate and literate non-graduate mothers had higher rejection for their children. Moreover, when the age of the mothers increased, their acceptance levels decreased. Also, when both the number of children and the number of the members in the family increased, the mothers' rejection level also increased. The gender of the child was not significantly correlated to the acceptance-rejection level of mothers.

Erkman and Rohner (2006) investigated the relationship between corporal punishment, parental acceptance-rejection, and psychological adjustment with 427 Turkish youths between the ages of ten and eighteen. The study revealed that youth reported both their mothers and their fathers to be warm and accepting and tended to self report fair psychological adjustment, on the average. Maternal as well as paternal acceptance was

robustly correlated with the youths' psychological adjustment ( $r=.50$  and  $r=.51$ ;  $p<.001$ ).

The gender and age of youth did not show any differential results and reported punishment was not correlated with youths' psychological adjustment.

Erkman (2009) also explored the relationship of perceived father involvement, perceived parental (maternal and paternal) acceptance with perceived resiliency of Turkish youth. The sample of the study was 70 university students and they filled out the Perceived Resiliency Form, Father Involvement Schedule and the Parental Acceptance Rejection Questionnaire (PARQ) Short Form, for their fathers and their mothers, along with a demographic form. Results indicated that the correlation between perceived mother acceptance and perceived father acceptance ( $r =.50$ ); perceived mother acceptance and perceived father involvement ( $r =.34$ ); perceived father acceptance and perceived father involvement ( $r =.68$ ) were significant. However, for females no relationship was established between perceived parental (mother and father) acceptance and resiliency; nor between perceived father involvement and resiliency, whereas for males the only significant relationship was between perceived father involvement and resiliency.

#### Parental Acceptance and Father Involvement

Researchers have pointed out the positive influence of father involvement on the cognitive and intellectual development of European American children (Radin, 1981; Radin, Williams, & Cog-gins, 1993), on their academic achievement (Radin, 1981; Radin & Russell, 1983; Williams & Radin, 1993), on their ability to empathize and their gender-role orientation (Radin, 1981; Radin & Sagi, 1982), on their psychological adjustment (Reuter & Biller, 1973), on their internal locus of control (Radin, 1981; Radin & Sagi, 1982), and their competency at problem-solving tasks (East-erbrooks & Goldberg, 1984). To the contrary, psychological maladjustment, behavioral disorders, and educational problems are

seen as a result of paternal noninvolvement (Biller, 1981, 1993; Osherson, 1986) as Veneziano and Rohner (1998) discuss in the article covering the worldwide studies on findings on acceptance-rejection.

Many scholars discuss that qualitative factors including paternal warmth, support, or nurturance are more important for children's development than factors that include the simple amount of time fathers spend in child care (Lamb, 1987, 1997; Lamb & Oppenheim, 1989; Lamb, Pleck, Charnov, & Levine, 1987; Pleck, 1997; Shulman & Collins, 1993). A study which was conducted by Veneziano and Rohner (1998) with twentyone African American and 37 European American fathers and their sixtythree children indicated that the perception of paternal acceptance was significantly related to the black and white children's psychological adjustment. Youth perceived much more paternal acceptance than rejection. The youth self reported, on the average, to be psychologically well adjusted. Moreover, fathers' involvement by itself was not significantly related to neither African American nor European American children's psychological adjustment.

Finley & Schwartz (2006) argued that what is most important is not the amount of time a parent actually spends with the child, but rather the child's perception of the parent's level and quality of involvement (Pleck, 1997). Finley and Schwartz (2006) conducted research with 1.714 young-adult university students and examined three dimensions (nurturance, reported involvement and desired involvement) of perceived parenting. According to results, fathers were more involved in instrumental activities such as providing income, disciplining children than in expressive domains such as caregiving, companionship and sharing leisure activities (Finley & Schwartz, 2006). Also, it was suggested that mothers are more involved than fathers in all domains except providing income. Providing income was associated with the fathers, whereas caregiving was associated with the mothers.

## Depression

Depression is one of the most general psychological problems of modern life. Individual's psychosocial relationships are affected negatively by depression. The highest ranking mental problems among the general population are depressive disorders (Wolman & Stricker, 1990). Large numbers of people are experiencing depression each year and the prevalence of depressive disorders is more than one hundred million all over the world (Clark et al., 1999). )

Symptoms of depression are reported by eighteen percent youths. A higher proportion of females (25%) reported depressive symptoms than males (10%). For both males and females, prevalence of depressive symptoms increased by age (Giedd, Iachan, Overpeck, Saluja, Scheidt & Sun, 2004).

### Research on Depression

According to research findings, negative self-belief, and irrational beliefs can play a significant role on the development of depression (Beck, Rush, Shaw, & Emery, 1979). Research indicates that depression is a serious problem among university students. Fifty-three percent of students attending a university counseling center admitted that depression is the problem for them (Miller & Rice, 1993). Also, depression is found to be related with cognitive variables which are high self conscientiousness, low self-esteem (Lewinson, Gotlib, & Seeley, 1997), negative emotions (Stader & Hokanson, 1998), self criticism (Murphy & Bates, 1997), and gender (women are more vulnerable to depression than men) as cited in Akkaya (2007).

It was found that depressive symptoms among university students indicate a serious problem, while mild in intensity. The results demonstrate that duration of three quarters of

depressed students was more than three months and half of them thought about suicide. Besides, according to Vredenburg, O'Brien and Krames study (1988) investigating the nature of university students' depression and its relation to personality variables and to experiences unique to university life. No gender differences were found for depressive symptoms. Another important result of the study was that larger proportion of the depressed students reported pressure felt from their families for high achievement, high academic compared to the nondepressed students. The results of the study also pointed out that university students' depression is not just related to a personality trait and a life event but rather both factors seemed to have significant implications.

#### Research on Depression in Turkey

Önen, Kaptanoglu and Seber (1995) explained that women who are less educated and exposed to both psychological and physical pressure from their husbands are more depressed compared to more educated women. Although being educated and having a more healthy family life are effective in reducing the depression experienced, female university students feel a strict societal pressure on themselves because of traditional gender role. They experience both interpersonal and intrapersonal problems such as depression because they suffer from difficulties while trying to gain their independence and social identity like their male peers.

In a study by Özdamar, Şayan and Zubaroglu (1997; cited in Şen, 2005) with a sample of 1833 Boğaziçi University students, it was found that female students appear to be more depressed than male students for the high depression groups. In addition, high and low depression groups made use of different coping styles.

A recent study showed that 31% of university students are mildly or moderately depressed and 6.5% of university students show symptoms of clinical depression (Ceyhan,

Ceyhan, & Kurtyılmaz, 2005). Şen (2005) conducted a research with Boğaziçi University undergraduate university students to investigate the direct or indirect effect of and association between coping in terms of styles and strategies, and perfectionism on the relationship between the perceived intensity of life events in terms of their stressfulness and depressive symptoms. According to the study results, 50% of the university students were at least mildly depressed. The results indicated that coping styles, coping strategies and perfectionism by themselves did not have a significant effect on the relationship between perceived intensity of life events and depressive symptoms. Coping styles explain 21% of depressive symptoms whilst coping strategies explain only 5% of depressive symptoms. Also, a difference existed between those showing no depressive symptoms and those in different categories of depressive symptoms according to all the variables of this study.

Akkaya (2007) conducted a study with 368 undergraduate students enrolled in five departments of METU, in the Faculty of Education. The researcher aimed to investigate to what extent gender, age, academic achievement, depression and perfectionism predict academic procrastination among Faculty of Education students. According to study results, depression was a significant predictor of academic procrastination among Faculty of Education students. Also, depression had a significant predictive role on academic procrastination among females while it had no significant predictive role on academic procrastination among males.

## CHAPTER 3

Based on information obtained from previous research and relevant literature, this section explains the aim of the study and the research question of the present study.

### STATEMENT OF THE PROBLEM AND RESEARCH QUESTION

The aim of the present study was to find out the influence of the university students' perceived paternal and maternal acceptance, father involvement and depressive symptoms on their resiliency. Based on this aim the following specific research question was investigated.

- To what extent do the university students' perceived parental acceptance and their perceived father involvement and their depressive symptoms explain their resiliency? Does this relation change according to gender?

## CHAPTER 4

### METHOD

In this chapter, participants of the study, instruments used in this study, procedure, design and data analysis of the study are presented.

#### Participants

The participants of the study were public university students in Istanbul. Data was collected at the end of the spring semester of the 2008-2009 academic year. Participants of this study comprised of volunteer undergraduate students who were enrolled in the Faculty of Education in three different public universities.

For this study, 436 questionnaires were distributed and 399 were returned by the participants. Among these 399 questionnaires, 15 were dismissed from this study, because of missing items. Also, 5 were excluded because they had extreme scores on depression and resiliency scales. So finally, the data collected from 379 were statistically analyzed.

Female participants made up 67.5 % of the sample and 32.5 % of the sample were males. A total number of 159 students from University A, followed by 104 students from University B and 116 students from University C comprised the sample as can be seen in Table 2.



Table 2: Distribution of Participants According to University and Gender

UNIVERSITY	Female		Male		Total	
	n	%	n	%	n	%
University A	116	45.3	43	35	159	42
University B	62	24.2	42	34.1	104	27.4
University C	78	30.5	38	30.9	116	30.6
Total	256	100	123	100	379	100

The frequency and percentage distribution of participants according to departments can be seen in Appendix A. A total number of 200 (52.8 %) participants were from the Guidance and Psychological Counseling Program, followed by 111 (29.3 %) from the Classroom Teacher Education Program, and the rest from different programs as can be seen in Appendix A.

Among the participants 40.9 % ( $n= 155$ ) were from the sophomore year, followed by 27.% ( $n=103$ ) from the junior year, 19 % ( $n=72$ ) from freshmen, 11.6 %( $n=44$ ) from the senior year and 0.8 % ( $n=3$ ) were special students (See Appendix B). The mean age of the total sample was 21.06, with a range from 17 to 29. The median was 21, the mode being 20 and standard deviation 1.66.

In terms of participants' parental marital status, 95.3 % had intact families, while 1.8 % came from divorced families and 2.6 % of defined their parents' marital status as other (e.g. separated). As displayed in Table 3, parent education levels varied from being illiterate to a doctorate degree. The most frequent level of education for fathers was primary school

(33.5%), followed by high school (22.4%), and university education (16.1%) ; whereas for mothers, the most frequent educational level was primary school education (46.2%), followed by high school (16.1%) and being being illiterate (12.1%)

Table 3: Distribution of Participants' Parent Education Level

PARENT EDUCATION LEVEL	Father		Mother	
	Education		Education	
	n	%	n	%
Illiterate	7	1.8	46	12.1
Literate (not Primary School graduate)	17	4.5	33	8.7
Primary sc. Graduate	127	33.5	175	46.2
Secondary sc. Graduate	49	12.9	31	8.2
High sc. Graduate	85	22.4	61	16.1
2 year College Graduate	24	6.3	4	1.1
University Graduate	61	16.1	29	7.7
Master's Degree	5	1.3	0	0
PhD	3	0.8	0	0
I don't know	1	0.3	0	0
Total	379	100	379	100

## Instruments

Data was collected using a personal data sheet, prepared by Erkman (2009) (see Appendix C) to collect demographic information (gender, age, grade level etc), and five self-report instruments, namely Resiliency Scale (Gürgan, 2006) (see Appendix D), Parental Acceptance-Rejection Questionnaire (Child PARQ-Short Form, Rohner, 1971) Turkish form (Yilmaz & Erkman, 2008)(see Appendix E); Father Involvement Scale (FIS) (Finley and Schwartz, 2004) Turkish Form (Erkman, Gulay & Avaz, 2008)(see Appendix F); Center for Epidemiologic Studies Depression Scale (CES-D) [NIMH], (Radloff, 1977) Turkish Form (Erkman, Gulay & Avaz, 2008 ) (see Appendix G) Beck Depression Inventory (Beck, 1961) Turkish Form (Sahin, 1988)( see Appendix H).

Personal Data Sheet (Kişisel Bilgi Formu): It was developed by Erkman (2009) to gather information concerning participants' demographic characteristics such as age, gender, university, faculty, department, grade level, their family structure (biological/step), parental marital status, the education level of parents, and number of siblings.

Resiliency Scale (RS) (Yılmazlık Ölçeği): Resiliency Scale was developed by Gürgan in 2006 for Turkish samples. Gürgan either developed the items himself or included some items from major resiliency scales, resulting in 228 items overall, attempting to cover all possible resilience areas. This item-pool was applied to 419 college students comprised of 284 females (67.78%), and 135 males (32.22%) and the fifty items with highest item total correlations were chosen to be included in the scale. The answer format is a five point likert-type scale ranging from “strongly descriptive (5) to non descriptive (1)”. High scores represent the high resiliency levels of college students. It has twenty-two reverse items (Gürgan, 2006). The tool has robustness in terms of psychometric properties as can be seen in results of the reliability and validity studies that were carried out. The internal

consistency calculated as Cronbach's Alpha coefficients for the first and second application were found to be .78 and .87 respectively. Cronbach's Alpha coefficient for the present study was found to be .96. By taking into account the data from this 50 item RS, a factor analysis with Principal Component's technique revealed most simple factor structure following varimax rotation. RS contains 50 items and 8 factors as a whole. These eight factors explained a total of 55.71 % variance. When each factor was investigated statistically it was seen that "personal power" explained %15.86, "initiative" %8.67, "positive outlook" %7.86, "relationships" %6.15, "foresighted" %5.53, "purpose in life", "leadership" %4.03, and "investigative" % 2.41 of the variance of resiliency. To measure the test-retest reliability of the scale it was given to university students with a one month interval. Test-retest reliability analysis showed that there was a high correlation between the first administration of the scale and the re-administration of it ( $r = .89$ ,  $p < .001$ ,  $N = 49$ ) indicating the consistency of measurement across time (Gürgan, 2006). To establish validity, the fifty item RS was administered to a sample of 112 new college students. The Rosenbaum's Learned Resourcefulness Schedule (RLRS), Locus of Control Scale (LCS), Beck Hopelessness Scale (BHS) and Problem Solving Inventory (PSI) were also given to this sample. Pearson correlations between the RS total scores and RLRS scores ( $.76$ ,  $p < .001$ ), LCS total scores ( $-.44$ ,  $p < .001$ ), BHS total scores ( $-.67$ ,  $p < .001$ ), and PSI total scores ( $-.79$ ,  $p < .001$ ) established concurrent validity for the RS (Gürgan, 2006).

Parental Acceptance-Rejection Questionnaire (Child PARQ / Short Form) (Ebeveyn Kabul Red Ölçeği-Kısa Form-EKRÖ): Parental Acceptance-Rejection Questionnaire (PARQ) is a self-report instrument. It was developed by Rohner in 1971. Parental Acceptance-Rejection Questionnaire (PARQ) was designed to measure individuals' perceptions of parental acceptance and rejection. PARQ has three different versions. They are Adult PARQ, Parent PARQ, and Child PARQ. In the current study, child short form (Child PARQ/short form)

was used. Child PARQ asks children to assess the way they feel their mother or father treat them at the present (Rohner, 2003). Parental warmth and affection subscale, parental aggression and hostility subscale, parental neglect and indifference subscale, and undifferentiated parental rejection subscale are four subscales of The Child PARQ. These subscales consist of 60 items for the long form.

Reliability and validity analysis of Child PARQ was carried out in 1975 by using the standards in the American Psychological Association's Standards for Educational and Psychological Tests. The reliability in terms of internal consistency of the Child PARQ is shown by Cronbach alpha coefficients which are reported to be between .72 and .90, with a mean value of .82. The convergent and discriminant validity of the Child PARQ, were studied by establishing positive or negative correlations with The Acceptance, Hostile Detachment and Rejection subscales of Schaefer's Child Report of Parental Behavior Inventory (CRPBI) and the Physical Punishment Scale of Bronfenbrenner's Parental Behavior Questionnaire (BPB) scales. For the child form, the correlations between PARQ and the validation scales ranged from .55 to .83 (Rohner & Khaleque, 2005).

For the Turkish version, the translation study of Parental Acceptance Rejection Questionnaire (Ebeveyn Kabul-Red Ölçeği, EKRÖ) was carried out originally by Polat (1988). It was reported in the reliability studies that the alpha coefficients of the subscales of PARQ ranged from .76 to .89. The Cronbach alpha coefficient of the total scale was .80 (Polat, 1988).

The construct validity of the Turkish PARQ child form was studied by Erdem and Erkman (1990). Erdem and Erkman (1990) also carried out the internal consistency of the scale and reported that the Cronbach alpha coefficients of the scale were .90 and for the subscales ranged between .78 to .90. It was reported that the test-retest reliability

coefficient of the subscales with an interval of two or three weeks ranged between .85 to .90 (Erdem and Erkman, 1990). Factor analysis was used for construct validity and it yielded two factors namely warmth and rejection as in the original study by Rohner (1980).

Erkman (2003) computed the Cronbach Alpha coefficients for subscales of Turkish Parental Acceptance-Rejection Questionnaire (PARQ) Child PARQ-. Erkman reported that the Cronbach Alpha values for the warmth/affection, hostility/aggression, indifference/neglect and the undifferentiated rejection subscales of the mother version were .91, .87, .86, and .81, respectively. The Cronbach Alpha values for the warmth/affection, hostility/aggression, indifference/neglect and the undifferentiated rejection subscales of the father version were .94, .91, .86, and .58, respectively. The Cronbach Alpha values for PARQ Total of the mother and father version were .81 and .85.

The Child PARQ-short form consists of 24 items. The warmth/affection scale on the short form consists of 8 items, the hostility/aggression consists of 6 items, indifference/neglect scales consists of 6 items, and the undifferentiated rejection scale consists of 4 items. The answer format is a four item Likert type scale ranging from 4 = almost always true, 3 = sometimes true, 2 = rarely and 1 = almost never true at all. Only one item (13) is reverse scored in Child PARQ/short form. Scores of the scales of warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection are summed with the entire warmth scale reverse scored to compute the total PARQ score. The questionnaire is keyed in the direction of perceived rejection. The higher the score, the more rejection children tend to experience. Scores range from a low of 24, revealing maximum perceived love and acceptance, to a high of 96, revealing maximum perceived rejection. Scores equal to or above 60 reveal the perception of qualitatively more rejection than acceptance.

The Child PARQ-short form is newly created. Therefore there is little information about its validity. But because this form is based on a subsample of items from the long form, the psychometric status is expected to be excellent (Rohner, 2005). The reliability study of the Child PARQ-Short Turkish form was conducted by Yılmaz and Erkman (2008) with a sample of eight, ninth, tenth and eleventh grade students from Istanbul. The reliability in terms of the internal consistency of the Turkish Parental Acceptance-Rejection Questionnaire (PARQ) Child PARQ-short form was established by computing the corrected item-total correlations and the Cronbach Alpha coefficients for subscales of both the mother and father versions. Yılmaz and Erkman reported that the Cronbach Alpha values for the warmth/affection, hostility/aggression, indifference/neglect and the undifferentiated rejection subscales of the mother version were .88, .69, .66, and .53 respectively (See Table 4). The item-total correlations for PARQ Child Short Form Mother Version ranged between .20 (item 11) and .72 (item 22) with a mean value of .57 and the Cronbach alpha coefficient was .89 (Yılmaz & Erkman, 2008). The Cronbach Alpha values for the warmth/affection, hostility/aggression, indifference/neglect and the undifferentiated rejection subscales of the father version were .88, .66, .70, and .65, respectively. Also, the range of item-total correlations of the Child PARQ-short form father version was from .24 (item 4) to .71 (item 24) with a mean value of .59 and the Cronbach Alpha coefficient of the scale was .90. The Pearson product moment correlation was calculated to examine the correlation between Child PARQ-short form mother version and father version and there was a significant correlation between these two forms ( $r = .53, p < .01$ ) (Yılmaz & Erkman, 2008). As a consequence of the study by Yılmaz and Erkman (2008) it can be said that the Turkish Parental Acceptance-Rejection Questionnaire (PARQ) Child Short Form, both mother and father versions are made up of homogenous items that have sufficient internal consistency and these two scales are moderately correlated with each other.

In the present study the Cronbach Alpha values were found to parallel those reported by Yilmaz and Erkman, as can be seen in Table 4. They ranged between .51 and .89 for the subscales while for the total scale it was .87 for maternal acceptance and .91 for paternal acceptance.

Table 4: Cronbach Alpha Values of PARQ- Child Short Turkish Form in Turkey

PARQ	Yilmaz and Erkman's Study		Present Study Results	
	Results*			
	Children (mean age 15.34)		Children (mean age 21.06)	
	Mother	Father	Mother	Father
Nonwarmth	.88	.88	.83	.89
Hostility	.69	.66	.64	.74
Ind-Neg	.66	.70	.65	.74
Undif-Rej	.53	.65	.51	.65
PARQ Total	.89	.90	.87	.91

\* Yilmaz,B.& Erkman, F. (2008 ) *Understanding Social Anxiety Through Adolescents' Perceptions of Interparental Conflict and Parental Rejection*. In F. Erkman (ed.), *Acceptance: The essence of peace* (67-96). Istanbul: Turkish Psychological Association.

Father Involvement Scale (FIS) (Baba İlgisi Ölçeği): Father Involvement Scale (FIS) was developed by Finley and Schwartz in 2004, and it is used to measure perceived father involvement. It is a paper-pencil test. All items are scored on a four point Likert-type scale ranging from (4) Almost always involved to (1) Almost never involved. The highest score is 80, and the lowest is 20. High scores in this scale indicate high perceived father involvement and low scores indicate low perceived father involvement.



Father Involvement Scale (FIS) was translated into Turkish by Erkman, Gülay and Avaz (2008). The reliability in terms of internal consistency was established by Cronbach Alpha Coefficient as .89, by Erkman (2009). In the present study, The Cronbach Alpha Coefficient was .92.

Center for Epidemiologic Studies Depression Scale (CES-D) [NIMH] (Epidemiyolojik Çalışmalar Merkezi Depresyon Ölçeği-EÇM-D): Center for Epidemiologic Studies Depression Scale (CES-D) [NIMH] is a self-report questionnaire developed by Radloff in 1977 and designed to measure current level of depressive symptoms in the general population (i.e., nonpsychiatric persons older than 18). CES-D consists of 20 items. It measures the major components of depressive symptomatology, including depressive mood, feelings of guilt and worthlessness, psychomotor retardation, loss of appetite and sleep disturbance. Participants report the frequency or duration of time (in the past week) that they experienced some feelings. All items are scored on a four point scale which is “most or all of the time (4), occasionally or often (3), some or a little time (2), rarely or none of the time (1)”. Higher total scores on the CES-D indicate greater depression tendency. To break the tendencies toward response set, four items are stated positively. The scoring of the scale takes only a few minutes. After adjusting the scores for the four positive-feature items, the scores are summed to obtain the total scale score.

The internal consistency reliability (Cronbach’s alpha) ranged from .84 to .90 in different studies. Test-retest reliability ranged from .51 to .67 for 2- to 8-week intervals and .41 to .54 for 3- to 12-month intervals. For concurrent validity, CES-D correlations with the Hamilton rating scale (ranging from the .50s to .80s), with the Raskin rating scale (30s to .80s), with the Lubin Depression Adjective Checklist (40s to .50s), with the Bradburn Affect Balance Scale’s Negative Affect and Positive Affect Scales (60s and .20s,

respectively), with the Langner scale (50s), and with the Cantril Life Satisfaction Ladder (.43) was carried out and the convergent validity was thus established. Discriminant validity investigation showed that CES-D was less successful in differentiating between depression and other types of emotional responses, such as anger, fear, and boredom.

The translation of Center for Epidemiologic Studies Depression Scale (CES-D) [NIMH] was carried out by Erkman, Gulay and Avaz (2009). The reliability study of the CES-D was carried out by the present researcher during the present data collection period. Analysis conducted is based on 379 respondents. To establish concurrent validity of the scale, both CES-D and Beck Depression Inventory (BDE) were given to participants at the same time. The correlation between two instruments (CES-D and Beck Depression) was .75 ( $p < .01$ ). The reliability of CES-D was established in the present study by computing the Cronbach Alpha coefficient. The results show that the Cronbach Alpha coefficient was .92. It can be stated that Center for Epidemiologic Studies Depression Scale (CES-D) [NIMH] Turkish form has sufficient internal consistency.

Beck Depression Inventory (Beck Depresyon Envanteri, BDE): Beck Depression Inventory (BDI) is a self-report depression scale which was developed by Beck in 1961. It measures intensity, severity and depth of depression. BDI is composed of 21 items, about mood, pessimism, sense of failure, lack of satisfaction, guilt feelings, sense of punishment, self-dislike, self accusations, suicidal wishes, crying spells, irritability, social withdrawal, indecisiveness, distortion of body image, work inhibition, sleep disturbance, fatigability, loss of appetite, weight loss, somatic preoccupation, and loss of libido. Each item assesses a specific symptom common among people with depression. The participants choose the statement that best describes his/her present state. The statements are ranked from 0 to 3 to

indicate the severity of the symptom and attitude. The minimum score is 0, and the maximum score is 63.

Different researchers had different opinions about the cut-off points. Beck (1974a) pointed out that cut-off points of depression depend on the characteristics of the sample and aim of the study. Beck's original cut-off point for different levels of depression for BDI is as the following: 0-13 refers to not depressed; 14-24 refers to medium level of depression and 25> refers to severely depressed. Meites (1980) determined the cut-off points as: 0-10: mild depression, 11-20: moderate depression, 21-63: severely depressed; whereas Bryson (1984) stated the cut of points as: 0-9 not depressed, 10-15: mildly depressed, 16-23: moderately depressed, 24-63 severely depressed.

In terms of psychometric properties, split-half reliability method is used and the reported Pearson Product Correlation coefficient is as  $r = .86$  and  $.93$  with the Spearman-Brown Formula. Test-retest reliability of BDI was  $r = .74$  calculated by Miller and Seligman (1973) for 31 nonclinical sample with a 3 month interval. For the concurrent validity,  $.72$  correlation value was found between the BDI and clinicians' depression ratings, and  $.14$  was obtained between the BDI and clinicians' anxiety ratings ( $p < .001$ ) in a sample of 606 patients (Beck, 1972).

The Turkish standardization and adaptation studies of BDI were conducted originally by Teğin (1980) and Hisli (1989). While the split half reliability of  $.78$  was found with the university sample (Tegin, 1980), it was  $.74$  for the normal sample (Hisli, 1989) and  $.61$  for depressives (Tegin, 1980). The concurrent validity of the scale, when compared to Minnesota Personality Inventory, was found to be  $.63$ , for the psychiatric sample (Hisli, 1989), and  $.50$ , for the university sample (Hisli, 1989). Hisli-Şahin (1988) translated the revised version of the Beck Depression Inventory in 1984 with a different name, "Beck

Depresyon Envanteri” contrary to Teğın’s “Beck Depresyon Ölçeđi” adaptation. “Beck Depresyon Envanteri” was accepted as a reliable and valid instrument, for both clinical and nonclinical samples. In the present study, the Cronbach Alpha coefficient of the scale was found as .89.

Zengin (1999) conducted a study for investigating and comparing both of the adaptations of BDI in terms of reliability and validity. Teğın version was the original BDI (1980) and BDE was adapted by Hisli Şahin in 1988. Zengin (1999) reported that in addition to being the adaptation of the revised English version of the BDI, BDE is more stable and consistent across different test-taking orders. It is recommended that BDE should be preferred. Thus for the present study BDE was used. The cut-off points chosen were the ones for university students since the present study was carried out with university students. As a result, Bryson’s (1984) version for evaluation of level of depression was used. Specifically the evaluation criteria was used as; 0-9: not depressed, 10-15: mildly depressed, 16-23: moderately depressed; 24-63: severely depressed.

### Procedure

The data was collected from students at the universities, during the 2009 spring semester. Before data collection, necessary permission was obtained from the Boğaziçi University Research Ethics Committee (see Appendix I). Data was collected during the month of May. Participants were administered questionnaire packages consisting of a personal data sheet, Resiliency Scale (RS), Parental Acceptance Rejection Questionnaires-Mother (Child PARQ/Turkish Short Form), Parental Acceptance Rejection Questionnaires-Father (Child PARQ/Turkish Short Form), Father Involvement Scale (FIS) Turkish Form, Center for Epidemiologic Studies Depression Scale (CES-D NIMH) Turkish Form and Beck Depression Inventory (BDI) Turkish Form (BDE). The order in which the questionnaires

were given was randomized. They were given general instruction including general information about the study and provided information about their right to refuse to fill the questionnaire. The respondents were also assured about the confidentiality of their answers. No names were taken. On the first page of each instrument, instructions for the instruments about how to fill the questionnaire were written. The students were asked to answer all questions in the questionnaires and to be honest about their answers.

Data was collected in different ways in these three universities. For data collection in University A, teachers were contacted both by email as well as personally by talking face to face to give information about the main aim of the research and to get permission for data collection in their classroom. Data was collected by distributing the questionnaires to students at the beginning of the class and they were asked to return the questionnaires to the department researchers during the week. Also, questionnaire packages were given to the instructors and they distributed them in the classroom and collected them during the next classroom hour.

In University B, one of the instructors was reached by email. The instructor was informed about the study and the questionnaires that were used for the research were provided. During the visits, the appropriate time and classes were arranged with the instructor and the questionnaires were administered during class time.

In University C, the researcher reached one of the instructors by using personal contact. With the help of the instructor, students were asked to participate in the study during their classroom hours. The data was collected by the researcher. The researcher was present during the administration of the questionnaires to answer the participants' questions. All instruments took approximately 30 minutes to complete. Only one student refused to fill the questionnaires whereas the rest of the students volunteered.

## Design

The design of the present study can be identified as a correlational design. It investigated the types of relationship between variables, namely the association between variables, direct and indirect effect of variables on the dependent variables.

## Data Analysis

Data analysis was done through 16.0 Statistical Packages of Social Sciences 16.0 (SPSS) and AMOS 17.0 computer program for the present study. Cronbach alpha technique was used for all the reliability calculations. Descriptive statistics of data was calculated in terms of mean values and standard deviations according to gender. At the same time, mean differences were analyzed by t-test and correlation matrix.

For research question Structural Equation Modeling (SEM) was conducted. The SEM is a technique which combines both multiple regression and factor analysis. By using SEM, researchers can estimate direct and indirect relationships between one or more independent variables and one or more dependent variables simultaneously. There are two submodels in the SEM: a measurement model and a structural model. The measurement model is about relations between observed and unobserved variables. In other words, it is about the link between scores on a measuring instrument (i.e.; the observed indicator variables) and the underlying constructs they are designed to measure (i.e., the unobserved latent variables). On the other hand, in the structural model relations among unobserved variables are prescribed. It expresses clearly the manner by which particular latent variables directly or indirectly influence changes in the values of certain other latent variables in the model (Bryne, 2001).

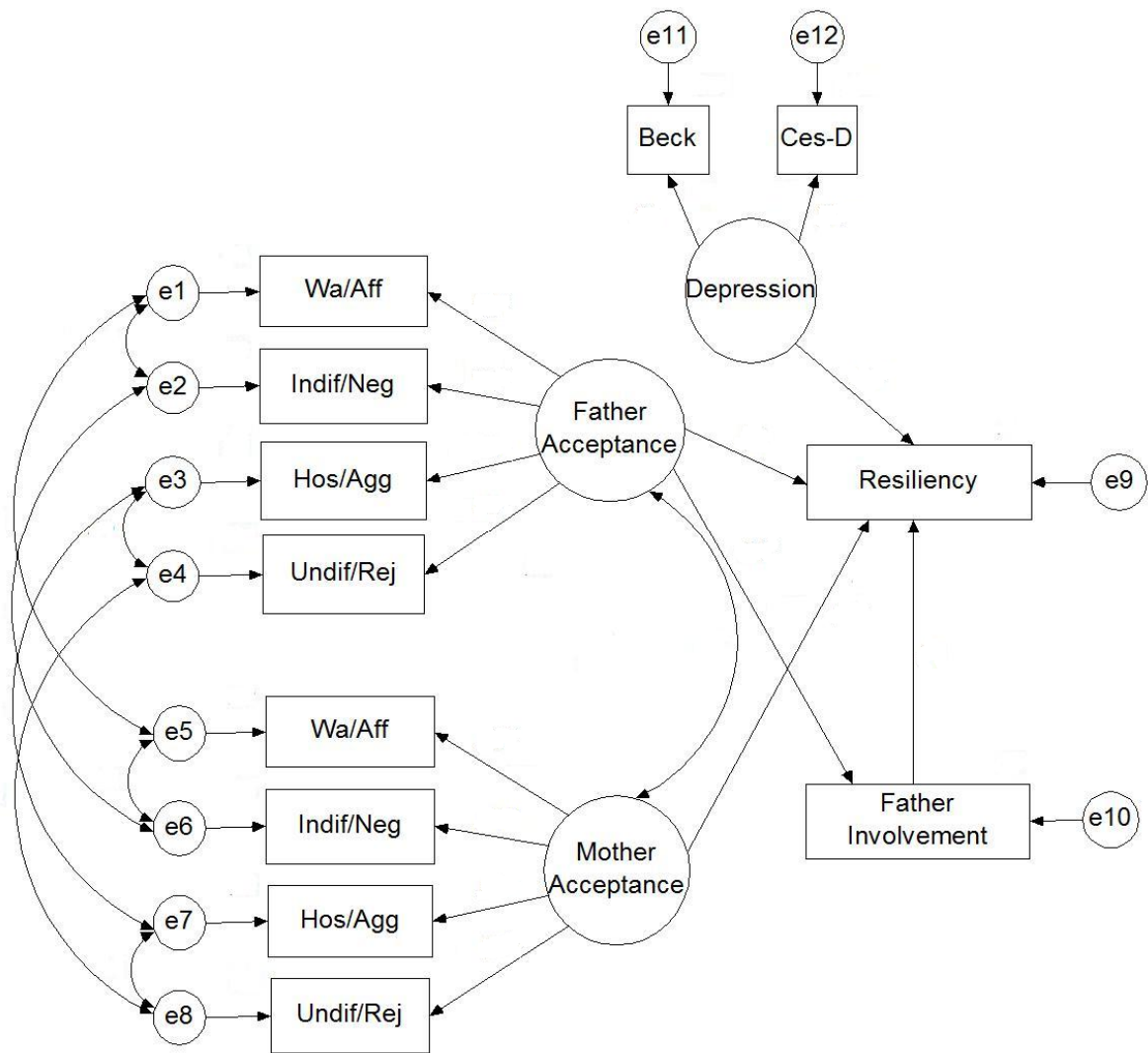
There is one research question in this study. The research question and the models designed for question are presented below.

Research Question: To what extent do the university students' perceived parental acceptance, their perceived father involvement and their depressive symptoms explain their resiliency? Does this relation change according to gender?

It explores the direct effect of perceived paternal and maternal acceptance and father involvement and depressive symptoms on perceived resiliency. In this model, perceived resiliency is the endogenous variable (dependent variable), whereas perceived paternal acceptance and maternal acceptance are exogenous variables (independent variables). Perceived paternal acceptance is also an observed variable, which is measured by four factors, namely warmth/affection, hostility/aggression, indifference/neglect, undifferentiated rejection. The other observed variable is perceived maternal acceptance, which is measured by four factors, namely warmth/affection, hostility/aggression, indifference/neglect, undifferentiated rejection. Depressive symptoms, which are measured by both CES-D NIMH and BDE, is seen in the model as another exogenous variable. Perceived father involvement is included in the model as an endogenous variable as well.

As it is seen in Fig. 1 the hypothesized general model is composed to examine this question. Then, the model is specified according to gender of the university students for further analysis.

Fig. 1: *Hypothesized General Model for Resiliency*



The model-fitting processes have the primary task of determining the goodness-of-fit between the hypothesized model and the sample data as stated by Byrne (2001). AMOS calculates goodness-of-fit statistics, significance level of model, un-standardized (b values) and standardized ( $\beta$  values) values of covariance, and variance and regression weights of the parameters. After model-fitting, if the model as a whole is identified and significant, then the next step is modification of the model. The relations that are not significant in the model are skipped. The modified index suggests expected relations which are not in the



hypothesized model and based on these suggestions, modifications are made. At the end of the modification process, the significant model is the one that as a whole and in terms of parameters is significant (Byrne, 2001).

There are two groups of indicators to evaluate the model fit, absolute and comparative. Absolute fit indicates comparison of the observed covariance matrix with the expected covariance matrix, implied by the model; while comparative fit indicates (also called incremental fit indices) evaluating the fit of a proposed model relative to an alternative (or baseline) model. Absolute fit indices involve the chi-square statistic, the goodness-of-fit index (GFI), standardized root mean square residual (RMR), comparative fit index (CFI) and the root mean square error of approximation (RMSEA) (Capa, 2005). Hoyle (1995) suggested examining several fit indices when evaluating a model. Therefore, in this study overall fit of the model to data were assessed by three measures: the chi-square statistic, RMSEA and CFI.

The chi-square statistic tries closeness of fit between observed covariance matrix and expected covariance matrix. When there is a perfect fit, the chi-square will yield zero. A significant chi-square shows that matrices differ considerably. Bryne (2001) informed the problems of chi-square statistics as “the sensitivity of likelihood ratio test to sample size and its basis on the central chi-square distribution, which assumes that the model fits perfectly in the population” (p. 81). In order to compensate for the limitations of the chi-square statistics, alternative fit indices were considered. MacCallum and Austin (2000) strongly suggested reporting RMSEA because of sensitivity to model misspecification, availability of effective guidelines for interpretation, and availability of a confidence interval. RMSEA asks the question: “How well would the model, with unknown but optimally chosen parameter values, fit the population covariance matrix if it were

available?” (Browne & Cudeck, 1993, pp. 137-138). It expressed the discrepancy per degrees of freedom, thus adjusting for model complexity. Values of RMSEA lower than .05 indicate a close fit, values between .05 and .06 indicate reasonable fit, values between .08 and .10 indicate mediocre fit, and values greater than .10 indicate poor fit (Browne & Cudeck, 1992).

The incremental indices considered for this study were CFI. CFI ranged from zero to one. The closer they are to 1.0, the better the fit of the model (Bryne, 2001).

## CHAPTER 5

### RESULTS

In this chapter, the results of statistical analysis are presented. Initially, descriptive statistics for the variables in terms of mean values and standard deviations, independent sample t-tests are presented, correlation matrix is formed and it is followed by the results according to the research question. SEM was conducted for research questions. Data analysis of this study was done with SPSS 16.0 and AMOS 17.0.

#### Descriptive Analysis of Variables

When, on each participant's answer sheets, missing items for each tool were less than 10%, then the mean was calculated for the scale and missing item scores were replaced with the mean value which then was treated as complete data, while each participants' answer sheets, with more than 10% missing items, were eliminated. Thus 15 participant data sheets had to be eliminated leaving, 384 and then 5 protocols were eliminated since they fell at the extreme score range both in resiliency as well as depression scales, leaving 379 participant data, that were statistically analyzed.

#### Descriptive Analysis of Resiliency (RS)

The mean score for perceived resiliency as measured by RS was 186.71 with a standard deviation value of 31.71 ( $n=379$ ). The range of scores was between a minimum score of 69, and a maximum score of 250, with an average of 181. Table 5 presents the mean and standard deviation scores of resiliency assessed by RS in terms of gender. The mean score for females was 187.81 and for males 184.41. The minimum and maximum scores of the females for RS were 69 and 250 while the minimum and maximum scores of the males for

RS were 69 and 248. There were no significant differences between female and male university students in terms of resiliency according to independent sample t-test analysis.

Table 5: Means, Standard Deviations and T-Test Results of Resiliency According to Gender

RS	n	Min	Max	M	SD	df	t	P
Female	256	69	250	187.81	31.64			
Male	123	69	248	184.41	31.85			
Total	379	69	250	186.71	31.71	377	.98	.33

#### Descriptive Analysis of Parental Acceptance (PARQ-Child Turkish Short Form)

The mean and standard deviation values for university students' perception of parental acceptance were measured by Parental Acceptance-Rejection Questionnaire (PARQ-Child Turkish Short Form). The mean score of perceived maternal acceptance for total sample was 49.71 with a standard deviation value of 3.94 while the mean score of perceived paternal acceptance for the total sample was 49.07 with a standard deviation value of 4.56 ( $n=379$ ). The mean scores of perceived maternal acceptance and paternal acceptance for females were 49.59 and 48.79 respectively. The mean scores of perceived maternal acceptance and paternal acceptance for males were 49.95 and 49.63, respectively (See Table 6).

Table 6: Means, Standard Deviations and T-Test Results of Parental Acceptance According to Gender

	Gender	N	Min	Max	M	SD	df	t	p
PARQ	Female	256	40	74	49.59	3.96			
Mother	Male	123	40	70	49.95	3.90			
	Total	379	40	74	49.71	3.94	377	-.86	.39
PARQ	Female	256	37	66	48.79	4.40			
Father	Male	123	38	63	49.63	4.84			
	Total	379	37	66	49.07	4.56	377	-1.69	.09

The results of the present study suggested that the mean scores of the university students for perceived maternal and paternal acceptance indicated that they perceive their parents as being warm in general. It can be concluded that they experience much more maternal and paternal love than rejection. Only 2.5 % of the university students in perceiving their mothers and 2.4 % of the university students in perceiving their fathers, scored above the midpoint of 60: indicating that they experience more rejection than acceptance.

Moreover, independent sample t-test statistics were calculated to examine whether there were differences between female and male university students in terms of perceived maternal and paternal acceptance. The results indicated no significant differences between females and males in terms of maternal ( $t=-.86$ ,  $df=377$ ,  $p=.39$ ) and paternal acceptance ( $t=-1.69$ ,  $df=377$ ,  $p=.09$ ).

### Descriptive Analysis of Father Involvement (FIS)

Perceived father involvement of the sample was measured by Father Involvement Scale (FIS) Turkish Form. The mean score for the total sample was 62.73, with a standard deviation value of 11.36 ( $n=379$ ). The range of scores was between a minimum score of 22 and a maximum score of 80, with an average of 98. The mean and standard deviation scores of FIS is presented in terms of gender (See in Table 7). The mean score for females was 63.59, while for males it was 60.09. According to independent sample t-test results, there were significant differences between female and male university students in terms of perceived father involvement, with females perceiving higher involvement compared to their male peers ( $t=2.13, df=377, p=.03$ ).

Table 7: Means, Standard Deviations and T-Test Results of Father Involvement According to Gender

FIS	N	Min	Max	M	SD	Df	t	P
Female	256	22	80	63.59	11.60			
Male	123	22	80	60.09	10.67			
Total	379	22	80	62.73	11.36	377	2.13	.03*

### Descriptive Analysis of Depressive Symptoms

#### Center for Epidemiologic Studies Depression Scale (CES-D) and Beck Depression Inventory (BDE)

Depressive symptoms were measured by both Center for Epidemiologic Studies Depression Scale (CES-D) Turkish Form and Beck Depression Inventory (BDE). The mean score of CES-D for the total sample was found to be 38.65, with a standard deviation value of 12.36

while the mean score of BDE for total sample was 10.56, which is in the “mildly depressed” category according to Bryson’s (1984) categorization, with a standard deviation value of 8.22 ( $n=379$ ). The mean scores of CES-D and BDE for females were 37.81 and 9.59, respectively. The mean scores of CES-D and BDE for males were 40.40 and 12.58, respectively as can be seen in Table 8. Also, independent sample t-test was calculated to investigate the differences between female and male university students in terms of depressive symptoms. The results showed no significant differences between females and males in terms of depressive symptoms as measured by CES-D ( $t=1.91$ ,  $df=377$ ,  $p=.06$ ); but there were significant differences between females and males in terms of depressive symptoms as measured by BDE ( $t=-.318$ ,  $df=377$ ,  $p=.001$ ).

Table 8: Means, Standard Deviations and T-Test Results of Depressive Symptoms According to Gender

Depressive Symptoms Tools	Gender	N	Min	Max	M	SD	df	t	P
CES-D	Female	256	20	74	37.81	12.17			
	Male	123	20	71	40.40	12.61			
	Total	379	20	74	38.65	12.36	377	-1.91	.06
BDE	Female	256	0	44	9.59	7.67			
	Male	123	0	39	12.58	8.95			
	Total	379	0	44	10.56	8.22	377	-318	.001*

## Interrelationship of the study variables

Correlation Matrix was calculated to see the relations between the variables of perceived mother acceptance (PARQ-Mother), father acceptance (PARQ-Father), father involvement (FIS), the depressive symptoms (CES-D and BDE) and perceived resiliency (RS). Table 9 shows the correlation values.



Table 9: Correlation Matrix for the study variables (Resiliency, Acceptance, Father Involvement, Depressive Symptoms)

	Resiliency	Acceptance-Mother	Acceptance-Father	Father Involvement	Depressive symptoms (CES-D)	Depressive symptoms (BDE)
Resiliency	-	.006	-.007	.26**	-.53**	-.56**
Acceptance-Mother	.04	-	.46**	-.03	.13*	.06
Acceptance-Father	-.09	.40**	-	.03	.14*	.16*
FIS	.27**	-.01	.21*	-	-.27**	-.21**
CES-D	-.56**	.15	.01	-.16	-	.72**
BDE	-.60**	.06	-.02	-.23*	.73**	-

Note. Coefficients above the diagonal pertain to females' behavior. Coefficients below the diagonal pertain to males' behavior.

\* $p < .05$ ; \*\*  $p < .01$

As seen in Table 9, for females the correlation between perceived mother acceptance and depressive symptoms (CES-D) ( $r = .13$ ,  $p < .05$ ); perceived father acceptance and depressive symptoms as assessed by CES-D ( $r = .14$ ,  $p < .05$ ); perceived father acceptance and

depressive symptoms as assessed by BDI ( $r=.16, p<.05$ ); were significant while for males only perceived father acceptance and father involvement ( $r=.21, p<.05$ ); perceived father involvement and depressive symptoms (BDE) ( $r=.23, p<.05$ ) were significant.

Moreover, for females the correlation between perceived mother acceptance and father acceptance ( $r=.46, p<.01$ ); perceived father involvement and depressive symptoms (CES-D,  $r=-.27, p<.01$ ; BDE,  $r=-.21, p<.01$ ); perceived father involvement and resiliency ( $r=.26, p<.01$ ); between perceived depressive symptoms tools, “CES-D and BDE” ( $r=.72, p<.01$ ); perceived depressive symptoms and resiliency (CES-D,  $r=-.53, p<.01$ ; BDE,  $r=.56, p<.01$ ) were significant whereas for males perceived mother acceptance and father acceptance ( $r=.40, p<.01$ ); perceived father involvement and resiliency ( $r=.27, p<.01$ ); between perceived depressive symptoms tools, “CES-D and BDE” ( $r=.73, p<.01$ ); perceived depressive symptoms and resiliency (CES-D,  $r=-.56, p<.01$ ; BDE,  $r=-.60, p<.01$ ); were significant ( $p<.01$ ).

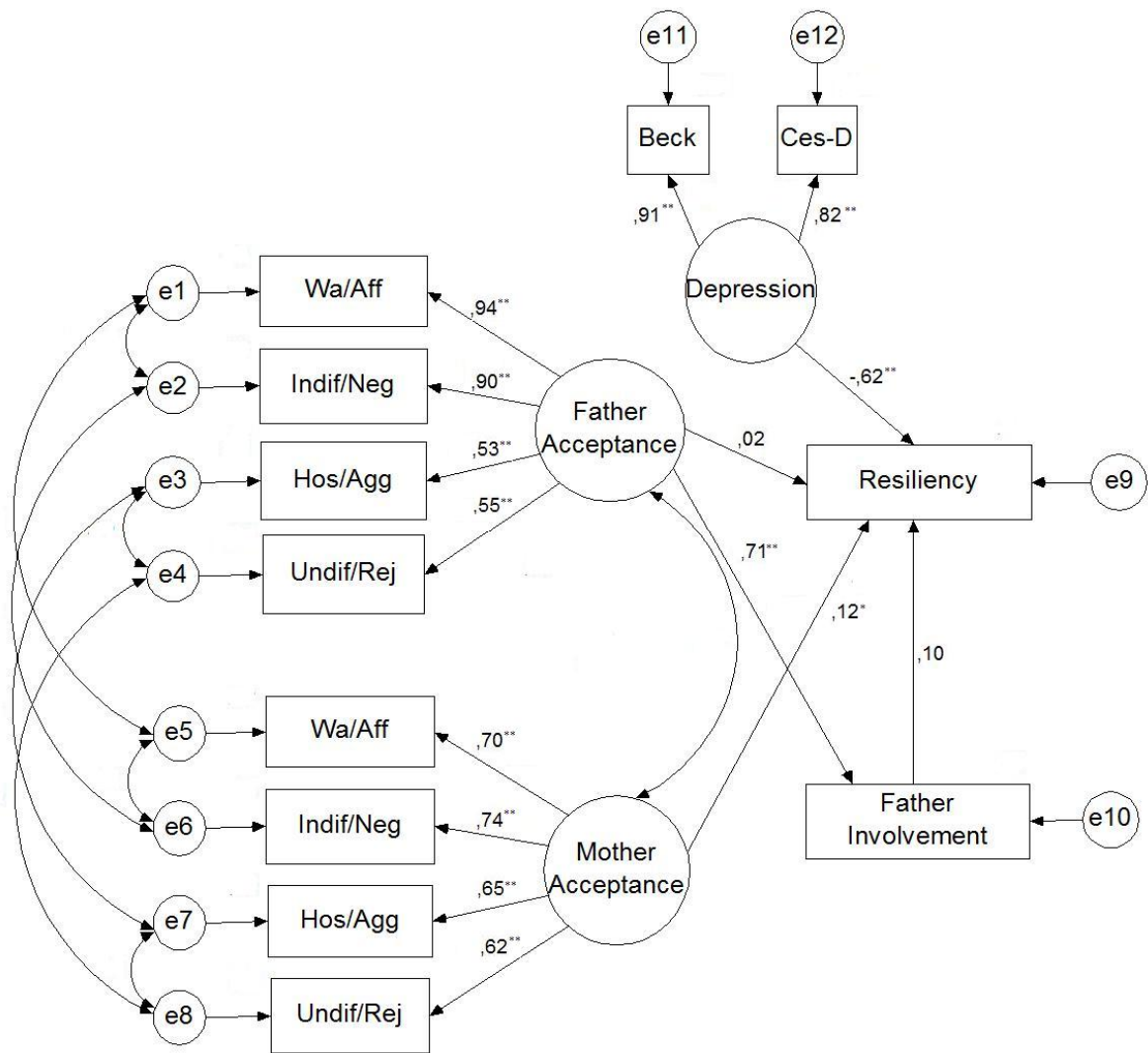
### Results According to Research Question

There is one research question in this study. Research question, the definition of variables in the question and the model designed for the question are presented in this section. The hypothesized model for the research question is presented first. Then, the model is presented according to gender and the statistical results of the question are presented in the form of tables after the models.

Research Question: To what extent do the university students' perceived parental acceptance and their perceived father involvement and their depressive symptoms explain their resiliency? Does this relation change according to gender?

To examine this question model is specified for the total sample and then, model is presented according to gender of the university students. The statistical analysis in this study involved employing the AMOS structural equation modeling software to test the hypothesized model presented in Figure 2. The model predicted perceived resiliency by four variables: perceived maternal and paternal acceptance, father involvement and depressive symptoms.

Fig 2: Estimated Values for Resiliency Model for the Total Sample



$n=379$

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

Before analyzing the parameter estimates, the overall fit of the model was evaluated by using different fit statistics: chi-square statistics, Root Mean Square Error Approximation (RMSEA; Steiger & Lind, 1980), and Comparative Fit Index (CFI; Bentler, 1990). The chi-square was  $\chi^2/42 = 142.5$ . Despite the common use in the literature, chi-square statistics has been criticized for being highly sensitive to sample size. In large samples, the statistics have the power to detect even trivial differences between observed and model-implied

covariance matrices (Bollen, 1989; Hoyle, 1995; Kline, 1998). Therefore, alternative indices were considered. RMSEA and CFI are not affected by sample size. They also control for extra estimated parameters given that more complex models tend to fit better (Bollen, 1989). The recommended value for CFI is .90 or higher (Bentler & Bonnett, 1980). In this model, the CFI of .95 indicated an acceptable fit. Values of RMSEA lower than .05 indicate a close fit, values between .05 and .06 indicate reasonable fit, values between .08 and .10 indicate mediocre fit, and values greater than .10 indicate poor fit (Browne & Cudeck, 1992). In this model, the RMSEA value of .08 shows mediocre fit and it is acceptable. Consistent findings across indices suggested an excellent overall fit between the model and data.

As seen in Fig. 2, for the total population, the influence of perceived maternal acceptance on resiliency was significant with a  $\beta$  value of .12 ( $p=.03$ ), the influence of depressive symptoms on resiliency was significant with a  $\beta$  value of -.62 ( $p\leq.001$ ), As a result, perceived maternal acceptance and depressive symptoms explain 41 % of resiliency ( $R^2 =.41$ ). Additionally perceived paternal acceptance is significantly related to father involvement ( $\beta$  value of .71,  $p\leq.001$ ).

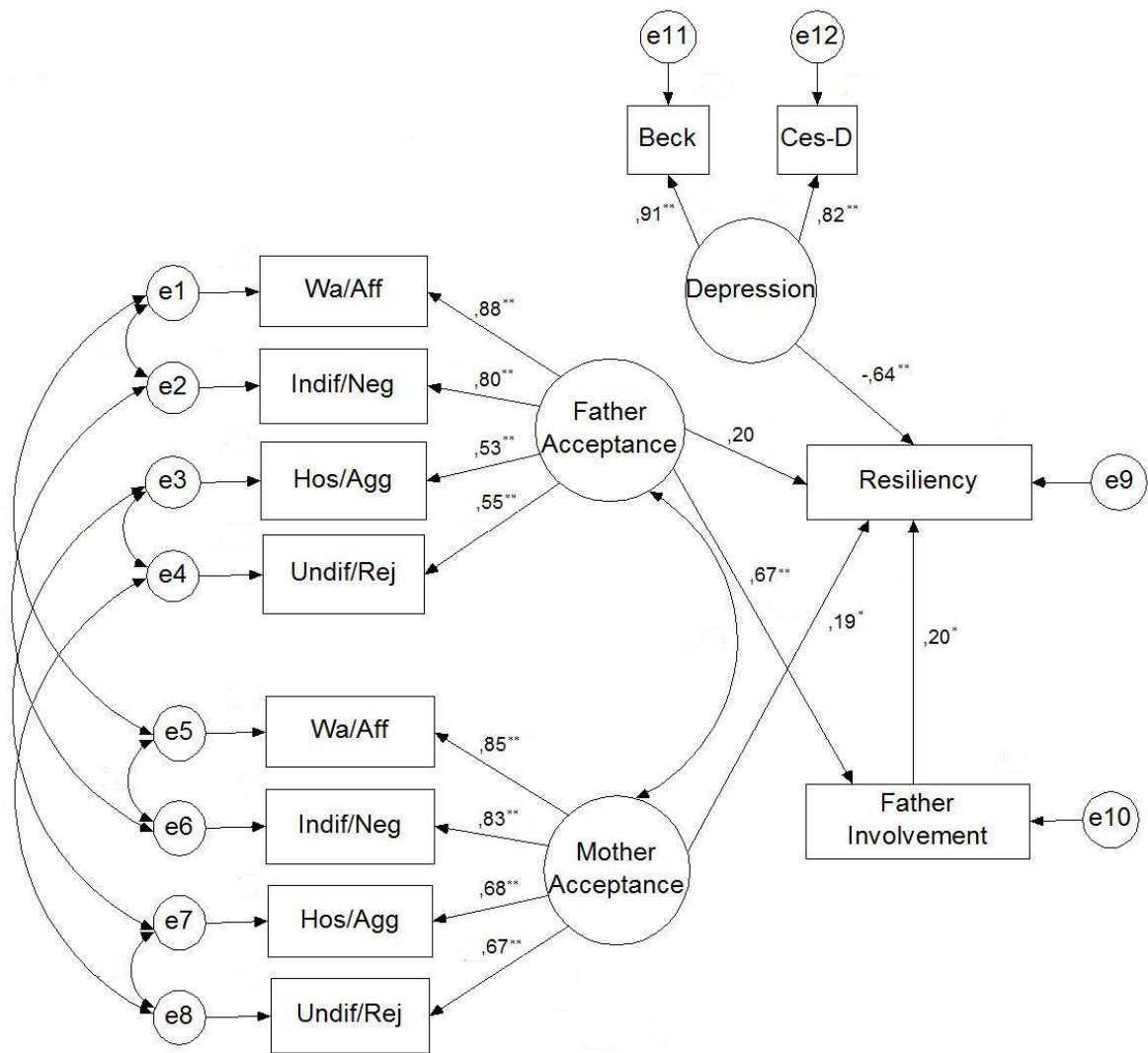
Table 10 shows the  $\beta$  values and accounted amount of variances for the resiliency model for the total sample. As seen in Table 10, paternal acceptance and father involvement does not significantly contribute to resiliency.

Table 10: Relationship Values for the Model for Resiliency for the Total Sample

	b value	$\beta$ value	Standard Error	Z value	P
Father Acceptance	.61	.02	2.02	.30	.76
Mother Acceptance	-4.01	.12	1.84	-2.18	.03
Father Involvement	.26	.098	.16	1.69	.09
Depressive Symptom	-2.54	-.62	.21	-12.03	

Effect size  $R^2 = .41$

Fig 3: Estimated Values for Resiliency Model for Males



$n=123$

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

The model was tested to examine the model fit. The test resulted in the following statistical values:  $\chi^2/42=64.08$ ,  $p=$ , CFI = .97, RMSEA = .07. All model fit indices presented desired values. These statistics tests indicated that the model was generally fit for males.

As seen in Fig. 3, for male university students, the influence of depressive symptoms on resiliency was significant with a  $\beta$  value of  $-.64$  ( $p \leq .001$ ), and perceived paternal involvement influence on resiliency was significant with a  $\beta$  value of  $.20$  ( $p = .05$ ).

Perceived maternal acceptance influence on resiliency was significant with a  $\beta$  value of .19 ( $p=.05$ ). Table 11 shows the  $\beta$  values and accounted amount of variances for resiliency model for male students. As a result, 45 % of the variance in perceived resiliency was accounted for by perceived maternal acceptance, father involvement and depressive symptoms.

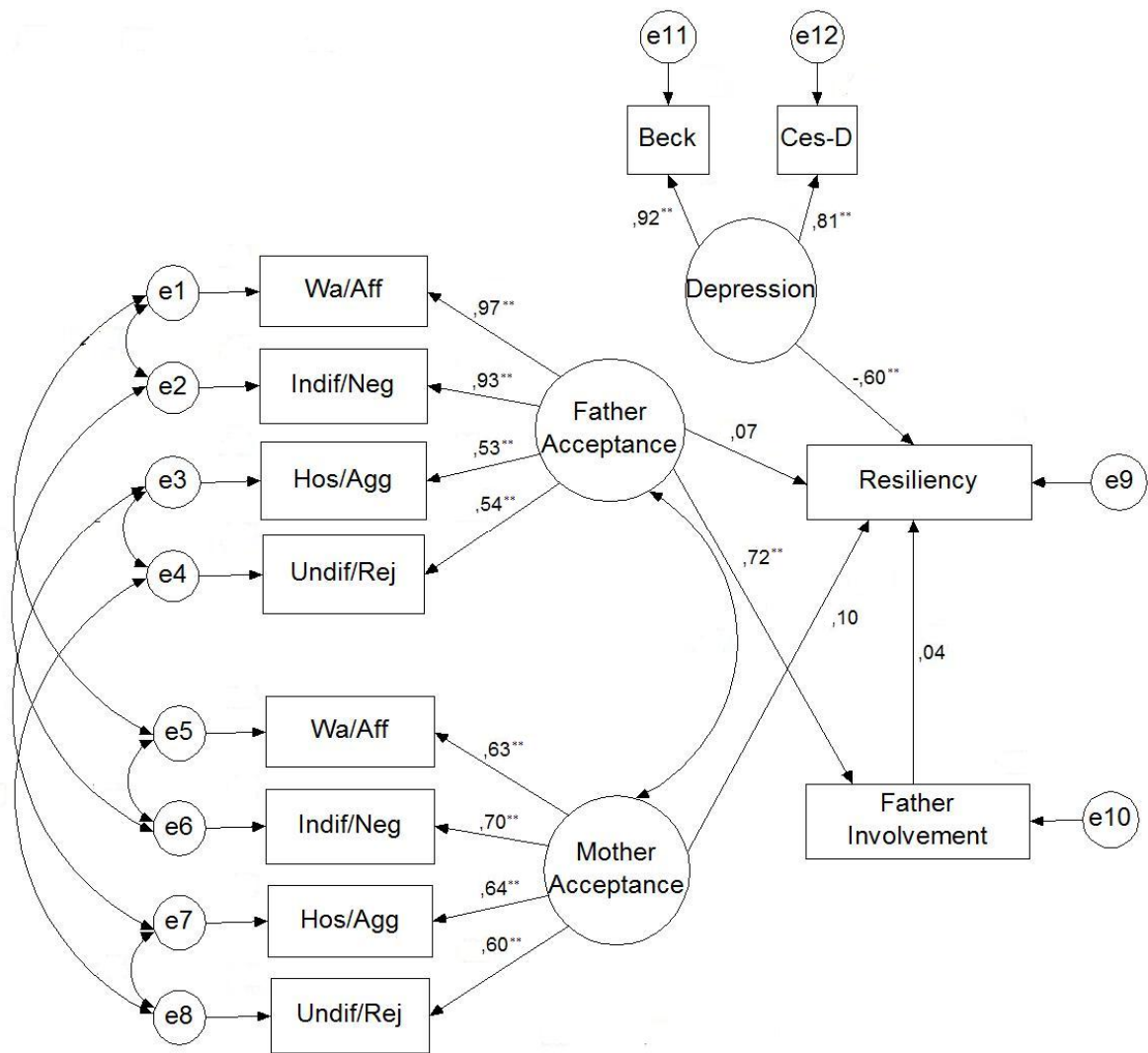
Also, perceived paternal acceptance and father involvement is significantly related with a  $\beta$  value of .67 ( $p\leq .001$ ). As seen in Table 11, paternal acceptance does not significantly contribute to resiliency directly.

Table 11: Relationship Values for the Model for Resiliency for Males

	b value	$\beta$ value	Standard Error	Z value	P
Father Acceptance	6.36	.20	4.11	1.55	.12
Mother Acceptance	-5.38	.19	2.76	-1.95	.05
Father Involvement	.57	.20	.29	1.96	.05
Depressive Symptom	-2.39	-.64	.33	-7.26	
Effect size $R^2 = .45$					



Fig. 4: Estimated Values for Resiliency Model for Females



$n=256$

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

The goodness of fit statistics for this model for the present sample was  $\chi^2/42 = 135.1$  and the goodness of indices showed mediocre fit between sample data and the model (CFI= .94 and RMSEA= .09).

As seen in Fig. 4, for female university students, the influence of depressive symptoms on resiliency was significant with a  $\beta$  value of  $-.60$  ( $p \leq .001$ ). Table 12 shows the  $\beta$  values

and accounted amount of variances for resiliency model for female students. As a result, 39 % of the variance in perceived resiliency was accounted for by depressive symptoms for females. Additionally the influence of perceived paternal acceptance on father involvement is significant with a  $\beta$  value of .72 ( $p \leq .001$ ). As it is seen in Table 12, paternal and maternal acceptance and father involvement does not significantly contribute to resiliency directly.

Table 12: Relationship Values for the Model for Resiliency for Females

	b value	$\beta$ value	Standard Error	Z value	P
Father Acceptance	-2.37	.07	2.46	-.96	.37
Mother Acceptance	-3.48	.10	2.48	-1.41	.16
Father Involvement	.12	.04	.19	.61	.54
Depressive Symptom	-2.60	-.60	.28	-9.41	

Effect size  $R^2 = .39$

## CHAPTER 6

### DISCUSSION

In this section, the descriptive results of the study variables, the results of the study according to the research question are discussed in relation to relevant literature, limitations of the study and recommendations for future research are presented.

#### General Discussion

##### Discussion According to Descriptive Results

##### Resilience

Resilience is the dependent variable in this study and it was measured by Resiliency Scale (RS). The mean score for RS was 186.71 with a standard deviation value of 31.71 ( $n=379$ ). The mean score for females was 187.81 and for males it was 184.41 (see Table 5). The mean scores of females seemed to be a little higher than males but this difference did not reach significance.

Gürgan (2006) in the process of developing the Resiliency Scale (RS), found an average mean score of 185.54, with a standard deviation of 31.46 for the total sample of university students in Ankara, which is very similar to the findings of the present study. Gürgan conducted “Resiliency Training: Group Counseling for University Students” in 2006 and he applied the Resiliency Scale to 283 university students in Ankara for screening for participation and he reported similar results with the current study. The mean score for RS was reported as 185.55, with a standard deviation value of 31.46 ( $n=283$ ) (Gürgan,

2006). All these findings suggest high consistency in university students' resiliency levels as assessed by RS.

### Parental Acceptance

Parental Acceptance was measured by PARQ-Child Turkish Form for the present study. In the present study, the mean score of perceived acceptance from mother was found to be 49.71 ( $SD=3.94$ ,  $N=379$ ), and it was found to be 49.07 ( $SD=4.56$ ,  $n=379$ ) for father, which indicates that university students experience much more maternal and paternal love than rejection. Erkman (2009) found as mean score of 30.34 ( $SD=6.38$ ,  $n=70$ ) for mother version, and 32.01 ( $SD= 5.01$ ,  $n=70$ ) for father version, in a recent study with 70 university students from University A which is one of the universities covered in the present study. In Erkman's study, the students seemed to perceive higher acceptance than university students in the current study.

In the present study, when gender of the participants is taken into consideration, the perception of acceptance from mothers and fathers for females ( $M=49.59$ ,  $SD=3.96$ ,  $n=256$  for mother;  $M=48.79$   $SD=4.40$ ,  $n=256$  for father) and males ( $M=49.95$ ,  $SD=3.90$ ,  $n=123$  for mother version; and  $M= 49.63$ ,  $SD=4.84$ ,  $n=123$  for father) seem very consistent. Yılmaz and Erkman (2008) stated findings carried out with high school students, that were lower than the above (adolescents' perceived maternal acceptance and paternal acceptance for females were 37.08 and 37.12, respectively) and males (maternal acceptance and paternal acceptance were 36.82 and 37.57, respectively) suggesting perception of higher acceptance. It can be stated that adolescents in Yılmaz and Erkman study perceived parental acceptance in the normative range which was higher than the university students' perception of acceptance. This difference can be expected because there is age and life stage difference

between high school adolescents and university students. The present study supported the previous finding of no gender difference in terms of perceived parental acceptance.

#### Father Involvement

Father involvement, was the other important independent variable in this study, and it was measured by Father Involvement Scale. It can be stated that participants of this study perceived high father involvement ( $M=62.73$ ,  $SD=11.36$ ,  $n=379$ ). In Erkman's study (2009), which is the only other study reported using FIS to date, the perception of father involvement ( $M=56.06$ ,  $SD=7.76$ ,  $n=67$ ) seemed to be lower than the present university students' perception of father involvement. When the present data is further explored in terms of gender differences it was seen that females perceive their fathers to be more involved significantly more than males ( $M$  (female) =64.02,  $M$  (male) =61.32,  $t=2$ ,  $p<.05$ ) (See Table 7).

#### Depressive Symptoms

Depressive symptoms were another independent variable of this study. It was measured by the combined score of both CES-D NIMH and BDE. According to CES-D results, with a mean score of 38.65 ( $SD=12.36$ ,  $n=379$ ), it can be stated generally that participants in this study were in "mildly depressed" state. Since this measure has been adapted into Turkish just recently, this is the first study using this measure. As a result, it is not possible to make comparisons among different Turkish samples using this CES-D measure. The mean scores of BDE was found to be 10.56 ( $SD=8.22$ ,  $n=379$ ) which is regarded by Bryson (1984) to be in the mildly depressed category and since the BDE and CES correlate highly ( $r=.75$ ) it can safely be said that according to CES-D the findings also can be interpreted as showing mild depression for the participant population (see Table 8). In terms of frequency and percentage distribution, in the present study, 52 % of the sample was "not depressed",

whilst 24.3 % was “mildly depressed”, 16.4 % was “moderately depressed” and 7.4 % of the sample was “severely depressed” according to Bryson’s classification (1984). It can be said that almost half of the sample is depressed at some level (48.1 %). In 1999, Oral, in her study with 333 students from the Middle East Technical University, found a depression level with a mean of 10.50 on the BDI for the total sample (Oral, 1999, p.46; cited in Şen, 2005). Akkaya (2007), in her study with 368 undergraduate students enrolled in five departments of METU, in the Faculty of Education, found that the mean score of Beck Depression Inventory for total sample was 10.99 ( $SD=7.73$ ,  $n=368$ ). In terms of gender of the participants, the mean scores for females were 10.74 ( $SD=8.06$ ,  $n=368$ ), while for males it was 11.55 ( $SD=6.99$ ,  $n=368$ ).

The findings of other studies done with university students in Turkey have similar results. Şen (2005), in her study with 1086 undergraduate University A students, which is one of the universities where data was collected in the present study, found an average mean score of 11.44. According to Şen’s study, 47.10% of the sample was “not depressed”, whereas 26.40% was “mildly depressed”, 18.60% was “moderately depressed” and 7.80% of the sample was “severely depressed” according to the classification of Bryson (1984), indicating that more than 50% of the students were reporting depressive symptoms. A little different than the current study results, she found that only less than half of the sample is not depressed while more than half of the sample is depressed at some level. Similar results in studies with university students in the United States of America (U.S.A.) are reported. For example in a study conducted with 280 university students by Hewitt et al. (2003), the mean score of Beck Depression Inventory for the total sample has been found to be 10.26, similar to findings with Turkish university students.

### Discussion According to Research Question

Research Question: To what extent do the university students' perceived parental acceptance and their perceived father involvement and their depressive symptoms explain their resiliency? Does this relation change according to gender?

According to the results of this model, for the total population, perceived maternal acceptance and depressive symptoms explained resiliency. However, perceived paternal acceptance and father involvement did not seem to have an influence on resiliency in a direct way ( $R^2=41\%$ , see Table 10). As reported in the results section when the data was further explored for gender differences, it was found that while for males perceived maternal acceptance, father involvement and depressive symptoms influenced resiliency ( $R^2=45\%$ , see Table 11), for females only depressive symptoms explained resiliency ( $R^2=39\%$ , see Table 12).

In a study carried out with university students different results were reported (Erkman, 2009). Her results indicated that neither perceived maternal and paternal rejection nor perceived father involvement significantly explained resiliency for the total population. When the data was analyzed for gender separately, perceived father involvement was found to have an influence on resiliency for males which parallels the findings in the present study. It is important to state that the resiliency scale utilized in the two studies are different and the present study used a much more detailed and psychometrically robust scale of resilience.

As can be seen in the current study, when the general university student population is in question perceived maternal acceptance along with depressive symptoms come forth as variables to be worked on if resilience is to be strengthened. The evidence of the effect of the family in terms of support in the form of acceptance, on resilience of youth is consistent

with the research results in the literature. As discussed by Gizir (2004) a close bond or positive relationship with at least one parent or other family member is a good predictor of a child's adjustment and is associated with better outcomes among at-risk children. It is suggested that supportive relationships with parents have a protective effect for the challenges of adolescent development (Luthar, 1999). Family structure and parental support are related to resilience at the family level.

Parental acceptance has been related to positive outcomes like overall psychological well-being in adulthood including happiness, life satisfaction, and low psychological distress (Rohner & Britner, 2002). The results of the current study can also be explained in this line by emphasizing the importance of parental acceptance.

The findings of the present study, suggested that father involvement has an effect on resilience for male university students. This is supported by previous research findings as well. For example it is reported that psychological maladjustment, behavioral disorders, and educational problems are seen as a result of paternal noninvolvement (Biller, 1981, 1993; Osherson, 1986; cited in Veneziano & Rohner, 1998). Furthermore, it is stated that the influence of maternal and paternal behaviors indicated that fathers' lack of love related behavior is significant like the mothers' in the background of depressed adolescents and adults (Rohner & Veneziano, 2000).

According to some studies about the characteristics of the Turkish family, close emotional relationship within the Turkish family does exist and intimacy is very important (Erkman, 2003; Kağıtçıbaşı, 1990; Fişek, 1982). Also, mothers use more control in their interaction with children, whereas fathers keep their superior position by interacting more with mothers than children and reach the child through the mothers (Sunar & Fişek, 2005).



In line with these characteristics of the Turkish family, resiliency being influenced by mother acceptance and father involvement in this current study can be understood.

### Conclusion

Through model testing with Structural Equation Modeling, it was found that perceived mother acceptance and perceived depressive symptoms had a significant influence on perceived resiliency for the university students ( $R^2=.41$ ). While, along with perceived mother acceptance and depressive symptoms, father involvement had a significant influence on resiliency for the male university students ( $R^2=.45$ ). Only depressive symptoms reached significance in its influence on resiliency for female university students ( $R^2=.39$ ). Additionally it was seen that for both male and female university students perceived paternal acceptance was significantly related to perceived father involvement ( $\beta=.71, .69, .72$ ; respectively).

### Limitations of the Study

The first limitation of the current study is about the process of the sample selection. The number of students was not equal between universities because it is based on convenience basis in terms of willingness to cooperate with the researcher and participate in the study. The results may not be generalized to all university students in Turkey. Thus, further research is recommended to apply the questionnaire in other public universities as well as private universities in order to increase the generalizability. The present study focused on university students. Therefore, the results can only be discussed in relation to this age group. Further research is recommended to study different age groups in order to generalize the results. In addition the ratio of male and female participants did not present a comparable picture either, with 256 females and 123 males. Thus the above discussion pertains to gender issue as well.

Another limitation of this study is the length of the assessment package. There are 7 scales to respond to, and even though it only takes 30 to 50 minutes to complete, some participants complained about the length. It is possible that some participants were likely to lose their concentration when they were answering the last questions. It can be recommended that future researchers use shorter forms if and when possible.

#### Recommendations and Suggestions for Further Research

In the present study, as stated above the universities and gender is not randomly and equally represented and also there were unproportional representations of faculties and departments in the universities while collecting data. Therefore, it is recommended for future studies that all these are represented proportionally. So, the results would be more generalizable for the target populations in the future.

In this research, the effects of parental acceptance and father involvement and depressive symptoms on resilience were studied. As discussed previously this study is based on the second wave of research in the area of resilience research, thus along the same line further studies are needed to investigate other factors (internal and external) predictive of resilience among individuals. Future research might be conducted by considering other factors acting on resilience such as individual and environmental factors, and including them in the model of impact to provide a more complete understanding of causation. Also, longitudinal studies will help to indicate the effects of protective factors on resilience.

Resilience is not a trait. It includes behaviors, thoughts and actions that can be learned and developed in anyone. Prevention programs aim to reduce risk and promote protective factors and they are designed to enhance resilience in young people (Oliver, Collin, Burns and Nicholas, 2006). Building resilience in young people is an important goal if we are to strengthen capacity and promote skills that help reduce mental health problems. Research

such as the present one in the second wave tradition can help in doing work in the third wave tradition where intervention comes to the fore. Researchers should focus on developing intervention programs which are based on promoting resilience. These programs can be developed with the help of students who have better social and academic skills. So, program developers can get assistance from these students to promote resiliency of those who have low social and academic skills. Also, by peer counseling their resiliency can be promoted, as Gurgan (2006) stated, and studies like the present one can help in this process.

## APPENDICES

## APPENDIX A

### Distribution of Participants According to Departments

DEPARTMENT	n	%
Primary Science Education	2	0.5
Teaching Physics	8	2.1
Primary Mathematics Education	5	1.3
Foreign Language Education	28	7.4
Teaching Chemistry	5	1.3
Teaching Mathematics	5	1.3
Guidance&Psychological Counseling	200	52.8
Classroom Teacher	111	29.3
Special Education Teaching	14	3.7
Computer Education&Educational Technology	1	0.3
Total	379	100

## APPENDIX B

### The Distribution of Participants According to Grade Level

GRADE LEVEL	n	%
Freshman-1 <sup>st</sup> year	72	19
Sophomore-2 <sup>nd</sup> year	155	40.9
Junior -3 <sup>rd</sup> year	103	27.2
Senior-4 <sup>th</sup> year	44	11.6
Missing	2	0.5
Total	379	

APPENDIX C

Personal Data Sheet

(Kişisel Bilgi Formu)

## Kişisel Bilgi Formu

1. Okulunuz:
2. Fakülteniz:
3. Bölümünüz:
4. Sınıfınız:
5. Doğum Tarihiniz : ... / ..... / .....
6. Cinsiyetiniz: Kadın ( ) Erkek ( )
7. Anneniz hayatta mı? Evet ( ) Hayır ( )
8. Babanız hayatta mı? Evet ( ) Hayır ( )
9. Anne –Babanız : Evli ( ) Boşanmış ( ) Diğer ( )
10. Anneniz: Öz ( ) Üvey ( )
11. Babanız: Öz ( ) Üvey ( )
12. Annenizin eğitim düzeyi Babanızın eğitim düzeyi  
Okur-yazar değil ( ) Okur-yazar değil ( )  
Okur-yazar (ilkokul mezunu değil) ( ) Okur-yazar (ilkokul mezunu değil)( )  
İlkokul mezunu ( ) İlkokul mezunu ( )  
Ortaokul mezunu ( ) Ortaokul mezunu ( )  
Lise mezunu ( ) Lise mezunu ( )  
Yüksekokul mezunu ( ) Yüksekokul mezunu ( )  
Üniversite mezunu ( ) Üniversite mezunu ( )  
Yüksek lisans mezunu ( ) Yüksek lisans mezunu ( )  
Doktora mezunu ( ) Doktora mezunu ( )  
Bilmiyorum ( ) Bilmiyorum ( )
13. Kardeşiniz var mı? Evet ( ) Hayır ( )
14. Kaç Kardeşiniz Var?
15. Ailede genellikle kararlar kimin tarafından alınır? (Sadece birini seçiniz)  
Annem ( ) Babam ( )
16. Ailede en çok saygı duyduğunuz kişi kimdir? (Sadece birini seçiniz)  
Annem ( ) Babam ( )



APPENDIX D  
Resiliency Scale  
(Yılmazlık Ölçeđi)

## YILMAZLIK ÖLÇEĞİ (YÖ)

**ACIKLAMA** Lütfen aşağıdaki maddeleri dikkatle okuyarak her maddede yer alan ifadenin size ne derece uygun olduğuna (sizi ne derece tanımladığına) karar veriniz. Verdiğiniz karara göre aşağıdaki ifadeleri dikkate alarak yanındaki boşluklardan bir tanesine çarpı (X) işareti koyunuz. Örneğin ifadelerden bir tanesi size hiç uygun değilse “hiç tanımlamıyor”, size oldukça uygunsa “çok iyi tanımlıyor” seçeneklerini işaretleyiniz. Lütfen bütün ifadeleri cevaplayınız.

(YÖ)

### Tanımlama düzeyi

		Hiç Tanımlamıyor	Biraz Tanımlıyor	Orta Düzeyde Tanımlıyor	İyi Tanımlıyor	Çok İyi Tanımlıyor
1	Genel olarak olaylara kötümser bakarım					
2	Güçlükler karşısında yılmadan, sabırla mücadele ederim					
3	Kimsenin fark edemediği yaratıcı çözüm yollarını görebilirim					
4	Atılgan bir kişi değilim					
5	İyi liderlik yapamam					
6	Kararlarımın sonuçlarına baktığımda genellikle isabetli kararlar verdiğimi görürüm					
7	Çevremdeki olanak ve fırsatları kolay görüp değerlendiririm					
8	Başarı için olabildiğince yüksek ama ulaşılabilir hedeflerim var					
9	İnanmışım doğrular için çaba göstermek zor geliyor					
10	Kendi yaşamım üstünde kontrol sahibi değilim					
11	Parlak bir geleceğe sahip olma duygusu ve umudu içindeyim					
12	Çevremdekiler üzerinde olumlu izlenimler bırakarak onların güvenini kazanırım					

13	Meraklıyım,sorular sorar,bilmediğim şeyleri öğrenmek için araştırırım					
14	Kendimi yaşama pek bağlı hissetmiyorum					
15	İçinde yer aldığım gruplarda etkin rol oynarım					
16	Zorluklar karşısında dayanaksızım					
17	Sokulgan (arkadaş canlısı, sıcakkanlı) değilim					
18	Başkalarının üstesinden gelemeyeceği olumsuz yaşam koşulları ile baş etmeyi bilirim					
19	Kendime her zaman güvenirim					
20	Sorumluluklar üstlenmek bana zor geliyor					
21	En zor şartlarda bile kendi kendimi iyileştirme yetisine sahibim					
22	Hedeflerime ulaşmak için kendimi güdüleyebilirim					
23	İnanmış şeyler için sonuna kadar mücadele ederim					
24	Zor olan durumları bile lehime çevirmekte hünerliyim					
25	Çıkabilecek problemleri önceden kestirerek önlemlerimi alırım					
26	Sahip olduğum özellikleri değerli bulmuyorum					
27	Çatışmalarımı çözmekte sıkıntılar yaşıyorum					
28	Zor bir durumda kaldığımda genellikle o durumdan çıkış yolumu bulabilirim					
29	Çözüm yollarını hemen görerek uygulamaya koyarım					
30	Planlar yaptığım zaman, onları sonuna kadar götürürüm					
31	Genellikle gülecek bir şeyler bulabilirim					
32	Olaylar karşısında genellikle çaresiz kaldığımı hissediyorum					
33	Rahat ve kolay iletişim kuramam					
34	Kendi biricikliğimi içinde yaşadığım toplumla çatışmadan ortaya koyabilirim					
35	Yeni insanlarla tanışmak, yeni yaşantılar beni ürkütür					
36	Kendimle barışığım					

37	Genellikle bir duruma birçok yönden bakabilirim					
38	Yaşamımı anlamsız buluyorum					
39	Yapmak zorunda olduğum şeyler için yeterli enerjiyi bulamıyorum					
40	En zor durumlarda bile kendime inancımı kaybetmem					
41	Yaşamımda azimli bir insan olmayı beceremedim					
42	Kendimi güçlü hissetmiyorum					
43	Yaşamımda üstlendiğim rollerimden zevk almıyorum					
44	Anlatım ve ifadelerimle karşımdakileri ikna edemem					
45	Sözlü ve yazılı olarak kendimi ifade etmeyi başarıyorum					
46	Diğer insanlardan gelen sinyalleri iyi okurum					
47	Problemlerin kaynağını saptayamıyorum					
48	Dertlerimi untabilmek için yaratıcılığımı kullanabilirim					
49	Neyin doğru neyin yanlış olduğuna karar veremem					
50	İnandığım şeyler için tehlikeleri göze almak zor geliyor					

APPENDIX E

Parental Acceptance-Rejection Questionnaire (Child PARQ-Short Form) – Turkish Form

(Çocuk/Ergen EKRÖ-Kısa Form)

## Çocuk/Ergen EKRÖ (Kısa Form)

**Yönerge:** Bu sayfada anne-çocuk ilişkisini içeren ifadeler bulunmaktadır. Bu ifadelerin annenizin size olan davranışlarına uygun olup olmadığını düşünün. Her ifadeyi okuduktan sonra o ifade annenizin size karşı davranışları konusunda ne kadar doğruysa, “ Hemen hemen her zaman doğru“, “Bazen doğru“, “Nadiren doğru“ veya “Hiçbir zaman doğru değil“ şeklinde işaretleyiniz.

		Annem İçin Doğru		Annem İçin Doğru Değil	
		Hemen hemen her zaman doğru	Bazen Doğru	Nadiren Doğru	Hemen hemen hiçbir zaman doğru değil
	<b>ANNEM</b>				
1	Benim hakkımda güzel şeyler söyler.				
2	Bana hiç ilgi göstermez.				
3	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırır.				
4	Hak etmediğim zaman bile bana vurur.				
5	Beni büyük bir baş belası olarak görür.				
6	Kızdığı zaman beni cezalandırır.				
7	Sorularımı cevaplayamayacak kadar meşguldür.				
8	Benden hoşlanmıyor gibi.				
9	Yaptığım şeylerle gerçekten ilgilenir.				
10	Bana bir sürü kırıncı şey söyler.				
11	Ondan yardım istediğimde beni duymazlıktan gelir.				
12	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirir.				
13	Bana çok ilgi gösterir.				
14	Beni kırmak için elinden geleni yapar.				
15	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuttur.				

16	Eğer kötü davranırsam benden hoşlanmadığını hissettirir.				
17	Bana yaptığım şeylerin önemli olduğunu hissettirir.				
18	Yanlış bir şey yaptığımda beni korkutur veya tehdit eder.				
19	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanır.				
20	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu hisseder.				
21	Bana istenmediğimi belli eder.				
22	Beni sevdiğini belli eder.				
23	Onu rahatsız etmediğim sürece benimle ilgilenmez.				
24	Bana karşı yumuşak ve iyi kalplidir.				

## Çocuk/Ergen EKRÖ (Kısa Form)

**Yönerge:** Bu sayfada baba-çocuk ilişkisini içeren ifadeler bulunmaktadır. Bu ifadelerin babanızın size olan davranışlarına uygun olup olmadığını düşünün.

Her ifadeyi okuduktan sonra o ifade babanızın size karşı davranışları konusunda ne kadar doğruysa, “ Hemen hemen her zaman doğru“, “Bazen doğru“, “Nadiren doğru“ veya “Hiçbir zaman doğru değil“ şeklinde işaretleyiniz.

		Babam İçin Doğru		Babam İçin Doğru Değil	
		Hemen hemen her zaman doğru	Bazen Doğru	Nadiren Doğru	Hemen hemen hiçbir zaman doğru değil
	<b>BABAM</b>				
1	Benim hakkımda güzel şeyler söyler.				
2	Bana hiç ilgi göstermez.				
3	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırır.				
4	Hak etmediğim zaman bile bana vurur.				
5	Beni büyük bir baş belası olarak görür.				
6	Kızdığı zaman beni cezalandırır.				
7	Sorularımı cevaplayamayacak kadar meşguldür.				
8	Benden hoşlanmıyor gibi.				
9	Yaptığım şeylerle gerçekten ilgilenir.				
10	Bana bir sürü kırıcı şey söyler.				
11	Ondan yardım istediğimde beni duymazlıktan gelir.				
12	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirir.				
13	Bana çok ilgi gösterir.				
14	Beni kırmak için elinden geleni yapar.				
15	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuttur.				



16	Eğer kötü davranırsam benden hoşlanmadığını hissettirir.				
17	Bana yaptığım şeylerin önemli olduğunu hissettirir.				
18	Yanlış bir şey yaptığımda beni korkutur veya tehdit eder.				
19	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanır.				
20	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu hisseder.				
21	Bana istenmediğimi belli eder.				
22	Beni sevdiğini belli eder.				
23	Onu rahatsız etmediğim sürece benimle ilgilenmez.				
24	Bana karşı yumuşak ve iyi kalplidir.				

APPENDIX F

Father Involvement Scale (FIS)

(Baba İlgisi Ölçeđi)

## BABA İLGİSİ ÖLÇEĞİ

Hayatınızın bu yanları ile babanız ne kadar ilgilidir? Lütfen, babanızın size karşı davranışını en yakın derecede anlatan kutuyu işaretleyiniz.

		Hemen hemen herzaman ilgili (4)	Bazen ilgili (3)	Nadiren İlgili (2)	Hemen hemen hiçbir zaman ilgili değil (1)
1.	Zihinsel gelişim				
2.	Duygusal gelişim				
3.	Sosyal gelişim				
4.	Ahlaki/etik gelişim				
5.	Manevi gelişim				
6.	Fiziksel gelişim				
7.	Mesleki gelişim				
8.	Sorumluluk geliştirme				
9.	Bağımsızlık geliştirme				
10.	Yetkinlik geliştirme				
11.	Boş zaman, eğlence, oyun				
12.	Para sağlama				
13.	İlgi ve etkinlik paylaşma				
14.	Öğretici ve yol gösterici olma				
15.	Bana bakar				
16.	Bana karşı koruyucudur				
17.	Tavsiye veren				
18.	Terbiye eden				
19.	Okul/ Ev ödevi				
20.	Arkadaşlık/dostluk				

## APPENDIX G

Center for Epidemiologic Studies Depression Scale (CES-D) [NIMH] – Turkish Form

(Epidemiyolojik alıřmalar Merkezi Depresyon leđi (EM-D))

## Epidemiyolojik Çalışmalar Merkezi Depresyon Ölçeği (EÇM-D)

Aşağıdaki listede sizin de hissetmiş veya davranmış olabileceğiniz, çeşitli durumlar yer almaktadır. Lütfen soruları, **son bir haftada** bu davranış ve duygu durumlarınızı ne sıklıkta yaşadığınızı düşünerek işaretleyiniz.

		Son bir hafta boyunca			
		Nadiren ya da hiçbir zaman (1 günden az)	Biraz ya da kısa bir zaman (1-2 gün)	Ara sıra ya da sık sık (3-4 gün)	Büyük bir çoğunlukla ya da her zaman (5-7 gün)
		1	2	3	4
1	Genellikle beni rahatsız etmeyen durumların rahatsız etmesi				
2	Yemek yemek istemiyordum, iştahım yoktu.				
3	Ailem,ve arkadaşlarımdan yardım ile bile sıkıntılımdan kurtulamıyordum.				
4	Diğer insanlar kadar iyi olduğumu hissediyordum.				
5	Aklımı yaptığım işe vermekte zorlanıyordum.				
6	Kendimi depresyonda hissediyordum.				
7	Yaptığım her şeyin beni zorladığımı hissediyordum.				
8	Gelecekte umutlu hissettim.				
9	Başarısız bir hayatım olduğunu düşündüm.				
10	Korku dolu hissettim.				
11	Huzursuz uyuyordum.				
12	Mutluydum.				
13	Her zamankinden daha az konuşuyordum.				
14	Kendimi yalnız hissettim.				
15	İnsanlar dostça davranmıyorlardı.				
16	Hayattan zevk aldım.				

17	Ađlama nbetleri geirdim.				
18	zgn hissettim.				
19	İnsanların benden hořlanmadıđını hissettim.				
20	Eyleme gemekte zorlandım.				

APPENDIX H

Beck Depression Inventory – Turkish Form

(Beck Depresyon Envanteri)

## Beck Depresyon Envanteri

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

- 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) Gelecekte umutsuz değilim.  
(b) Geleceğe biraz umutsuz bakıyorum.  
(c) Gelecekte beklediğim hiçbir şey 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 başarısızlığım 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 hiçbir şeyden gerçek bir zevk alamıyorum.  
(d) Bana zevk veren hiçbir şey yok. Her şey 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 cezalandırılabilceğimi hissediyorum.  
(c) Cezalandırılmayı bekliyorum.  
(d) Cezalandırıldığımı hissediyorum.
- 7- (a) Kendimden hoşnutum.  
(b) Kendimden pek hoşnut değilim.  
(c) Kendimden hiç hoşlanmıyorum.  
(d) Kendimden nefret ediyorum.
- 8- (a) Kendimi diğer insanlardan daha kötü görmüyorum.  
(b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.  
(c) Kendimi hatalarım için çoğu zaman suçluyorum.  
(d) Her kötü olayda kendimi suçluyorum.
- 9- (a) Kendimi öldürmek gibi düşüncelerim yok.  
(b) Bazen kendimi öldürmeyi düşünüyorum, fakat bunu yapmam.  
(c) Kendimi öldürebilmeyi isterdim.  
(d) Bir fırsatını bulsam kendimi öldürürüm.
- 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 düşünüyorum 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 her şey beni yoruyor.  
(d) Öyle yorgunum ki hiçbir şey 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 yemek yemeye çalışarak kilo kaybetmeye çalışıyorum.  
Evet ( ) Hayır ( )
- 20- (a) Sağlığım beni pek endişelendirmiyor.  
(b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.  
(c) Ağrı, sızı gibi sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.  
(d) Bu tür sıkıntılar beni öyle endişelendiriyor ki, artık başka hiçbir şey düşünemiyorum.
- 21- (a) Son zamanlarda cinsel yaşamımda dikkatimi çeken bir şey yok.  
(b) Eskisine oranla cinsel konularla daha az ilgileniyorum.  
(c) Şu sıralarda cinsellikle pek ilgili değilim.  
(d) Artık cinsellikle hiç bir ilgim kalmadı.

APPENDIX I

Consent Form

(Onam Formu)

## Bilgilendirilmiş Onam Formu

Bu araştırma, Boğaziçi Üniversitesi Yüksek Lisans öğrencisi Sevla SERBEST ve Boğaziçi Üniversitesi Eğitim Fakültesi Bölümü'nden Doç. Dr. Fatoş ERKMAN'ın danışmanlığında yürütülen, Yüksek Lisans tez çalışmasıdır.

Çalışmanın ana amacı üniversite öğrencilerinin algıladıkları anne-baba kabulünün ve babanın katılımının onların yılmazlık düzeyine ve depresyon düzeyine etkisine bakmaktır. Yapılan taramalar ve uygulama çalışmaları bu faktörlerin bireylerin olumsuz olaylarla başa çıkabilme becerileri açısından önem taşıdığını göstermektedir. Bu faktörlerin bireylerin yılmazlığına etkisinin görüleceği ilk çalışma olması nedeniyle, bu çalışmanın önleyici programların geliştirilmesinde önemli bilgiler sağlaması hedeflenmektedir. Bu çalışma için doldurmanızı istediğimiz bir ön bilgi formu ile beş anket; anne ve babanız için ayrı ayrı doldurmanızı istediğimiz Ebeveyn Kabul-Red Ölçeği - Çocuk/Ergen EKRÖ/Kısa form, Baba İlgisi Ölçeği, Epidemiyolojik Çalışmalar Merkezi Depresyon Ölçeği (EÇM-D), Beck Depresyon Envanteri ve Yılmazlık Ölçeği (YÖ) var. Yaklaşık 30-40 dakikada tamamlanabilecek bu form ve anketlere kimlik bilgisi yazılmayacağından, kimliğiniz gizli kalacaktır.

Bu çalışmaya dolduracağınız anketlerle katkı sağlamak istiyorsanız, aşağıda bulunan “Bu formu okudum ve araştırmaya katılmayı kabul ediyorum” yazısının altını imzalayın. Dilerseniz bu formun bir kopyasını saklayabilirsiniz. Ayırdığınız zaman ve katkınız için teşekkür ederiz.

**BU FORMU OKUDUM VE ARAŞTIRMAYA KATILMAYI KABUL EDİYORUM.**

Katılımcının adı:

İmzası:

Tarih:

APPENDIX J  
Ethical Committee

**T.C.**  
**BOĞAZIÇI ÜNİVERSİTESİ**  
**İnsan Araştırmaları Etik Kurulu Toplantı Tutanağı**  
**2009/2**

---

**Toplantı Tarihi:** 15.05 2009

**Katılanlar:**

Doç. Dr. Hale Bolak, İstanbul Bilgi Üniversitesi, Psikoloji Bölümü

Doç. Dr. Şemsa Özar, B.Ü., İktisadi ve İdari Bilimler Fakültesi, Ekonomi Bölümü

Prof. Dr. Yekta Ülgen, B.Ü., Biyomedikal Mühendisliği Enstitüsü Müdürü

Doç. Dr. Yeşim Atamer, İstanbul Bilgi Üniversitesi, Hukuk Fakültesi

Yard. Doç. Dr. Nazan Üstündağ, B.Ü., İktisadi ve İdari Bilimler Fakültesi, Sosyoloji Bölümü

**Katılmayanlar:**

Dr. İrem Ergün (MD), Florence Nightingale Hastanesi, İdari direktörü

1. İNAREK (İnsan araştırmaları Etik Kurulu) toplantısında başvurular üzerinde yapılan değerlendirme sonucu aşağıdaki projeler kurul tarafından oy birliğiyle uygun bulunmuştur.

**Başvuru Tarihi:** 12.04.2009

**İNAREK Kayıt No.:** 2009/17

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Aslı Göksel, Boğaziçi Üniversitesi, Fen-Edebiyat Fakültesi, Batı Dilleri ve Edebiyatları Bölümü

**e-posta:** gokselas@boun.edu.tr

**Proje Ekibi:** Prof. Angela Ralli (Patras Üniveristesi)

**Proje Başlığı:** Dil mirasının korunması: Anadolu Yunancası ve Türkçe'yle ilişkisi

**Başvuru Tarihi:** 20.01.2009

**İNAREK Kayıt No.:** 2009/18

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Doç. Dr. Esra Battaloğlu, Boğaziçi Üniversitesi, Moleküler Biyoloji ve Genetik Bölümü

**e-posta:** battalog@boun.edu.tr

**Proje Ekibi:**

**Proje Başlığı:** Herediter spastik Paraparezi (HSP) Hastalarında Genetik Analiz

**Başvuru Tarihi:** 17.04.2009

**İNAREK Kayıt No.:** 2009/19

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Yard. Doç. Dr. Markus Alexander Pöchtrager, Batı Dilleri ve Edebiyatları Bölümü

**e-posta:** markus.pochtrager@boun.edu.tr

**Proje Ekibi:**

**Proje Başlığı:** Türkçe'deki Ses Sistemleri

**Başvuru Tarihi:** 20.04.2009

**İNAREK Kayıt No.:** 2009/20

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Mine Özaşçılar, İstanbul Üniversitesi, Adli Tıp Enstitüsü, Sosyal Bilimler Anabilim Dalı

**e-posta:** mine.ozascilar@bahcesehir.edu.tr

**Proje Ekibi:** Prof. Dr. Fatih YAVUZ, Prof. Dr. Nilüfer NARLI

**Proje Başlığı:** Cep Telefonu Kullanımının Sosyolojik Boyutu: Bireysel Güvenlik ve günlük Hayattaki Yeri

**Başvuru Tarihi:** 22.04.2009

**İNAREK Kayıt No.:** 2009/21

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Doç.Dr. Fatoş Erkman, Boğaziçi Üniversitesi, Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Programı

**e-posta:** erkman@boun.edu.tr

**Proje Ekibi:** Sevla serbest

**Proje Başlığı:** Üniversite Öğrencilerinin Algıladıkları Anne-Baba Kabulünün ve Algıladıkları Baba Katılımının Onların Yılmazlık ve Depresyon Düzeyine Etkisi

**Başvuru Tarihi:** 20.04.2009

**İNAREK Kayıt No.:** 2009/22

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Prof. Marina Nespor; Doç. Dr. Aslı Göksel

**e-posta:** marina.nespor@unimib.it

**Proje Ekibi:** Alan Langus

**Proje Başlığı:** Language and Communication use different cognitive systems

**Başvuru Tarihi:** 16.04.2009

**İNAREK Kayıt No.:** 2009/23

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

James Joseph Kraft, Huston-Tillotson University USA

**e-posta:** kraftjames@yahoo.com

**Proje Ekibi:** Dr. Frank Richardson (PI), Dr. James Kraft, Guliz Kurt, Dr. Rick Sperling

**Proje Başlığı:** The Impact of Critical Thinking Training on Epistemic Humility and Religious Tolerance

**Başvuru Tarihi:** 16.02.2009

**İNAREK Kayıt No.:** 2009/14

**Başvuruyu yapan Proje Yöneticisi/Araştırmacının adı ve kurumsal bilgileri:**

Prof.Dr. Lale Akarun, Boğaziçi Üniversitesi

**e-posta:** akarunboun.edu.tr

**Proje Ekibi:**

**Proje Başlığı:** Bosphorus Üç Boyutlu Yüz Veri Kütüphanesi

Doç. Dr. Hale Bolak,

İstanbul Bilgi Üniversitesi, Psikoloji Bölümü

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