# THE RELATIONSHIPS BETWEEN BALANCED INTEGRATION DIFFERENTIATION MODEL WITH WELL-BEING AND DEPENDENT PERSONALITY DISORDER CHARACTERISTICS MEDIATED BY INTERPERSONAL PROBLEMS AND ATTACHMENT

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#### **ABSTRACT**

THE RELATIONSHIPS BETWEEN BALANCED- INTEGRATION

DIFFERENTIATION MODELWITH WELL-BEING AND DEPENDENT

PERSONALITY CHARACTERISTICS MEDIATED BYINTERPERSONAL

PROBLEMS AND ATTACHMENT

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M.A., Clinical Psychology

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The current study had the purpose to investigate the relationship between Balanced-Integration Differentiation (BID) model, which was developed by İmamoğlu (1995, 1998, 2003) in order to construct self-construals of individuals, with dependent personality disorder characteristics and well-being. The possible mediation effects of attachment and interpersonal problems were also investigated. 318 individuals from 39 different cities in Turkey whose age range 18 to 72 (*M*= 35.63, *SD*= 10.90) participated the study. Data collection was completed with Socio-Demographic Form, Balanced-Integration Differentiation (BID) Scale (İmamoğlu, 1998, 2003), Personality Belief Questionnaire -Dependent Personality Disorder Subscale PBQ (Beck and Beck, 1991), Satisfaction with Life Scale -SWSL (Diener, Emmons, Larsen, & Griffin, 1985), Interpersonal Problems Scale (IIP-32) (Horowitz,

Alden, Wiggins & Pincus, 2003) and Experiences in Close Relationships-Revised Scale (ECR-R) (Fraley, Waller & Brennan, 2000). Results of the current study revealed the mediator effects of attachment and interpersonal problems on the relationship between self-construals with dependent personality disorder characteristics and well-being. The results of the study were discussed with possible contributions to field of clinical psychology.

Keywords: Balanced- Integration Differentiation (BID) Model, Dependent Personality Disorder Characteristics, Well-being, Attachment, Interpersonal Problems

#### DENGELİ BÜTÜNLEŞME- AYRIŞMA MODELİ İLE İYİ OLUŞ VE BAĞIMLI KİŞİLİK BOZUKLUĞU ÖZELLİKLERİNİN KİŞİLER ARASI PROBLEMLER VE BAĞLANMA ARACILIĞINDAKİ İLİŞKİSİ

#### Kozak, Ekin Doğa

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Mevcut çalışmanın amacı, İmamoğlu (1995, 1998, 2003) tarafından benlik kurgularının kavramsallaştırılması amacıyla geliştirilen Dengeli Bütünleşme ve Ayırdetme- Ayrışma Modeli ile bağımlı kişilik bozukluğu özellikleri ve iyi oluşun ilişkisini incelemek ve bu ilişkiye bağlanma ile kişiler arası problemlerin olası aracı rolünü incelemektir. Türkiye'nin 39 faklı şehrinden 318 katılımcının yer aldığı çalışmada yaş aralığı 18 ve 72'dir (*Or*t= 35.63, *S*= 10.90). Bilgiler; Sosyo-Demografik Form, Dengeli Bütünleşme ve Ayırdetme-Ayrışma Ölçeği (İmamoğlu, 1998, 2003), Kişilik İnanç Ölçeği- Bağımlı Kişilik Altboyutu (Beck and Beck, 1991), Yaşam Doyum Ölçeği (YDÖ) (Diener, Emmons, Larsen, & Griffin, 1985), Kişiler arası problemler Ölçeği (Horowitz, Alden, Wiggins & Pincus, 2003) ve Yakın İlişkilerde Yaşantılar Envanteri-II (Fraley, Waller & Brennan, 2000) aracılığıyla toplanmıştır. Çalışmanın sonuçları bağlanmanın ve kişiler arası problemlerin benlik kurguları ile bağımlı kişilik özellikleri ve iyi oluş üzerinde aracı rolünü ortaya çıkarmıştır. Çalışmanın sonuçları klinik psikoloji alanına olası katkılar çerçevesinde

tartışılmıştır.

Anahtar kelimeler: Dengeli Bütünleşme ve Ayırdetme- Ayrışma (Denge) Modeli, Bağımlı kişilik bozukluğu özellikleri, İyi oluş, Bağlanma, Kişiler arası problemler



To Black Hole

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This process has been very challenging for me and it still continues to challenge me I cannot understand how and why this is so. The process showed me the me that I denied so far. But I couldn't deny any more when the reality kept waiting there for me. But I'm lucky to say that there are friends around who have the patience to bear them with me as soon as they could, ease them for me (even I'm very good at finding ways to elude the easiness and stick to hard ways inevitably).

And this page is just to say thank you them all. I was looking forward to coming this step. And here I am.

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#### **CHAPTER 1**

#### INTRODUCTION

The purpose of the study is to examine the relationship between self-construals, which İmamoğlu (1989, 1991, 1998) constructed in her Balanced Integration-Differentiation Model, with dependent personality beliefs and well-being. Furthermore, whether these relationships are affected by interpersonal problems or attachment styles will be investigated.

Regardless of culture, ethnicity, and gender, all human beings are dependent on each other to some degree over the course of their lifetime (Bornstein, 1992). This dependency is crucial for infants, but grown-ups also need approval, guidance and support, particularly at times of stress (Bornstein, 1996). Dependency can turn into a psychopathology in adults when they experience excessive personal distress and/or impairment about being 'alone' (Sperry, 2003). There are some criteria that determine when dependency has to be classified as psychopathology.

According to latest release of the Diagnostic and Statistical Manual (DSM) dependent personality disorder (DPD) is portrayed with a frame of pervasive and excessive need for others to be taken care of and being submissive and clingy to keep separation away (American Psychiatric Association, 2013). Similarly, in Psychodynamic Diagnostic Manual (PDM-2) the concept of dependent personalities are defined as excessive need of dependency (Lingiardi & McWilliams, 2017). Sperry (2003) states low self-confidence, unbearable discomfort in being alone, seeking for approval and self-doubt are some of the common features found in people with DPD. Primarily, the calibration of closeness in relationships is the core problem in DPD. Individuals high in dependency who need support, nurturance and direction of other people excessively, are having difficulties in establishing and maintaining close relationships which they crave much (Overholser, 1996). Thus, individuals with DPD tend to have high rates of interpersonal problems.

Interpersonal problems can be defined as difficulties that individuals experience in relating to others (Gurtman, 1996). Actually, interpersonal problems are main causes for seeking psychotherapy (Horowitz, Rosenberg, & Bartholomew, 1993). Moreover, high levels of interpersonal distress also indicate problems in attachment (Hayden, Müllauer, & Andreas, 2017).

Attachment and dependency have clear distinctions from each other (Ainsworth, 1969) although they have a lot in common. Attachment is an affectional tie that an individual (or an animal) forms with other individuals. Thus, attachment is specific and excludes the others but mother in general. The attachment between baby and the mother tends to endure by its nature (Ainsworth, 1969). The bond of

attachment aims to keep the attached figure in a close proximity. According to Ainsworth (1969) attachment can be considered as a synonym for love but dependency not. Dependency, on the other hand, is aimed to receive approval, assistance and guidance (Hirschfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977). When dependency is one side of medallion, separation is on the other side of it.

Traditional psychodynamic theory emphasizes the importance of separation (Ferenzci, 1950; Erikson, 1963; Blos, 1979) in developing an autonomous and mature sense of self (Atwood, 1992). According to a Western viewpoint, the healthy development requires autonomous formation of an individual which is proposed to be more important than the formation of social relations (Guisinger & Blatt, 1994). Since the development of psychological science has taken place in Western cultures, it took some time for scholars to challenge this approach. This view has been challenged particularly by feminist theorists who focus on emotional connection in the way of psychological growth (Miller, 1976; Gilligan, 1982).

Some degree of dependency is accepted as healthy, if it is also accompanied by separation of the individual. The degree of the 'acceptance' is affected by the individual's culture. Markus and Kitayama (1991) published an influential article, which is still one of the most cited articles (Ho & Hartley 2015), embracing self within culture via comparing Japanese and American cultures. They proposed that there are two dimensions based on which human beings can be compared to each other: individuation and relational aspects. Individuation and relation have been accepted as opposite of each other by most of the pioneering cultural studies. İmamoğlu (1987) claimed that these two variables are not opposite but

complementary to each other and she proposed new model, the Balanced Integration-Differentiation Model (aka BID Model). The model argues that healthy development of human beings occurs when both of the two basic needs are satisfied.

#### 1.1. Self- Construals

A renowned name and culture figure of Turkey, Yunus Emre quotes: "There is an I within me, deep, deeper than I'. This quote gives the signals of how complicated the exploration of the 'self' can be. The concept of the "self" is aimed to be comprehended within self-construals. To construe means to "interpret (a word or action) in a particular way" (Oxford Dictionary); therefore, self-construal is an interpretation of the self by the researchers in a particular way. Self-construal literature has had some discrepancies about the conceptualization of the term. These discrepancies stem from the definition of the self and the needs of the self. Baumeister (1986) stated the distinction of private and public selves which refer to the way a person tries to understand himself/herself and the self that is displayed in the presence of others, respectively. Triandis (1989) pointed out that cultural differences may occur while presenting these selves. Hofstede's cultural dimension theory (1980) is an attempt to create a frame in order to understand why societies do belong to particular culture behave in a particular way and how culture affects individuals' behavior. One of the dimensions he proposed is individualism/ collectivism which can be defined as the degree of interdependence among the members of particular society (Hofstede, 1980). Individualism and collectivism are one of the most important concepts of cultural approach to social behavior (Kağıtcıbası, 1987). These two dimensions are regarded as a bipolar reflection of cultures (Hofstede, 1980; Triandis, Bontempo, Villareal, Asai & Lucca, 1988) as either individualistic (Western), or collectivistic (Eastern) with referring distinct

features. In individualistic cultures, for example, there is an "I" consciousness, whereas on the collectivist side there is "we" consciousness; in the former, others are perceived as "individuals" while in the latter, others are classified as either in-group or out-group (Hofstede, 2011). The dichotomy on cultural level which Hofstede (1980) stated has been applied on individual level by some researchers (Markus & Kitayama, 1991; Singelis, 1994; Triandis, 1989; Triandis & Suh, 2002).

Markus and Kitayama's pivotal article (1991) examined two different cultures and impacts of these two different cultures on selves. The article investigated two divergent construals of the self, named as independent and interdependent self; referring to the cultures of the United States and Japan, respectively. The independent construal of the self is marked as being separate from social contexts whereas the interdependent is connected within the social context. While being unique is important for an individual who endorses a rather independent selfconstrual, individuals with more interdependent selves strive to fit-in to the circumstances instead. The former aims to express the personal opinions in a group, while the latter targets to occupy a personal place in accord with in an existing environment; the former concentrates to realize internal attributes while the latter focuses on the external ones; the independent construal of self-endorses promoting own goals and relatedly promotes being direct on the base of 'say what's on your mind', whereas the interdependent self-construal promotes others' goals and being indirect, valuing the ability of 'reading other's mind'. Markus and Kitayama (1991) inferred that individual is given more importance over the group in Western culture, and the contrary is true for East Asian cultures. Markus and Kitayama (1991) as well as others (Triandis, 1989; Singelis, 1994) have asserted that features of independent

and interdependent self-construals present in individuals are influenced by the cultural contexts promoting the development of one or another.

Although conceptualization of self-construals by Markus and Kitayama has been widely recognized, there were other researchers rejecting such a sharp distinction of individuals as being either independent or interdependent. Kim (1994) elaborated the concept of dichotomy by depicting that the constructs of individualism and collectivism consist of various facets. The concept of collectivism is divided into three modes: undifferentiated, relational and coexistence. While the first two modes are related to distinct in-group and out-group boundaries, the mode of coexistence is composed of the public self and the private self within individuals. The public self reflects the individual's collectivistic values of the roles of groups that s/he belongs. On the other hand, the private self resembles the individualistic values and strivings. When these two selves have some conflict, the individual is expected to behave in accordance into her/his role even though the collectivistic values are not internalized by the individual. Avoiding individualistic values in public self and behaving in the frame of in-group standards are characteristics of Kim's conceptualization of public self (1994). And this is different from 'interdependent self' which is conceptualized by Markus and Kitayama (1991) indicating collectivistic values are internalized and integrated into a part of self. Kim's (1994) viewpoint expands the understanding of collectivism. Obligations in social roles are different from personal identity. Besides, dependence and independence are conceptualized as two distinct human needs occurring in every individual (Kağıtçıbaşı, 1990; İmamoğlu, 1995, 1998, 2003; Ho & Chiu, 1994; Oyserman et al., 2000). Criticizing the antipole separation brings the uniformity problem indicating that every member of a specific culture is either one of these two contradictory points which may not reflect the truth (Sinha &

Tripathi, 1994). Sinha and Tripathi (1994) also expostulated this dichotomic approach as glossing over the characteristics of social entities and evoking rigid and caricature-like mental notions of cultures and societies in place of trying to catch the complexity of representative pictures.

Turkey as a geographical bridge between Europe and Asia could be tangled in this sharp differentiation of independent and interdependent self-construals. In addition to physical closeness of both 'Western' and 'Eastern' sides, strong trend towards individuation does not look like affecting the decrease in relational need (İmamoğlu, 1987, 2002; Karadayı, 1998) as dichotomic perspective offers. The present study aims to investigate the psychologically relevant correlates of the Balanced- Integration Differentiation Model which was constructed by İmamoğlu (1987, 1991, 1994) aiming to explore the situation in Turkey.

#### 1.1.1 Four Self-Construals of Balanced-Integration Differentiative Model

Bakan (1966) stated that communion and agency are regarded as fundamental human needs. Similarly, Maslow (1968) asserted that need for belongingness is a prior need for self-actualization. In an akin vein, İmamoğlu (1987, 1998) conceptualized her theory stating that both agency and relatedness are two complementary needs. The Balanced Integration Differentiative (hereafter BID) model is built on the presumption that "the natural order involves a balanced system resulting from the interdependent integration of differentiated components" (İmamoğlu, 2003, p. 371) and human beings tend "to have natural propensities for both differentiation and integration" (p. 372).

The concept of family establishes a base for cultural ground. It both feeds culture and it is fed by culture. Culture affects the way how people understand themselves, the society and the world. Family is the first, the closest and the longest exposed bond for many of the individuals as a way to 'enter' culture (Karadayı, 1998). There are some factors affecting the members of the family that the individual was born into: the values of socialization, parenting styles, child-rearing styles and the worth of child are few of them. Moreover, differentiating individual features, intrafamilial and intergenerational transferences of family are also affecting familial bonds. In every culture through the socialization processes, self-construals which are suitable for social structure are produced via families (Karadayı, 1998). This formation leads every culture to create their own person development models. Social developments and changes affect the individual's development from the base.

Moreover, the individuals' developments play important roles on the changes at societal level. The values which are transmitted through families and society correspond at individual level and maintain social order (Karadayı, 1998).

The BID Model counts on the premise that "the natural order involves a balanced system resulting from the interdependent integration of differentiated components" (İmamoğlu, 1995, 1998, 2003). In other words, individuals need to both differentiate and integrate through a social period. BID Model has two fundamental assumptions: (1) everyone is born with an authentic potential; (2) each individual is born to "others". As İmamoğlu stated "a person needs to develop his or her unique potential as well as relate meaningfully to others" (İmamoğlu, 1998; p.97). Optimal development of individuals depends on their satisfaction of these two complementing needs.

BID model named these two distinct needs as "intrapersonal differentiation" and "interpersonal integration". Intrapersonal differentiation orientation includes actualizing the unique potential of individuals in order to be "individuated". This includes the borders of psychological need of a person, emphasizing the abilities, skills and free will of that particular person. The satisfaction of intrapersonal differentiation orientation means that the individual can hear the voice of her/his own, be able to connect the authentic self and on the way to actualize authentic potential. On the other hand, the orientation of interpersonal integration is the harmony of the individual's voice within "others". Interpersonal integration is the tendency to be connected and integrated with others. The essential point in interpersonal integration orientation is to be able to integrate own authentic self into to the ongoing social constructs which surrounds the individual (Kantaş, 2013).

The high end of on *intrapersonal differentiation* is called as "individuated" (capable of differentiated and realizing the self from others with intrinsic referents), whereas the low end on this orientation is named as "normative patterning" (patterned with others with extrinsic referents) (İmamoğlu, 2003). The high end of *interpersonal integration orientation*, representing the human tendency to relate with others, is called "relatedness" (in relation with others), while the low end is named as "separateness" (isolated from others) (İmamoğlu, 2003). Crossing these two poles of each orientation (as shown in figure 1), four self-contruals emerges; these are *related-individuated* (balanced), *related-normative patterning*, *separated-individuated* and *separated-normative patterning* (unbalanced). The optimal psychological functioning requires the satisfaction of two needs of relatedness and individuation and such an individual is regarded as *related-individuated* (İmamoğlu, 2003). On the contrary, the most unbalanced type is *separated-patterning* self-

construal which is destitute of satisfaction in both needs (İmamoğlu, 2003).

Furthermore, İmamoğlu conceptualized several probable environments of individuals (family contexts) as: Differentiative, integrative, unbalanced and balanced family contexts (2003). These families are classified across the basic dimensions of love-acceptance and restrictive control.

Differentiative family context is based on the deprivation of love and acceptance of the child from caregivers and at the same time feeling of restrictive control. Separated-individuated individuals; who are satisfied in intrapersonal orientation, but not in interpersonal orientation; tend to be encouraged to differentiate away from close others. Autonomy is equal to be detached from others in this self-construal. The individuals may interpret the detachment from their family as rejection, or they may actually be rejected, so they would probably have some relational problems because of such possible negative feelings about relationships.

Trying to be self-sufficient would lead them to avoid close relationships.

Integrative family context involves conditional love and acceptance as well as overprotective control. This family context can lead to form related patterning self-construal that have intrapersonal orientation is at the low end and interpersonal orientation is at high. Integration is seemed to be favored over individuation and any difference from the 'integration' can be interpreted as a threat to family or a group. Such persons are expected to integrate not only in emotional attachment but also on the cognitive and ideational level. In order to rear children in accordance with the external restrictions, intrusive and overprotective control are applied so that obligations towards supportive family and close others are accommodated and fulfilled by the grateful child. Even though these children have positive affectivity

towards their close others, they tend to experience love and involvement as conditional and bound to certain extrinsic anticipations. Ambivalence and anxiety can occur in result of such experiences.

Unbalanced context appears when neither orientation is met, namely separated patterning self-construal. The context of the construal tends to be high on restrictive control and low on nurturance-acceptance. Individuals are emotionally detached which leads to negative affectivity in return, and they are cognitively bonded to the group contributing to stereotypical thinking. The parents of such persons might be too demanding but not responsive. Individuals belonging to this self-construal have the worst psychological functioning.

In a balanced context which leads to balanced self-construal namely related-individuated self-construal, basic needs of interpersonal and intrapersonal orientations are met by low restrictive control and high mutual love and acceptance, and by nurturing, and involved parents. They may have the genuine exploratory and intrinsic orientation toward both themselves and others in outside world. Moreover, they experience having the knowledge and feeling that they are respected as who they are with their uniqueness and relations with others are safe and secure (İmamoğlu, 2003).

To sum up, the BID model explains two different human needs which are related but mainly different from the concept of the individualistic versus collectivistic culture framework. BID model asserts that individuation is a process involving others which does not occur only within oneself.

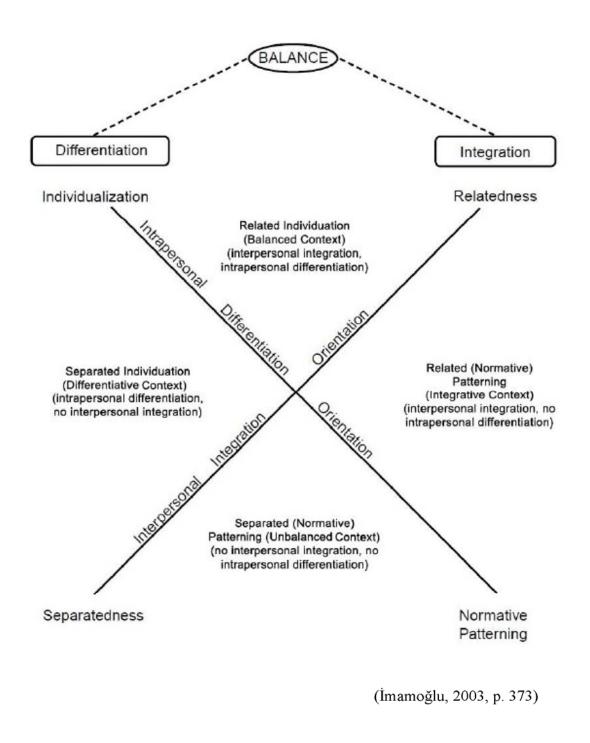


Figure 1. Four Self-Construals in BID Model

#### 1.1.2 Balanced Integration Differentiation Model and Related Variables

Both intrapersonal differentiation and interpersonal integration orientations are related to psychological and subjective well-being (İmamoğlu& Beydoğan, 2011; Köse, 2009; Kantaş, 2013). Subjective well-being is a concept that represents how positively people see their lives and environment based on social relationships, their

performance in their roles and sources of personal worth (Diener, 2006). İmamoğlu (2011) stated that in variety of cultures including Turkish, American, German and Canadian cultures, people who meet both individuation and relatedness needs express greater level of well-being.

Furthermore, BID model was found to be related to attachment security (İmamoğlu& İmamoğlu, 2007). Attachment theory is based on the belief that individuals develop internal working models of self and others based on the early experiences of the relationship between infants and primary caregivers (Ainsworth, 1989; Bowlby, 1969, 1982). İmamoğlu and İmamoğlu (2007) stated that relatedness is positively associated with attachment security in both relationshipspecific and general attachment domains. The results resemble the findings of attachment studies which found a positive association between positive affectivity on others and attachment security (Bylsma et al., 1997; Hazan & Shaver, 1987). On the other hand, the results for individuation and attachment security were more inconsistent. İmamoğlu and İmamoğlu (2007) indicated that the relationship between individuation and attachment security is positive in general, but the statistical significance of this relationship depends on the specific contexts. Findings of the study showed that individuation and attachment security are positively related to peers and family specific contexts. This finding is not consistent with the link between attachment and exploration behavior which Ainsworth (1971) asserted. It supports the notion that the relationship between attachment and exploration may not be universal as attachment theory predicts (Rothbaum, Pott, Azuma, Miyake, & Weisz, 2000).

People having low scores on relational self-construal are disposed to describe themselves with their independent qualities, whereas people having high scores on relational self-construal are disposed to describe themselves with their close relationships (Baker & McNulty, 2013). Not surprisingly, people having high relational self-construal scores ascribe more value to connection and interdependence than individuals with low scores on relational self-construal (Gore, Cross, & Morris, 2006). Therefore, even though there is no direct study exploring the relationship between BID Model and interpersonal problems, it can be presumed that people with high scores on interpersonal integration orientation are expected to be more aware and careful about their interpersonal relationships compared to individuals having low scores on interpersonal integration orientation. Moreover, the individuals high on this relatedness orientation may give more importance to harmony in groups and therefore, give more priority to group goals than personal ones (Markus & Kitayama, 1991) which may ensue lower interpersonal problems.

The relationship between the BID Model and dependent personality characteristics has not been studied before. One of the hypotheses of this thesis asserts that individuals having high relatedness and low individuation might be the group having the highest score on dependent personality characteristics.

#### 1.2 Dependent Personality

Dependent Personality Disorder (DPD) is one of the Cluster C personality disorders which are considered as the anxious and fearful type in DSM-5 along with avoidant and obsessive-compulsive personality disorders (APA, 2013). The dependent personality disorder is defined as exhibiting submissive and clinging behaviour with a feeling the need for being taken care of and excessive fear of separation according to DSM-5 (APA, 2013). In the latest Psychodynamic

Diagnostic Manual-2 (PDM-2) the concept of dependent personalities is defined under the Personality Syndromes (P-Axis) head with considering the phenomena as a continuum. The concept of dependent personalities is defined as excessive dependency needs of adult individuals. They tend to feel powerless and weak, to be naive, nonassertive, passive and persuaded easily. They may feel unworthy and have difficulties to connect with their feeling of anger. Their central preoccupation is keeping or losing their relationships. Pathogenic belief about themselves is indicated as "I am inadequate, needy, impotent" while it is "Others are powerful, and I need (but may resent) their care" for others. Defence mechanisms are gathered on regression, reversal, avoidance and somatization (Lingiardi & McWilliams, 2017). Apart from theoretical bases, the main difference between DSM-5 and PDM-2 is the approach to "diagnoses". DSM-5 is the taxonomies of disorders while PDM-2 aims to represent kinds of people (Lingiardi & McWilliams, 2017). The perspective of DSM-5 was found more appropriate in terms of exploring the "disorder" for this study.

In DSM-5, ten personality disorders are defined in three clusters based on shared key features. Cluster A is comprised of Paranoid, Schizoid, and Schizotypal personality disorders, which are manifested in peculiar or eccentric patterns. Cluster B includes Antisocial, Borderline, Histrionic, and Narcissistic personality disorders, whose behaviour is represented by emotional, dramatic, or erratic patterns. Cluster C consists of Avoidant, Dependent, Obsessive-compulsive, and Personality disorders not otherwise specified (NOS), with behaviour manifested in anxious and fearful patterns (Eskedal, 1998). People having dependent personality disorder characteristics have less functional deterioration in everyday life, therefore in a

healthy population, the frequency of dependent personality disorder may be much higher (Faith, 2009; Sperry, 2003).

According to Beck et al, (2003) different personality disorders manifest in different dysfunctional sets of beliefs. People with dependent personality disorder characteristically rely on others for excessive support, guidance and nurturance. These tendencies are fed by the beliefs of personal inadequacy and powerless (Overholser, 1991).

Dependent Personality Disorder is actually a controversial personality disorder as a diagnostic category and it is offered that it must be defined on anxiety, obedience and separation axis (Bornstein, 2012). Rather than defining the personality as a dependent, it claimed it might be more appropriate to recognize and detect the behaviours as dependent characteristics (Mitchell, 2008).

Ainsworth (1969) claimed that the main determinant of dependent features in adulthood has roots in the experiences during infancy and childhood. This point of view makes dependency as a critical concept when the aim is to understand human development in both nonclinical and clinical samples.

#### 1.2.1 Dependent Personality and Related Variables

Overholser (1996) asserted that interpersonal dependency has important associations with depression and social functioning. Higher levels of dependency were found to be associated with higher levels of depression and loneliness. As the dependency needs increases in individuals, they become more demanding and aggressive, because they felt like they had never gotten enough attention and support.

Correspondingly, Overholser (1992) stated individuals diagnosed with DPD tend to have lower rates of self-esteem. Besides, these individuals assign close relationships as very important. That can be a sign of a relationship between high relational self-construal (Pincus & Gurtman, 1995) and DPD. The combination of low self-esteem and prioritized close relationships leads behaviors aiming to increase intimacy (Baker & McNulty, 2013) such as asking for assistance (Shilkret & Masling, 1981), obeying the requests (Lowe, Edmundson, & Widiger, 2009), insisting on physical proximity with the partner (Sroufe, Fox, & Pancake, 1983), while avoiding the distance (Birtchnell, 1988).

In a study conducted in a sample from Turkey (Ulusoy &Durmuş, 2013), interpersonal dependency was found as healthy and acceptable in some ways.

Therefore, it can be inferred that culture in Turkey marks such features are perceived as positive and even such characteristics can be promoted (Ulusoy &Durmuş, 2013). Even the relationship between DPD and low self-esteem, high levels of depression and feeling of loneliness infers to a low level of well-being, cultural incentives can affect the relationship between DPD characteristics and well-being. Feelings of insufficiency and powerless may be a force for the individuals with DPD characteristics to connect with others, especially who are perceived as sufficient and powerful as protectors and supporters in their lives (Ulusoy & Durmuş, 2013). Having a "sufficient and powerful" individual beside may affect the feeling of well-being.

DPD is thought to be frequent in females based on the researches on selfreport measures. On the contrary, in projective tests no gender differences were found (Bornstein, 1992; Yakın, 2014) in both nonclinical subjects and psychiatric inpatients and outpatients. The difference between self-report and projective tests can be a reflection of society's expectation (Bornstein, 1992).

Interpersonal problems are found to be associated with DPD (Livesley, Schroeder and Jackson, 1990). Dependency was found related to limited and less satisfying social network (Overholser, 1996) that could relate high interpersonal problems in turn. DSM-III-R criteria for DPD describes two forms of dysfunctions: pathological attachment and dependency. Although attachment and dependency features are a mixture in criterions, attachment theorists (Bowlby, 1977; Sears, 1972) stated distinctions between these two conceptions clearly. Bowlby (1977) defined attachment behaviour as "any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser" (p. 203). Dependency behaviours, on the other hand, are general behaviours aiming to elicit assistance, approval and guidance (Hirschfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977). Attachment behaviour is characterized primarily by proximity seeking, whereas dependent behaviour is associated to help to seek (Ainsworth, 1972). In addition, while attachment is object-specific and maintained towards the same person, dependency may be directed to potential nurturers, caretakers and protectors (Ainsworth, 1972; Livesley et al., 1990). Behaviours assigning dependency and insecure attachment moderately overlap in terms concept (Ainsworth, 1969) and empirical studies (West, Livesley, Reiffer and Sheldon, 1986).

#### 1.3 Well-Being

Well-being is a concept which is used frequently in psychopathology literature. Well-being is divided into two similar but distinct concepts in literature:

the first one is subjective well-being (SWB) or so-called hedonic well-being which equates life satisfaction with a high level of positive affect and low level of unpleasant affect (Diener, Emmons, Larsen, & Griffin, 1985). The other is called psychological well-being (PWB) or so-called eudaemonic well-being and associated with psychological growth and flourishing (Waterman, 1993). This study embraced subjective well-being. It is a concept representing how positively people see their lives and environment based on social relationships, their performance in their roles and sources of personal worth (Diener, 2006).

More than 70 years ago, World Health Organization (WHO, 1948) defined health as "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (p. 28). This definition established the base for the researchers addressing the perspective of psychopathology. The perspective also offers a salutogenic approach which focuses on the factors promoting optimal well-being rather than a pathogenetic approach which investigates what is going wrong. Ryff (1998) stated that positive human experiences are relevant to promotion, protection and enhancement of health and well-being. Studies aiming to increase "positive" in people have been spreading widely (Seligman, 2018). Approaching cases from the positive realm creates an alternative and impressive perspective in order to not only decrease negativity but also increase positivity (Seligman, 2018).

Ryff (1998) dwelled on the concept of well-being elaborately. The concept is comprehended as a philosophical issue besides the medical one. The fundamentals of well-being are constructed on the meaning of a good life. Moreover, Ryff (1998) asserted that human wellness is compelled with both mental and physical components and the interaction between them.

The concept of psychological well-being can be a guide to determine the vulnerability and risk factors of individuals for an illness (Durlak, 1998). Well-being studies are important for understanding etiology and the factors maintaining psychological disorders (Köse, 2009).

Rocke and Lachman (2008) asserted that individuals participating in selfreport measures have the chance to evaluate the past and present mood while answering questions. This can trigger the self-awareness of people and increase the motivation for change and self-development.

Eminent geneticist James Neel (1994) stated that "Modern medicine, in the great citadels of medical science, does reasonably well at measuring disease, but not that well at measuring health, which is as much a frame of mind as a set of physical attributes" (p. 149). This quotation summarizes the core of the call for expanding the formulation of health. The call encourages investigating wellness, mind and body interaction rather than focusing on the dysfunction (Ryff & Singer, 1998).

#### 1.3.1 Well-being and its correlates

Behaviours, preferences and tendencies of individuals can be affected by the dominating beliefs and expectations of the culture (Triandis, 1995). Thus, understandings and feelings regarding the subjective well-being of individuals can also be shaped by the core of culture.

İmamoğlu (2004; 2007) stated when the two orientations of interpersonal and intrapersonal are satisfied, the self-construal of *related-individuated*, is the healthiest.

The interpersonal orientation of the BID model is correlated with both subjective and psychological well-being (İmamoğlu, Günaydın & Selçuk, 2011). In her study, Köse (2009) stated that *related- individuation* self-construal is related to high positive affect, low levels of depression, negative affect and reassurance-seeking; while self-construal of *separated-patterning* has pertained to a low level of positive affect, high levels of depression, negative affect, and reassurance-seeking.

Beydoğan (2008) explored the association between self-orientations and well-being measures in work settings and found that intrapersonal orientation predicted psychological well-being, while interpersonal orientation predicted both psychological and subjective well-being. Relatedness and individuation are also found to be as predictors of marriage satisfaction which is an important predictor for well-being (Gündoğdu, 2007).

Balanced self-construal (*related-individuated*) of BID Model which is asserted as the healthiest self-construal of all was found to be associated with subjective well-being (İmamoğlu & Beydoğan, 2011; İmamoğlu, Ercan and Gençöz, 2018; İmamoğlu & İmamoğlu, 2010; İmamoğlu & Selçuk, 2018; Kantaş & İmamoğlu, 2014).

As mentioned earlier, well-being and dependent personality disorder characteristics can be affected by cultural tendencies. Although, perceiving the self as powerless and insufficient are key characteristics in dependency, it is at the same time interesting that dependency and love are thought to be intertwined in Turkey (Ulusoy & Durmuş, 2013). However, when dependent personality disorder characteristics are high, it is not surprising that individuals react to interpersonal

rejections and losses with intensive sadness and despair (Bornstein, 2005). This shows the changing association between feelings of extreme dependency and wellbeing.

Inevitably, well-being and secure attachment are positively related (Pietromonaco, DeBuse, & Powers, 2013) in adult life. Social ties are influential predictors of well-being. High levels of secure attachment are linked to greater satisfaction and less frequent conflicts in marriage, low levels of depression and better mood. Moreover, greater security predicted greater life satisfaction in 2.5 years' follow-ups (Waldinger, Cohen, Schulz & Crowell, 2015). On the contrary, less secure attachment is related to more negative affect (Caldwell & Shaver, 2012), and less life satisfaction (Hinnen, Sanderman & Sprangers, 2009). Furthermore, interpersonal realm indicates that low levels of relationship satisfaction are linked to the less secure attachment (Givertz, Woszidlo, Segrin & Knudson, 2013).

## 1.4. Attachment

Attachment is an affectional tie developed to another specific person (Ainsworth, 1969). Main axes in the two-dimensional model of attachment are attachment anxiety and attachment avoidance (Ravitz et al., 2010). High levels of attachment anxiety indicate the individual is concerned with others and has a tendency not to be separated by the attachment figure. High levels of attachment avoidance, on the other hand, means a tendency to deny the need for dependency and the individual tries to avoid intimate relationships. Therefore, having low levels of attachment anxiety and avoidance attests secure attachment; while having high on both dimensions represents fearful-avoidant attachment. High levels of attachment anxiety and low levels of attachment avoidance is named preoccupied attachment

while dismissing attachment requires having low levels of attachment anxiety and high levels of attachment avoidance (Ravitz et al., 2010) as shown in Figure 2.

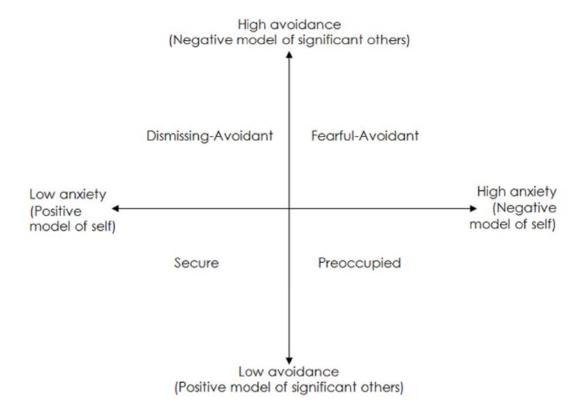


Figure 2. Attachment styles in two-dimensional model of attachment

Weiss (1982) stated three criteria in order to differentiate attachment and other forms of behaviour in infants. The first one is proximity seeking, which means keeping attachment figure in a desired proximity and holding threatening situations off in distant. The second criterion is the perception of a secure base. Attachment figure is a symbol of comfort and security for the infant so that the infant can explore the environment around. Lastly, the third one is separation protest which is the protesting and distress reactions of the infant when an actual separation occurs, or the attachment is threatened.

## 1.4.1. Attachment and Related Variables

Different attachment styles indicate different interpersonal problems (Horowitz, Rosenberg & Bartholomew, 1993; Horowitz, 1996). Attachment theory postulates that behavioural patterns are transferred among different relationships, which describes the stability of the attachment style of an infant to adulthood (Brumbaugh & Fraley, 2006; Fraley, 2002). Some studies revealed that adult attachment security is related to a warm, dominant interpersonal realm on interpersonal circumplex space (Bartholomew & Horowitz, 1991; Gallo, Smith, & Ruiz, 2003).

People having high attachment anxiety give importance to closeness (are also expected to be high in relational self-construal) and they might be inclined to instigate interdependence (Shaver & Mikulincer, 2002). On the other hand, people having high attachment avoidance values independence (are also expected to be low in relational self-construal) and they might avoid behaviours inciting interdependence (Feeney & Noller, 1990).

## 1.5 Interpersonal Problems

The interpersonal relationships in human beings establish the core of our evolutionary history (Trivers, 1971), beginning from the first contact with caregiver (Bowlby, 1969). Interpersonal problems (IP) are often the most verifiable and observable components of human suffering in everyday life (Horowitz, 1996). In clinical interviews, interpersonal problems are the most common complaints the patients reporting (Horowitz, 1979). Interpersonal problems often reflect the contradictory nature of desire to behave in a particular way and to fear the possible reactions as a consequence of that behaviour (Horowitz, 1996; Horowitz, Rosenberg

Interpersonal problems can be evaluated with the two-dimensional approach (Leary, 1957): relational affiliation and dominance. Affiliation dimension ranges from hostile to friendly behaviour, whereas the dominance dimension ranges submissiveness to dominance. Two axes of affiliation and dominance are named as interpersonal space. Alden, Wiggins and Pincus (1990) divided the Interpersonal Circumplex space by crossing these two basic axes (relational affiliation and dominance) to create 8 octants, defining 8 different interpersonal problem areas. These octants are "domineering/ controlling", "intrusive-needy", "self-sacrificing", "overly accommodating", "nonassertive", "socially avoidant", "cold-distant", and "vindictive/self-centred", representing the subscales of the Inventory of Interpersonal Problems (see Figure 3).

Interpersonal theorists have stated that individuals have the tendency to recreate maladaptive interpersonal patterns. The aim is to maintain the characteristics of the relationships with early attachment figures. Even though maladaptive patterns experienced as painful, they are the defensive ways to avoid anxiety and protecting of self-image. Many psychotherapeutic processes include identifying those maladaptive, repeated patterns and they help the individual to investigate alternative behaviours (Horowitz, 1996). This indicates to a popular concept named repetition compulsion, which can be stated as a tendency to act out past experiences, especially painful experiences without awaring of it (Auchincloss & Samberg, 2012). The present behaviours resemble the past experiences with the effort of decreasing the anxiety which can occur when encounter an unknown experience. Familiar anxiety is preferred over unfamiliar one.

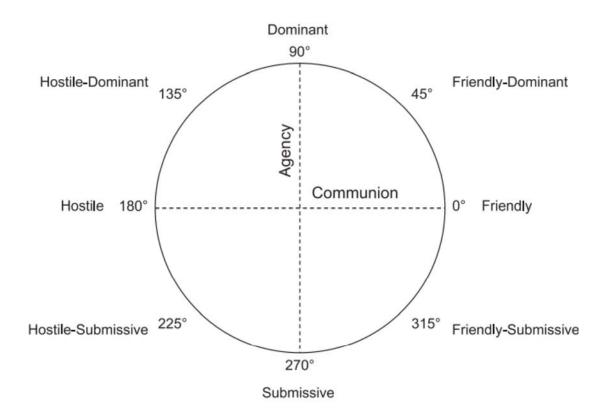


Figure 3. The subscales of the Inventory of Interpersonal Problems

## 1.5.1 Interpersonal Problems and Related Variables

Dreu, Dierendonck and Dijkstra (2004) stated that struggles in interpersonal relationships tend to conceive negative feelings and decreasing an individual's wellbeing.

Interpersonal conflicts arose out of the individual's interpersonal experiences history which manifests itself in attachment style (Horowitz, 1996). Individuals with early disappointing experiences might distrust other individuals, avoid close relationships and have difficulties on relinquishing control over others. As a result, they might have problems with hostile dominance. The interpersonal circumplex model offers a taxonomy of attachment styles on two axes on the continuum of

relational affiliation and dominance (Gurtman, 1994; Horowitz, Rosenberg and Bartholomew, 1993).

Horowitz, Rosenberg and Bartholomew (1993) stated individuals on secure attachment group elevated on the warm side of friendly behaviours, on the other hand dismissing attachment located on the hostile area of interpersonal circumplex. People with fearful attachment style have higher scores on unassertiveness and social inhibition, as the preoccupied attachment style leads to higher points on overly expressive subscale. Thus, the study was aimed to examine how different interpersonal problems aggregate on different attachment styles.

## 1.6 Aim of the Thesis

The purpose of this study is to analyze the relationship between selfconstruals stated at Balanced Integration-Differentiation Model, with dependent personality characteristic and well-being with the mediator effect of interpersonal problems and attachment styles.

The present study trailed for the following research questions:

- 1. Is there any difference of well-being scores of people who have high and/or low scores on intrapersonal differentiation orientation and interpersonal integration orientation?
- 2. Is there any difference of interpersonal problems scores of people who have high and/or low scores on intrapersonal differentiation orientation and interpersonal integration orientation?

- 3. Are the dependent personality characteristic scores of people who are assigned to related-normative patterning self- construal highest compared to others?
- 4. Is the relationship between self-construals and dependent personality characteristics affected from interpersonal problems and attachment?
- 5. Is the relationship between self-construals and well-being affected from interpersonal problems and attachment?

By taking into consideration of the literature review above, the hypotheses of the study could be stated as follows:

- People having higher levels of both intrapersonal differentiation and interpersonal integration are expected to have greater levels of well-being than people having lower levels of both intrapersonal differentiation and interpersonal integration.
- 2. People having higher levels of both intrapersonal differentiation and interpersonal integration are expected to have lower levels of interpersonal problems than people having lower levels of both intrapersonal differentiation and interpersonal integration.
- People who are assigned to related-normative patterning self- construal are
  expected to have highest level of dependent personality characteristics scores
  compared to others.
- 4. Relationship between interpersonal integration (4a) & intrapersonal differentiation (4b) and well-being will be mediated through interpersonal problems, anxiety and avoidance.

5. Relationship between interpersonal integration (5a) & intrapersonal differentiation (5b) and dependent personality will be mediated through interpersonal problems, anxiety& avoidance.

## 1.7 Importance of the Thesis

The current study is one of the attempts aiming to integrate social and clinical psychology. Understanding the cultural context is important to have a clear vision while understanding the individual. The relationship between self-construals and dependent personality disorder characteristics and the effect of interpersonal problems, attachment anxiety and attachment avoidance are a contribution to literature from Turkey which plays an important role in cultural issues.

Although Balanced Integration- Differentiation Model were studied with plenty of variables, there are few in clinical psychology literature and this study is the first in dependent personality characteristics. The relationship between dependent personality characteristics and well-being is also important. Ulusoy and Durmuş (2013) indicates the direction of these two variables in Turkey can be different compared to Western cultures.

This thesis also provides information on cultural orientation of participants and relationship with demographic information.

## **CHAPTER 2**

## **METHOD**

# 2.1. Participants

The data package was collected online from qualtrics.com. The online questionnaire took approximately 20-25 minutes to complete. 514 individuals participated the study. 181 participants who completed the progress less than 90 percent were deleted. The duration of completion of the survey was also collected from the participants and 7 participants whose durations were less than 500 seconds were also deleted. There were also 2 participants who were 17 years-old, so that was also deleted. Univariate outliers were controlled while transforming the z-score, and therefore 5 participants were deleted. Multivariate outliers were controlled, and 1 participant was deleted. The data run with 318 participants.

216 females (67.7 %) and 102 males (32%) participated the study. The mean age was 35.63 (SD= 10.90) and the age range were 18 to 72. The mean age for females was 35.36 (SD= 10.84) and 36.14 was for males (SD= 11.12). 13 (5.9%) participants were graduated from secondary school or below, while 44 participants (13.8%) graduated from high school. 204 (64%) participants graduated from

university and 53 (16.6%) of the participants graduated from master's degree or above.

39 of the participants were the age of 18-24 (12.3%), 206 of the participants were 25-46 (64.8%) and 73 of the participants were the age of 47-72 (23 %).

7.2% of the participants (23 individuals) stated their economic status as low, 13.5% of them stated as low-middle (43 individuals), 55% of the participants stated as middle (175 individuals), 21.1% of the participants stated middle-high (67 individuals) and 2.8% of the participants (9 individuals) stated their economic status as high.

76.7% of the participants earns their own money while 20% gets help from their family. 78.5% of the participants grew in the city where they were born.

The mother of 86.5% of the participants are alive, while the percentage was 72 for fathers. The education of 66% of the participants' mother have lower than high-school graduate, while this percentage was 53.8 for fathers.

9% of the participants (29 individuals) have no siblings, 13.5% of the participants (43 individuals) have one sibling, 54.3% of the participants (173 individuals) have two siblings and 22.7% of the participants (72 individuals) have more than two siblings.

87.7% of the participants stated having no psychological discomfort (279 individuals) at the moment while 12.3% having some issues including anger management, anxiety, depressive symptoms, panic attack, social phobia as they

stated. 36% of the participants having current psychological problems having professional help, mostly they chose medical treatment. 64.5% of the participants stated they had no psychological discomfort history as well (as shown in Table 1).

Table 1

Table of Socio Demographia

Table of Socio Demographics		
	M	SD
Age		
Female	35.36	10.84
Male	36.14	11.12
Total	35.63	10.90
	Number	Percentage
Gender		
Female	216	67.7%
Male	102	32%
Education		
Graduated from secondary school or below	13	5.9%
High School	44	13.8%
Graduated from university	204	64%
Master's degree or above	53	16.6%
Socio-Economic Status		
Low	23	7.2%
Low-middle	43	13.5%
Middle	175	55%
Middle-high	67	21.1%
High	9	2.8%
Sibling Status		
No sibling	29	9%
One sibling	43	13.5%
Two siblings	173	54.3%
More than two siblings	72	22.7%
Psychological Status		
No current psychological discomfort		87.7%
Having minor issues		12.3%

# 2.2. Materials

In the present study, inform consent was given (Appendix A) and then Socio-Demographic Form (Appendix B), Balanced-Integration Differentiation Scale (İmamoğlu, 1998) (Appendix C), Personality Belief Questionnaire Short Form - Dependent Personality Disorder Subscale (Beck& Beck, 1991) (Appendix D), Satisfaction with Life Scale (SWSL) (Diener, Emmons, Larsen, & Griffin, 1985) (Appendix E), Interpersonal Problems Scale Short Version IIP-32 (Horowitz et al., 2003) (Appendix F) and Experiences in Close Relationships-Revised (ECR-R) (Fraley et al., 2000) (Appendix G) were used.

## 2.2.1. Socio-Demographic Form

Participants were asked their gender, age, occupation, level of education, birth place, economic status, marital status, level of education of parents, number of siblings, birth order.

## 2.2.2. Balanced-Integration Differentiation Scale

This 5-point Likert type scale was developed by İmamoğlu (1998, 2003). The scale aimed to measure self-construals of Balanced Integration Differentiation Model. The items of the scale are rated from 1 to 5 (i.e., 1 = strongly disagree, and 5 = strongly agree). Two subscales of the scale are Interrelational Orientation Subscale (13 items) and Self- Developmental Orientation Subscale (16 items) consisting of 29 items in total. The first subscale, Cronbach's alpha coefficients range between .80 and .91, while Cronbach's alpha coefficients of the second subscale range between .71 and .82 (Gezici & Güvenç, 2003; Güler, 2004; İmamoğlu, 1998, 2003; İmamoğlu &Karakitapoğlu-Aygün, 2004). The Cronbach's alpha values were found .88 and .77 for this study respectively.

# 2.2.3. Personality Belief Questionnaire (PBQ)

The original scale was developed by Beck and Beck (1991). The scale consists of 126 items of 5-point Likert-type with 10 subscales of personality beliefs (i.e., 4 = totally, and 0 = not at all). Internal consistency of the scale ranged from Cronbach's alpha .77 to .93 (Bhar, Beck & Butler, 2011). Dependent personality belief subscale of PBQ was used for this study which consists 14 items. Dependent personality belief subscale's Cronbach's alphas ranged from .84 to .94 (Bhar, Beck & Butler, 2011). The Turkish adaptation of PBQ was conducted by Türkçapar et al. (2008). Test retest correlation coefficients for the nine PBQ subscales were relatively high (between .65 to .87). Cronbach alpha coefficients for subscales was between .67- .90. The Cronbach's alpha value of the total scale was found .82 for this study.

## 2.2.4. Satisfaction with Life Scale

Satisfaction with Life Scale (SWSL) was formed in order to evaluate global life satisfaction, with 5 statements in 7-point likert type scale. Higher scores indicate more life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985). Turkish adaptation of SWLS was conducted by Durak, Şenol-Durak, and Gençöz (2010). One factor solution was proposed for the scale with internal consistency coefficient of .81 (Durak, Şenol-Durak & Gençöz, 2010). The Cronbach's alpha value was found .85 for this study.

# 2.2.5. Interpersonal Problems Scale (IIP-32)

The original Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) was developed as a 127-item scale to display difficulties people experiencing in their interpersonal relationships as 5-point Likert type. In the inventory there are two groups of information that is gathered: (1) the

things that people find "too hard" to do, and (2) the things that people do "too much". Firstly, Alden et al. (1990) extracted most representative 64 items and formed IIP-C (also known IIP-64), and then Horowitz et al. (2003) developed the short version of the inventory (IIP-32) while protecting factor structure of the IIP-64. Factor number as well as internal consistency reliability values were consistent with IIP-C. For the factors, reliability coefficients were found to be .68 and .87 for the subscales. The reliability coefficient for overall scale was found to be .93 and test retest reliability was found to be .78. Akyunus and Gençöz (2016) conducted the Turkish adaptation of the IIP-32. For the Turkish version of the scale, the internal consistency coefficient was found to be .86 and test-retest reliability was found to be .78. Reliability coefficients for the factors altered between .66 and .86 for the subscales. The Cronbach's alpha value was found .87 for this study.

# 2.2.6. Experiences in Close Relationships-Revised (ECR-R)

The scale which was developed by Fraley, Waller, and Brennan (2000) has two subscales of attachment avoidant (18 items) and attachment anxiety (18 items). The participant is required to vote the agreement on the item on 7 Likert-type (i.e., 1 = strongly disagree, and 7 = strongly agree). High scores of avoidance subscale indicate finding discomfort with intimacy and deny dependency, whereas high scores of anxiety subscale indicate tendency to fear rejection and abandonment. Cronbach alpha value for avoidance was .90 and .86 was for anxiety subscale. Turkish adaptation of the scale was conducted by Selçuk, Günaydın, Sümer and Uysal (2005). Test-retest reliability coefficients for the subscales were .81 and .82, respectively. Cronbach alpha value for avoidance was found .85 and .89 was found for anxiety subscale in this study.

## 2.3. Procedure

In the first place, the permission for conducting the study was taken from Bahçeşehir University Ethics Committee. There was an age limitation of being at least 18 and there was no other excluding criterion. The participants were reached via online survey so there were a variety of cities all over the Turkey including Adana (6), Adıyaman (1), Afyon (2), Ağrı (2), Ankara (20), Antalya (2), Artvin (1), Aydın (4), Balıkesir (4), Bolu (1), Burdur (1), Bursa (6), Çorlu (2), Çorum (6), Denizli (3), Diyarbakır (2), Düzce (3), Edirne (5), Elazığ (1), Erzurum (3), Eskişehir (6), Iğdır (1), İstanbul (120), İzmir (13), Kahramanmaraş (4), Kars (1), Kastamonu (1), Kayseri (7), Kırklareli (4), Kocaeli (3), Konya (2), Kütahya (3), Lüleburgaz (1), Malatya (3), Mersin (7), Muğla (20), Muş (1), Nevşehir (1), Niğde (1), Ordu (3), Rize (1), Sakarya (2), Samsun (2), Sinop (1), Sivas (2), Tekirdağ (7), Tokat (3), Trabzon (2) and Yozgat (2). The variety of participants in the sample is important because of the resembling cultural range in Turkey.

## 2.4. Design

The aim of this study is to analyze the relationship between BID Model with well-being and dependent personality beliefs and whether this relationship is affected by interpersonal problems or attachment or not. BID model aims to figure out the orientations of persons. These orientations are rich sources to understand the conceptualization of cultural picture of individuals. The study was a correlational analysis study. Self construals were the independent variable, subjective well-being and dependent personality belief were dependent variables of this study. Attachment and interpersonal problems were the mediations of this model.

## **CHAPTER 3**

#### RESULTS

The relationship between two components of self-construals which are interpersonal and intrapersonal orientations and dependent personality disorder characteristics and well-being were analyzed. The possible mediation effects of attachment anxiety, attachment avoidance and interpersonal problems were also explored on these relationships. Statistical Package for the Social Sciences 21 (SPSS -21) software was used via analyzing the results. First of all, descriptive statistics were analyzed with t-tests. Independent samples ANOVA was used in order to elaborate the mean scores of four different self-construals. And lastly, the mediation models were applied with PROCESS macro model 4 (Hayes, 2013).

Main assumptions of t-test, ANOVA and mediation analysis were tested before running the data: linearity, normality and homogeneity were supported after removing univariate and multivariate outliers. Hypotheses of the study were shown in Table 2.

Table 2

Hypotheses of the current study

What was expected	What was found
1. People having higher levels of both intrapersonal differentiation and interpersonal integration are expected to have greater levels of well-being than people having lower levels of both intrapersonal differentiation and interpersonal integration (H1).	Accepted
2. People having higher levels of both intrapersonal differentiation and interpersonal integration are expected to have lower levels of interpersonal problems than people having lower levels of both intrapersonal differentiation and interpersonal integration (H2).	Accepted
3. People who are assigned to related-normative patterning self- construal are expected to have highest level of dependent personality characteristics scores compared to others (H3).	Partially accepted
4. Relationship between interpersonal integration (H4a) & intrapersonal differentiation (H4b) and well-being will be mediated through interpersonal problems, anxiety and avoidance.	Partially accepted
5. Relationship between interpersonal integration (H5a) & intrapersonal differentiation (H5b) and dependent personality will be mediated through interpersonal problems, anxiety& avoidance.	Partially accepted

# 3.1. Descriptive Statistics

Means, standard deviations, minimum and maximum values of variables which are Interpersonal Integration Orientation, Intrapersonal Differentiation Orientation, Attachment Anxiety, Attachment Avoidance, Dependent Personality Disorder Characteristics and Wellbeing were calculated (*see* Table 3).

Table 3

Descriptive Statistics for Variables

	n	M	SD	Miı	n Max
Interpersonal Orientation	302	61.77	10.26	28	80
Intrapersonal Orientation	304	49.22	6.82	32	65
Attachment Anxiety	294	64.87	19.64	24	114
Attachment Avoidance	292	50.94	16.14	18	97
Interpersonal Problems	296	68.34	15.27	32	115
Dependent Personality	299	30.75	8.84	14	59
Well-being	306	23.95	6.07	7	35

In order to analyze the effect of age on the variables of the study, the participants divided into three groups namely young adults (18-27 years), adults (28-39 years) and matures (40+). While creating these age groups, number of the group members were considered as similar to each other (N=105, N=103 and N= 110, respectively). One-way ANOVA results showed that the mean differences were significant for interpersonal integration F(2, 299) = 10.64, p < .001; intrapersonal differentiation F(2, 301) = 5.65, p < .01; well-being F(2, 303) = 4.44, p < .05 and interpersonal problems F(2, 293) = 3.21, p < .05 The mean scores of the variables were shown in Table 4.

Table 4
Descriptive Statistics on Age Groups

Interpersonal Integration	N	M	SD	Min	Max
Young Adults	102	58,44	9,80	37	76
Adults	100	62,05	11,65	28	80
Matures	100	64,88	8,06	42	79
Intrapersonal Differentiation	N	M	SD	Min	Max
Young Adults	102	49,77	6,75	36	65
Adults	100	50,47	6,64	35	64
Matures	102	47,44	6,77	32	62
Interpersonal Problems	N	M	SD	Min	Max
Young Adults	101	71,08	13,62	40	101
Adults	99	68,19	17,50	35	115
Matures	96	65,61	14,04	32	98
Well Being	N	M	SD	Min	Max
Young Adults	102	22,57	6,37	7	35
Adults	101	24,29	6,04	8	35
Matures	103	25,00	5,56	9	35

Notes. For the variable of interpersonal integration orientation, all the mean differences among young adults, adults and matures were different from each other on at least p < .01 level. For intrapersonal differentiation orientation the mean difference between young adults and matures were different from each other on p < .05 level while the difference between adults and matures were on p < .01 level. For the variable of interpersonal problems, the mean difference between young adults and adults were significant on p < .05 level and young adults and matures on p < .01 level. For well-being variable, the mean difference between young adults and matures is significant on p < .05 level.

The education level of parents in order to examine the effects was analyzed. Firstly, the education level of mother was analyzed and it was found that when the education level of mother was equal to or higher than high school level (M= 51.82, SD=5.86), intrapersonal differentiation is significantly higher than participants whose mother had an education lower than high school level (M= 47.81, SD= 6.90); t(302)=-5.10, p<.001. Similarly, attachment avoidance scores are significantly lower for participants having higher educated mother (M= 53.34, SD= 15.67) compared to those whose mothers had "lower than high school" education level (M= 46.61, SD= 16.16); t(290)=3.48, p<.01. Other variables did not differ from each other on mother's education level.

Similarly, it was found that when the education level of father was equal to or higher than high school level (M= 50.90, SD= 5.95), intrapersonal differentiation level of the participants was higher than having a lower educated father (M= 47.71, SD= 7.25); t(300)= -4.16, p<.001. Along similar lines with the results of mothers', attachment avoidance scores are significantly different from each other between having a higher educated father (M= 48.83, SD= 16.66) and lower educated father (M= 52.82, SD= 15.35); t(287)= 2.12, p<.05. Other variables did not differ from each other on father's education level.

Participants' own education levels affect their attachment anxiety, dependent personality characteristics, interpersonal integration and intrapersonal differentiation orientations. Higher level of educated participants have lower scores on attachment anxiety (M= 63.61, SD= 19.32) and dependent personality disorder characteristics (M= 30.20, SD= 8.34) compared to participants having lower level of education (M= 70.62, SD= 20.22 for attachment anxiety, and M= 33.20, SD= 10.57 for dependent personality characteristics); t(292)=2.37, p<.05 and t(297)=2.27, p<.05, respectively. On the contrary, higher level of educated participants have higher scores on interpersonal integration orientation (M= 62.32, SD= 10.29) and intrapersonal differentiation orientation (M= 50.21, SD= 6.51) compared to participants having lower level of education (M= 59.27, SD= 9.82 for interpersonal integration, and M= 44.86, SD= 6.50 for intrapersonal differentiation); t(300)=-2.01, p<.05 and t(302)=-5.55, p<.001, respectively.

The marital status of the participants also related to statistical differences on interpersonal integration, intrapersonal differentiation, attachment avoidance, attachment anxiety, interpersonal problems and well-being as shown in Table 5. For those who are married have statistically higher scores on interpersonal integration (M= 64.22, SD= 9.23)

compared to singles (M= 58.94, SD= 10.92); F(3, 298) = 6.44, p < .001. For those who are single and have divorced showed statistically higher scores on intrapersonal differentiation (M= 50.44, SD= 6.66 and M=52.67, SD= 6.59; respectively) compared to those who are married (M= 47.70, SD= 6.70); F(3, 300) = 5.98, p < .01. Single people had the highest attachment anxiety scores (M= 68.56, SD= 18.98) compared to others F(3, 290) = 2.77, p < .05. Attachment avoidance scores were the highest on "others" group (M= 56.43, SD= 17.41), F(3, 288) = 2.84, p < .05. Interpersonal problems scores was the highest on the group of singles (M= 70.61, SD= 14.23), F(3, 292) = 4.59, p < .01 while for well-being the highest scores was on married group (M= 25.18, SD= 5.59), F(3, 302) = 5.20, p < .01.

Table 5

Descriptive Statistics on Marital Status

		1200	80000	100.100.20	0.000000
Interpersonal Integration	N	M	SD	Min	Max
Single	125	58,94a	10,92	28	80
Married	152	$64,22_{b}$	9,23	37	80
Divorced	18	$61,28_{ab}$	8,98	41	79
Others	7	$60,29_{ab}$	11,09	40	76
Intrapersonal Differentiation	N	M	SD	Min	Max
Single	126	$50,44_{a}$	6,66	36	65
Married	153	$47,70_{b}$	6,70	32	62
Divorced	18	$52,67_{ac}$	6,59	42	64
Others	7	$51,57_{abc}$	5,74	42	59
Attachment Anxiety	N	M	SD	Min	Max
Single	124	68,56a	18,98	29	112
Married	146	$62,66_{b}$	19,46	24	114
Divorced	17	$59,47_{ab}$	24,23	24	102
Others	7	58,86 <sub>ab</sub>	14,08	47	86
Attachment Avoidance	N	M	SD	Min	Max
Single	122	53,60a	17,17	20	91
Married	145	$48,24_{\rm b}$	15,18	18	97
Divorced	18	$52,56_{ab}$	13,21	28	82
Others	7	56,43 <sub>ab</sub>	17,41	20	72
Interpersonal Problems	N	M	SD	Min	Max
Single	126	70,61 <sub>ab</sub>	14,23	40	101
Married	148	$67,72_{b}$	15,64	32	115
Divorced	16	$56,13_{c}$	12,22	35	77
Others	6	$68,50_{abc}$	20,68	49	97
Well-being	N	M	SD	Min	Max
Single	126	22,38a	6,52	7	35
Married	154	$25,18_{b}$	5,59	8	35
Divorced	19	$24,05_{ab}$	4,22	15	30
Others	7	$25,14_{ab}$	6,49	17	33
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*Notes.* The mean score that do not share the same subscript are significantly different from each other on at least p< .05 level.

Lastly, when the participants were analyzed based on their economic status as grouping lower class, middle class and higher class; interpersonal integration orientation, attachment anxiety, attachment avoidance and well-being scores had differences among economical classes as shown in Table 6.

Table 6
Descriptive Statistics on Economic Status

Interpersonal Integration	N	M	SD	Min	Max
Lower	63	57,48	11,03	31	79
Middle	164	61,79	9,96	28	80
Higher	74	65,18	8,87	40	79
Attachment Anxiety	N	M	SD	Min	Max
Lower	62	68,95	20,04	24	112
Middle	159	65,30	18,76	29	108
Higher	72	60,67	20,65	24	114
Attachment Avoidance	N	M	SD	Min	Max
Lower	63	55,63	16,31	22	90
Middle	158	51,02	16,05	20	97
Higher	70	46,99	14,97	18	85
Well Being	N	M	SD	Min	Max
Lower	64	19,81	6,98	7	34
Middle	167	23,92	5,39	9	35
Higher	74	27,50	4,08	19	35

Notes. For interpersonal integration orientation, mean scores among lower, middle and higher differ from each other on at least p<.05 level. For attachment anxiety, the mean difference between lower to higher was found different on p<.05 level. For attachment avoidance, the mean difference between lower to higher was found different on p<.01 level. Lastly, for well-being, mean scores among lower, middle and higher differ from each other on p<.001 level.

# 3.2. Group Differences

First of all, in order to explore the group differences between gender, interpersonal orientation and intrapersonal orientation, independent samples t-test was conducted.

Independent samples t-test showed there were no gender differences between any variable of the study but intrapersonal orientation and attachment anxiety. Female participants have statistically higher scores on intrapersonal orientation (M= 49.83, SD= 6.81) compared to males (M= 47.94, SD= 6.69) t(302)= 2.28, p<.05. In addition, female participants have statistically higher scores on attachment anxiety (M= 66.39, SD= 19.47) compared to males (M= 61.26, SD= 19.61) t(291)= 2.08, p<.05.

When the scores of participants were investigated using t-test regarding high versus low interpersonal integration orientation groups, results showed that they all differed statistically from each other, as shown in Table 7. People having low interpersonal integration orientation scores have statistically higher scores on dependent personality disorder characteristics than people with high interpersonal integration t(289) = -3.37, p < .01, while people having low interpersonal integration orientation score have statistically lower scores on life satisfaction than people with high interpersonal integration t(294) = 8.50, p < .001. People having high interpersonal integration orientation have statistically lower scores on interpersonal problems, attachment anxiety and attachment avoidance than low interpersonal integration orientation t(285) = -7.00, p < .001, t(284) = -6.78, p < .001 and t(282) = -5.24, p < .001 respectively.

Table 7

Descriptive Statistics of variables compared as high and low interpersonal orientation

	High Interpersonal			Low Interpersonal			
	M	SD	N	M	SD	N	
DPD	29.17	8.26	159	32.64	9.28	132	
Anxiety	57.91	17.74	154	72.65	19.01	132	
Avoidance	46.23	15.52	150	55.90	15.53	134	
Interpersonal Prob.	63.00	13.50	157	74.86	15.18	130	
Life Satisfaction	26.43	4.80	164	21.06	6.07	132	

*Notes.* All means are significantly differing from each other on p < .001 level

As shown in Table 8, when the mean scores of participants investigated regarding on high or low intrapersonal orientation groups, people having low intrapersonal orientation level scored statistically higher (M= 28.20, SD= 7.68) compared to high intrapersonal orientation scored ones (M= 33.38, SD= 9.31) on dependent personality disorder characteristics t(289)= -5.19. People having low intrapersonal orientation scored statistically higher on both attachment anxiety (M= 69, SD= 17.68) and attachment avoidance (M= 53.85, SD= 15.40) compared to high intrapersonal orientation ones (M= 60.74, SD= 20.84 for attachment anxiety and M= 47.79, SD= 16.58 attachment avoidance), t(282)= -3.60, p <.001 and t(281)= -3.18, p <.001 respectively. Lastly, people having low intrapersonal orientation level scored statistically higher (M= 70.92, SD= 14.65) compared to high intrapersonal orientation scored ones (M= 65.99, SD= 15.79) on interpersonal problems t(283)= -2.73. Well-being scores did not differ regarding on high or low intrapersonal orientation scores.

Table 8

Descriptive Statistics of variables compared as high and low intrapersonal orientation

	High Intrapersonal			Low Intrapersonal			
	M	SD	N	M	SD	N	
DPD	28.20	7.68	148	33.38	9.31	143	
Anxiety	60.74	20.84	145	69	17.68	139	
Avoidance	47.79	16.58	143	53.85	15.40	140	
Interpersonal Prob.	65.99	15.79	148	70.92	14.65	137	
Well-being	24.30	5.79	151	23.72	6.28	143	

*Notes.* All means except for well-being are significantly differ from each other on p < .001 level

In order to go beyond comparing two orientations between each other, and figure out four different self-construals, the mean scores of each orientations of interpersonal integration (M= 61.77) and intrapersonal differentiations (M= 49.22) accepted as cut points. Four different self-construals emerged when the two dichotomous variables are crossed as the scores below the mean were categorized as "low" and scores above the mean as "high". Higher interpersonal integration and higher intrapersonal differentiation orientations created the *related individuated* self-construal, while lower interpersonal integration and lower intrapersonal differentiation orientations created the *separated normative patterning* self-construal. Higher interpersonal integration and lower intrapersonal differentiation orientations created *related normative patterning* self-construal and the last self-construal, *separated individuation* was formed by lower interpersonal integration and higher intrapersonal differentiation orientations, as shown in Table 9.

Table 9
Self-Construals crossing high and low ends on interpersonal and intrapersonal orientations

	High Intrapersonal	Low Intrapersonal
High Interpersonal	Related Individuated	Related (normative) Patterning
Low Interpersonal	Separated Individuated	Separated (normative) Patterning

In order to test hypotheses (H1, H2 and H3) of the study one-way ANOVA was conducted, to analyze the relationship between four different self-construals and well-being, interpersonal problems and dependent personality characteristics.

Table 10

Descriptive statistics of four self-construals and well-being

					95% CI	
Self-Construals	N	M	SD	Std. Error	Lower	Upper
Separated- Patterning	69	20.33	6.21	0.75	18.84	21.83
Separated- Individuated	62	21.79	5.87	0.75	20.30	23.28
Related- Patterning	74	26.88	4.46	0.52	25.85	27.91
Related- Individuated	89	26.04	5.08	0.54	24.98	27.11

Notes The mean differences between following pairwise are significantly differ from each other on p<.001 level: separated- patterning and related- patterning, separated- patterning and related- individuated, separated-individuated and related- individuated.

The descriptive values of self-construals on well-being were shown in Table 10. There was a statistically significant difference between self-construals as determined by one-way ANOVA (F(3,290) = 25.35, p < .001). A LSD post-hoc test revealed that the *related-individuated* self-construal was significantly higher on well-being than the *separated-individuated* 

patterning self-construal SE=0.87, p<.001 with a 95% CI[4.01, 7.42] as hypothesized (H1). There was no statistically significant difference between the *related-individuated* and *related-patterning* self-construals (p=.33). As hypothesized (H1), results show that people having higher levels of both interpersonal integration and intrapersonal differentiation (*related-individuated* self-construal) have higher scores than people having lower levels of both interpersonal integration and intrapersonal differentiation (*separated-patterning* self-construal) on well-being.

Table 11

Descriptive statistics of four self-construals and interpersonal problems

					95% CI	
Self-Construals	N	M	SD	Std. Error	Lower	Upper
Separated- Patterning	67	76.18	14.82	1.81	72.56	79.79
Separated- Individuated	62	73.23	15.57	1.98	69.27	77.18
Related- Patterning	70	65.89	12.66	1.51	62.87	68.90
Related- Individuated	86	60.77	13.83	1.49	57.80	63.73

Notes The mean differences between following pairwise are significantly differ from each other at least on p< .05 level: separated- patterning and related- patterning, separated- patterning and related- individuated, separated- individuated and related- patterning, separated- individuated and related- individuated, related-patterning and related- individuated.

The descriptive statistics of self-construals on interpersonal problems are shown in Table 11. There was a statistically significant difference between self-construals as determined by one-way ANOVA (F(3,281) = 18.12, p < .001). A LSD post-hoc test revealed that *related-individuated* self-construal was statistically significantly lower on interpersonal problems than *separated-patterning* self-construal SE=2.31, p < .001 with a 95% CI[-19.96,-10.86] as hypothesized (H2). *Related-individuated* self-construal showed the lowest

interpersonal problems scores compared to others. Separated-patterning and separated-individuated self-construals were not statistically different (p = .24) from each other on interpersonal problems. As hypothesized (H2), results show that people having higher levels of both interpersonal integration and intrapersonal differentiation (related-individuated self-construal) have lower scores than people having lower levels of both interpersonal integration and intrapersonal differentiation (separated-patterning self-construal) on interpersonal problems.

Table 12

Descriptive statistics of four self-construals and dependent personality characteristics

					95% CI	
Self-Construals	N	M	SD	Std. Error	Lower	Upper
Separated- Patterning	70	35	9.83	1.18	32.66	37.34
Separated- Individuated	62	29.97	7.88	1.00	27.97	31.97
Related-Patterning	73	31.82	8.56	1.00	29.82	33.82
Related- Individuated	86	26.92	7.32	0.79	25.35	28.49

Notes The mean differences between following pairwise are significantly differ from each other at least on p< .05 level: separated- patterning and separated- individuated, separated- patterning and related- patterning, separated- patterning and related- individuated, separated- individuated and related- individuated, related-patterning and related- individuated.

The descriptive statistics of self-construals on dependent personality characteristics are shown in Table 12. There was a statistically significant difference between self-construals as determined by one-way ANOVA (F(3,287) = 12.49, p < .001). It was hypothesized (H3) that people having *related normative patterning* self-construal have the highest dependent personality characteristics score compared to others. A LSD post-hoc test revealed that people having *separated patterning* self-construal have the highest and *related-individuated* self-construal have the lowest score compared to other self-construals on dependent personality

characteristics. There was no statistically significant difference between *related-patterning* and *separated-individuated* self-construals (p = .20). Therefore, the hypothesis was not confirmed.

In order to analyze in a more detailed way, extreme self-construals were also created ( $\pm$  1 SD) to observe whether the results change or not. As shown in Table 12, participants of related-patterning self-construal had the highest score on DPD characteristics by one-way ANOVA F(3,30) = 4.88, p < .01. A LSD post-hoc test revealed that the difference between related-patterning and separated patterning self-construal was not different from each other.

Table 13

Descriptive statistics of extreme four self-construals and dependent personality characteristics

					95% CI	
Extreme Self-Construals	N	M	SD	Std. Error	Lower	Upper
Separated- Patterning	8	35.63	12.01	4.25	25.58	45.67
Separated- Individuated	11	27.64	5.37	1.62	24.03	31.25
Related- Patterning	7	39.58	9.25	3.50	31.01	48.13
Related- Individuated	8	25.50	6.84	2.42	19.78	31.22

Notes The mean differences between following pairwise are significantly differ from each other at least on p < .05 level: separated- patterning and related- individuated, separated- individuated and related- patterning, related-patterning and related- individuated.

## 3.3. Correlation Analyses

As shown in Table 14, results showed that interpersonal orientation and intrapersonal orientation has no correlation r(298) = -.004, p = .95. Interpersonal orientation variable is negatively correlated with attachment anxiety and attachment avoidance r(280) = -.41, p < .001 and r(278) = -.36, p < .001, respectively.

The correlation between interpersonal orientation and interpersonal problems is r(283) = -.46, p <.001, and the correlation between interpersonal orientation and dependent personality characteristics is r(286)= -.20, p <.01. Lastly, the correlation between interpersonal orientation and well-being is r(291)= .55, p <.001.

Intrapersonal orientation variable is negatively correlated with attachment anxiety r(282)= -.23, p <.001 and dependent personality characteristics r(289)= -.36, p <.001. The correlation between intrapersonal orientation and attachment avoidance is r(281)= -.15, p <.05 and r(283)= -.18, p <.01 for interpersonal problems.

Attachment anxiety is correlated with attachment avoidance, interpersonal problems and dependent personality characteristics r(284)= .41, r(274)= .49 and r(279)= .45 respectively, p<.001. The correlation between attachment anxiety and well-being is r(284)= -.32, p<.001.

Table 14

Correlations between Interpersonal integration, Intrapersonal differentiation, Attachment anxiety, attachment avoidance, Interpersonal problems, Dependent personality and Well-being

	1.	2.	3	4	5	6	7
1.Interpersonal	1	.00	41***	36***	46***	20**	.55***
2.Intrapersonal		1	23***	15*	18**	36***	.04
3.Att. Anxiety			1	.41***	.49***	.45***	32***
4.Att. Avoidance				1	.32***	.18***	31***
5.Int. Prob.					1	.42***	30***
6.Dep. Per.						1	20**
7.Well-being							1

*Notes* \* *p*<.05. \*\* *p*<.01 \*\*\* *p*<.001

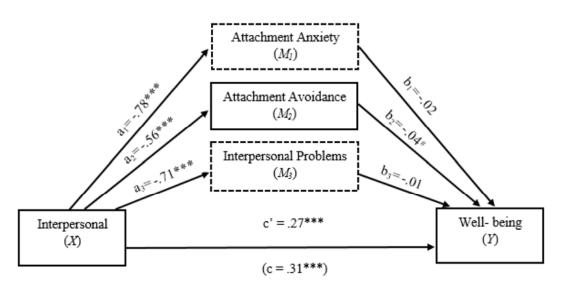
## 3.4 Mediation Analyses

Four separated mediation analysis were conducted in order to examine the relationship between variables.

# 3.4.1 The Role of Attachment Anxiety, Attachment Avoidance and Interpersonal Problems as Mediators between Interpersonal Integration Orientation and Wellbeing

In order to explore the relationship between interpersonal integration and well-being, a mediation model in which attachment anxiety, attachment avoidance and interpersonal problems were mediators was constructed. Interpersonal integration variable was the independent variable while the well-being variable considered as dependent variable on this mediation model. Regression analysis was used to explore the hypothesis (H4a) that whether attachment anxiety, attachment avoidance and interpersonal problems mediate the effect on intrapersonal orientation on well-being. Results from a parallel mediation analysis indicated

that interpersonal integration orientation indirectly related to well-being through its relationship with attachment avoidance. First, as can be seen in Figure 1, higher interpersonal scores related to lower attachment avoidance scores ( $a_2 = -.56$ , p < .001), and lower attachment avoidance scores were subsequently related to well-being ( $b_2 = -.04$ , p = .056). The 95% biascorrected confidence interval based on 5,000 bootstrap samples indicated that the indirect effect through attachment avoidance ( $a_2b_2 = 0.022$ ) is entirely above zero (.0011 to .0531) while the other mediators are held constant; which indicates an indirect effect of interpersonal integration on well-being via attachment avoidance. On the contrary, the indirect effects of attachment anxiety and interpersonal problems include zero (-.012 to .050 and -.040 to .045, respectively), indicating that they do not have an indirect effect. Moreover, individuals having higher interpersonal scores reported higher well-being even when taking into account interpersonal orientation's indirect effect through all three mediations (c' = .27, p < .001). This indicates that partial mediation was found (Baron & Kenny, 1986). Zhao, Lynch and Chen (2010) called this mediation effect as complementary mediation model (see *Figure 4*).



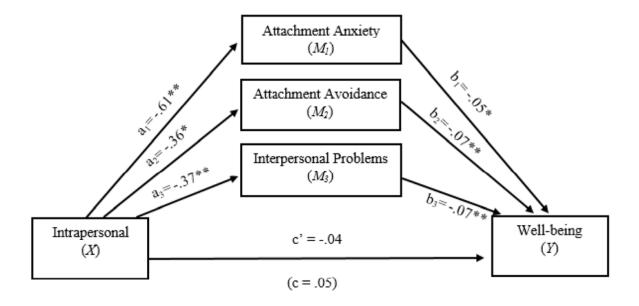
*Notes.* \*\*\* p<.001  $^{\#}p$ = .056 Variables which mediate showed straight-line, while other mediators are showed in dashed line

Figure 4. Mediation model of attachment anxiety, attachment avoidance and interpersonal problems on interpersonal integration and well being

# 3.4.2. The Role of Attachment Anxiety, Attachment Avoidance and Interpersonal Problems as Mediators between Intrapersonal Differentiation Orientation and Well-being

In order to explore the relationship between intrapersonal differentiation and well-being, a mediation model in which attachment anxiety, attachment avoidance and interpersonal problems were mediators was constructed. Intrapersonal differentiation variable was the independent variable while the well-being variable considered as dependent variable on this mediation model. Regression analysis was used to explore the hypothesis (H4<sub>b</sub>) that whether attachment anxiety, attachment avoidance and interpersonal problems mediate the effect on intrapersonal orientation on well-being (see *Figure 5*).

Even it is controversial whether it is suitable to apply mediation analysis in situation that the total effect (c path) is not significant between intrapersonal orientation and wellbeing, mediation analysis was applied as it is offered (Hayes, 2013; Zhao, Lynch & Chen, 2010). Results indicated that intrapersonal orientation was a significant predictor of attachment anxiety b = -.61, SE = .18, p < .001 ( $a_1$  path), and was a significant predictor for attachment avoidance b = -.36, SE = .15, p < .05 ( $a_2$  path) and was a significant predictor for interpersonal problems b = -.37, SE = .14, p < .01 ( $a_3$  path). Attachment anxiety and attachment avoidance were predictors for well-being b=-.05, SE=.02, p<.05 ( $b_1$  path), and b=-.07, SE=.02, p < .01 ( $b_2$  path), respectively. The variable of interpersonal problems was also a predictor for well-being b = -.07, SE = .03, p < .01 ( $b_3$  path). A 95% bias-corrected confidence interval based on 5,000 bootstrap samples indicates that the indirect effects through attachment anxiety, attachment avoidance and interpersonal problems (.0058 to .0703, .0059 to .0639 and .0037 to .0698 respectively) all exclude zero; meaning that all three variables showed significant indirect effects, while no significant direct effect emerged. This means that the three variables had "indirect-ony mediation" between intrapersonal differentiation and wellbeing (Zhao, Lynch & Chen, 2010).



*Notes* \* p<.05 \*\* p<.01 \*\*\* p<.001 Variables which mediate were shown with straight-line

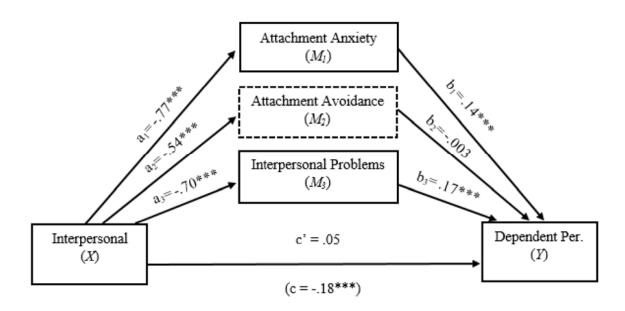
Figure 5. Mediation model of attachment anxiety, attachment avoidance and interpersonal problems on intrapersonal differentiation and well being

# 3.4.3. The Role of Attachment Anxiety, Attachment Avoidance and Interpersonal Problems as Mediators between Interpersonal Integration Orientation and Dependent Personality Disorder Characteristics

In order to explore the relationship between interpersonal integration and dependent personality disorder characteristics, a mediation model in which attachment anxiety, attachment avoidance and interpersonal problems were mediators was constructed. Interpersonal integration variable was the independent variable while the dependent personality disorder characteristics variable considered as dependent variable on this mediation model. Regression analysis was used to explore the hypothesis (H5<sub>a</sub>) that whether attachment anxiety, attachment avoidance and interpersonal problems mediate the effect on intrapersonal orientation on well-being.

Results indicated that interpersonal orientation was a significant predictor of attachment anxiety b=-.77, SE=.10, p<.001 ( $a_1$  path), and was a significant predictor for

attachment avoidance b= -.54, SE= .09, p< .001 (a2 path) and was a significant predictor for interpersonal problems b= -.70, SE= .08, p< .01 (a3 path). Attachment anxiety and interpersonal problems were predictors for dependent personality characteristics b= .14, SE= .03, p< .001 (b1 path) and b= .17, SE= .04, p< .001 (b3 path), respectively. The variable of attachment avoidance was not a predictor for dependent personality characteristics b= .003, SE= .03, P= 93. A 95% bias-corrected confidence interval based on 5,000 bootstrap samples states that the indirect effects through attachment anxiety and interpersonal problems (-.1760 to -.0614, -.1798 to -.0626 respectively) excludes zero (see Figure 6). This conclusion indicates that with 95% confidence, interpersonal integration orientation influences dependent personality characteristics indirectly through both attachment anxiety and interpersonal problems.



Notes \*\*\* p<.001

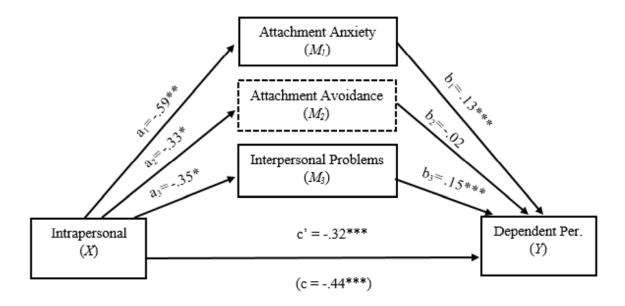
Variables which mediate were shown straight-line, while other mediators were shown in dashed line

Figure 6. Mediation model of attachment anxiety, attachment avoidance and interpersonal problems on interpersonal integration and dependent personality disorder characteristics

# 3.4.4. The Role of Attachment Anxiety, Attachment Avoidance and Interpersonal Problems as Mediators between Intrapersonal Differentiation Orientation and Dependent Personality Disorder Characteristics

In order to explore the relationship between intrapersonal differentiation and dependent personality disorder characteristics, a mediation model in which attachment anxiety, attachment avoidance and interpersonal problems were mediators was constructed. Intrapersonal differentiation variable was the independent variable while the dependent personality disorder characteristics variable considered as dependent variable on this mediation model. Regression analysis was used to explore the hypothesis (H5<sub>b</sub>) that attachment anxiety, attachment avoidance and interpersonal problems mediate the effect on intrapersonal orientation on dependent personality characteristics. Results indicated that intrapersonal orientation was a significant predictor of attachment anxiety b = -.59, SE = .18, p<.01 (a<sub>1</sub> path), and was a significant predictor for attachment avoidance b=-.33, SE=.15, p< .05 (a<sub>2</sub> path) and was a significant predictor for interpersonal problems b= -.35 SE= .14, p< .05 (a<sub>3</sub> path). Attachment anxiety and interpersonal problems were predictors for dependent personality characteristics b=.13, SE=.03, p<.001 and b=.15, SE=.04, p<.001, respectively. Attachment avoidance is not a predictor for dependent personality characteristics. The significant relationship between intrapersonal orientation and dependent personality characteristics is still statistically significant after controlled for all three mediators but the direct effect of intrapersonal orientation on dependent personality characteristics got closer to zero. A 95% bias-corrected confidence interval based on 5,000 bootstrap samples states that the indirect effect through attachment anxiety and interpersonal problems (-.1449 to -.0311 and -.1122 to -.0126 respectively) exclude zero (see Figure 7).

This conclusion indicates that with 95% confidence, intrapersonal differentiation orientation influences dependent personality characteristics indirectly through both attachment anxiety and interpersonal problems.



*Notes* \* *p*<.05 \*\* *p*<.01 \*\*\* *p*<.001

Variables which mediate were shown straight-line, while other mediators were shown in dashed line

Figure 7. Mediation model of attachment anxiety, attachment avoidance and interpersonal problems on intrapersonal differentiation and dependent personality disorder characteristics

#### **CHAPTER 4**

#### **DISCUSSION**

This study aimed to analyze the relationship between two orientations of self-construals defined by İmamoğlu (1998, 2003) and dependent personality characteristics. Moreover, the relationship between these orientations and well-being was also another interest of this study. Possible mediation effects of attachment and interpersonal problems were hypothesized on these relationships.

#### 4.1. Implications and Literature Findings Related to Descriptive Variables

Descriptive analysis showed that female participants have statistically higher scores on intrapersonal orientation and attachment anxiety compared to male participants. Interpersonal integration orientation, attachment avoidance, interpersonal problems, dependent personality characteristics and well-being variables have no gender related difference statistically. Similar to the result of the current study, a meta-analysis study showed females have higher scores on attachment anxiety (Giudice, 2011). This result implies that females give more importance to meet their intrapersonal differentiation needs but at the same time their anxiety in relationships is also higher.

Young adults have the lowest score on interpersonal integration orientation level, compared to the groups of adults and matures. The mature group has the highest score on interpersonal integration orientation. These results may imply that persons could meet their interpersonal integration needs as they get older. Similarly, interpersonal problems are higher among the young adult group as the mature group has the lowest levels among of all. This underlines that the higher relatedness does not include interpersonal problems in the group of matures. In addition, well-being is also highest in mature group. On the contrary, young adult group has the highest scores on attachment anxiety and attachment avoidance accompanying with the lowest well-being and the highest interpersonal problems. This indicates that younger ages are more challenging about relational needs compared to other age groups. As Köse (2009) also stated, unstability and uncertainty are more often on different areas among the younger ages. These findings on different age groups could be related to fact that as the subjects gain experience, the ability to connect with others improve while the social contacts get relatively stable including romantic partner, family, occupational and social environment. In conclusion, the interpersonal needs of the people get met as the attachment anxiety and avoidance kept lower accompanying lower interpersonal problems, while the well-being is on higher level.

Having a higher educated mother and father have an effect on decreased attachment avoidance and increased intrapersonal differentiation level compared to participants having lower education level of parents. These results mean educated parents may encourage their children to gain their autonomy, and explore their unique potential which is related to intrapersonal differentiation orientation. When the participants' own education levels were taken into consideration, the effects on

intrapersonal differentiation remains the same, higher education level is related to higher levels of individualization. In addition to this, higher levels of relatedness, lower levels of attachment anxiety and dependent personality disorder characteristics are accompanied. Meaning that as people get higher education, their attachment anxiety got regulated, their personality characteristics shows less clingy and needy features. Moreover, they may give more importance to group harmony and their own individuality at the same time, which is an important sign for a healthy development (İmamoğlu, 2003).

Married people have their interpersonal integration need met compared to people who are single. As Köse found (2009) single people have higher scores on intrapersonal differentiation orientation than married ones, but different from previous studies, the result of people who got divorced had the highest intrapersonal differentiation was found. In addition, the lowest interpersonal problems were also on the group of divorced ones. Also, the higher well-being scores of divorced people could be the the sign that marital breakdown is not an obstacle on satisfying relationships. On the contrary, Hurlbert and Aacock (1990) indicated that divorced people in US had more friends compared to married ones. Kalmijn and Broese van Groenou (2005) also stated that after divorce people often re-built their network by themselves, which can be a sign to strong interpersonal talents as the current study offers. Attachment avoidance is also high on people who got divorced which could be a strategy to protect themselves via denying the intimate relationship need.

As congurent with the literature (Köse, 2009; Maslow, 1968), higher socioeconomic status (SES) is related to higher interpersonal integration and higher levels of well-being. In a similar manner, results of the current study suggests that lower SES is related to higher attachment anxiety and avoidance. As Maslow's hierarchy of needs suggests (1968), belongingness and love needs come after physical and safety needs. High SES could have the opportunity to realize the "higher" needs of themselves and dealt with them while the lower SES individuals deal with the basic needs (Maslow, 1943).

#### 4.2 Implications and Literature Findings Related to Group Differences

Participants who were on the high interpersonal integration orientation showed statistically lower scores on dependent personality disorder characteristics, interpersonal problems, attachment anxiety and avoidance compared to participants who were on low interpersonal integration orientation category. Furthermore, higher interpersonal integration orientation scores were related to statistically higher well-being. Coherent with the literature, this finding infer that when people have the harmony with the social group they surrounded by, the relationship contains less dependence characteristics, their experience on interpersonal discomfort is less and their attachment orientation has less anxiety or avoidance notions (Bornstein, 1992, 1996, 2005; İmamoğlu, 1995; İmamoğlu & İmamoğlu, 2007).

Participants who were on the high intrapersonal differentiation orientation showed statistically lower scores on dependent personality disorder characteristics, interpersonal problems, attachment anxiety and avoidance compared to participants who were on low intrapersonal differentiation orientation category. The orientation of intrapersonal differentiation was related with actualizing the unique potential of individuals have. Therefore, the relationship between intrapersonal differentiation

and DPD characteristics may be interpreted as when people actualize the unique potential of theirs more, their relationship characteristics would show less dependent characteristics. Moreover, they have less problems with others and their attachment notions would also show less anxiety and avoidance. This inference is considerable for clinical course. Dealing with individuals' unmet intrapersonal needs in psychotherapy process, could help to uncover the core of DPD characteristics. Different from interpersonal integration orientation, high and low intrapersonal differentiation scores did not differ from each other on well-being statistically. Maybe, this result makes way for an interpretation that interpersonal integration orientation can be a protector factor on well-being. When the impact of intrapersonal differentiation was analyzed as high intrapersonal and low intrapersonal, as it was mentioned above, there is no statistical difference on well-being scores of participants. But when intrapersonal differentiation and interpersonal integration orientations were taken into consideration together, the results shift dramatically. While low interpersonal integration accompanies low intrapersonal differentiation (separated patterning self-construal), the lowest score of well-being occurs. On the other hand, when high interpersonal integration orientation accompanies to low intrapersonal orientation (related patterning self-construal), the score shifted dramatically highest and statistically equal the situation as if both intrapersonal and interpersonal needs met.

When the two needs of both integration and differentiation were met, higher well-being was observed in the literature as well (İmamoğlu & Beydoğan, 2011; Köse, 2009; Kantaş, 2013). People on the *related- individuated* category self-construal had the higher scores on well-being compared to *separated- patterning* and

separated-individuated. The meaning of this result is that when an individual has the chance to meet both integration and differentiation needs, it is expected to have higher levels of well-being as well. There is an important detail on the results of the relationship between well-being and interpersonal integration orientation. The relationship between intrapersonal differentiation and well-being result was elaborated more detailed on the mediators' subtitle.

When the interpersonal integration orientation is high on an individual but the individuated differentiation low at the same time (*related normative patterning* self-construal), dependent personality characteristics were expected to be higher (H3). However, the results stated when two of the needs were not met (*separated normative patterning* self-construal), dependent personality characteristics were the highest.

When the self-construal groups were created based on the scores which are one standard deviation unit below and above the mean, the highest dependent personality disorder characteristic moved from *separated-normative* patterning *to related-normative* patterning self-construal. As the hypothesis of the study offered (H3), people + 1 SD high in interpersonal integration orientation, and -1 SD lower intrapersonal orientation had the highest score on DPD characteristics mathematically. Because analyzing the data with the participants having one SD higher or lower scores, led to a dramatic amount of data loss (N= 291 to N= 34). Therefore, reliability of these results may be questioned.

Another hypothesis of the current study presumed (H2), lack of satisfaction on meeting integration and differentiation needs were related to having higher scores on interpersonal problems compared to others. People on the category of separated-patterning self-construal had the highest scores on interpersonal problems. This result was coherent with the expectation of the study, indicating that people having trouble on both their self-differentiation and group-harmony were the group having high amount of interpersonal problems. The scores for interpersonal problems gradually got worse from related-individuated self-construal to separated- normative patterning self-construal. Especially, integration need seems having a more crucial effect on interpersonal problems. Maslow's hierarchy of needs theory (1943) placed social needs right after physical needs and feeling of safety. Since the very beginning, keeping interpersonal problems at the minimum level can ease issues in various facets for human beings. Therefore, it can be inferred interpersonal problems play more crucial role on human relations.

#### 4.3. Implications and Literature Finding Related to Correlation Coefficients

The highest correlation with interpersonal integration orientation was well-being. Meaning that as people have the coherence with their social group, their well-being also increases. As this coherence increases, interpersonal problems, dependent personality characteristics, attachment anxiety and avoidance decrease.

Intrapersonal differentiation orientation and well-being showed no correlation in this study. This result revealed a parallel finding with previous studies (Köse, 2009). Intrapersonal differentiation orientation has no relationship between positive or negative affect. The most powerful correlate of intrapersonal differentiation was

with dependent personality characteristics. As the intrapersonal differentiation increased, the clingy dependency characteristics in person's personality tends to decrease. Intrapersonal differentiation orientation was also negatively correlated with interpersonal problems, attachment anxiety and avoidance. The results indicate that as individuals know their own psychological needs, they also experience less trouble on interpersonal problems with others and in their close relationships.

Another variable is attachment anxiety, with strong correlations with interpersonal problems, dependent personality characteristics and attachment avoidance. Attachment anxiety is characterized by giving importance to closeness. Therefore, it can be inferred on this result that when this importance decreases, interpersonal problems and dependent personality disorder characteristics tend to increase. Paradoxically, as the level of closeness that an individual demands increases, relationship related problems may occur. As stated before, this can be related to high expectations of people having high anxiety about closeness, and no closeness get "enough" unless all personal borders vanishes. Therefore, the negative relationship between attachment anxiety and well-being is not a surprise. As attachment anxiety increases, the individuals feel like it's a must to be close with the attachment figure, and flaws always happen. The disappointments decrease the wellbeing of individual. Similarly, attachment avoidance is also related with interpersonal problems, dependent personality characteristics and well-being. High attachment avoidance is related to deny the dependency need and avoid intimate relationships of individuals. Distorted thoughts about relating to others can create the base for the relationship between attachment avoidance and interpersonal problems, dependent personality characteristics and well-being. This relationship can lead to an

inference as people deny the needs of relationship, their relationship notions blurred with unhealthy dependency as high interpersonal problems and dependent personality disorder characteristics point out.

In addition to mentioned relationships, interpersonal problems are also positively correlated with dependent personality disorder characteristics (r= .42, p< .001) and negatively related with well-being. This result indicates as interpersonal problems increase dependent personality disorder characteristics also increase while well-being decreases.

This study shows a negative relationship between well-being and dependent personality characteristics. As discussed on the literature review part, Turkey is a country in which dependent personality characteristics are encouraged (İmamoğlu, 2003, Ulusoy & Durmuş, 2013). But of course, this does not mean that individuals feel well about being so. The relationship between DPD characteristics and well-being will be investigated in detail in following section.

#### 4.4. Implications and Literature Finding Related to Mediators

The relationship between interpersonal integration orientation and well-being was partially mediated by attachment avoidance (H4a). This relationship indicates that as integration need of an individual was met, the individual denies less the need for others. This in turn increase well-being. Attachment avoidance is a partial mediator in the relationship between interpersonal integration and well-being. The clinical implication of this model is that if the well-being of a person aims to increase, attachment avoidance can be a field which needed to work on. Especially

for younger individuals, who are tended to have lower scores on interpersonal integration orientation, the mediating effect of attachment avoidance is really important. Individuals with high attachment avoidance are expected to devaluate social interactions which can affect the well-being of people (Strauss et. al., 2018; Vertue, 2003). People high in attachment avoidance have a tendency to have negative internal working model which is related to thoughts and feelings as having deficits in influencing others' emotions in a desired way and/or fear of rejection intensely that desiring to avoid any social interaction to eliminate the fear. Psychotherapy is a good tool to intervene the fears and challenge the way of coping. The relationship between the therapist and the patient/client itself can be the tool to understand the dynamics of relational bases of the patient/client. From a pantheoretical approach, the relationship between therapist and the patient/client is one of the most important component of the therapy process (Horvath and Luborsky, 1993). Different approaches produce similar results when the therapeutic alliance is taken to place to estimate the outcome of therapy (Horvath and Luborsky, 1993). The bond which was constructed between the therapist and the client/patient (i), agreement on the tasks which are taken through the improvement (ii) and agreements on the goals of therapy (iii) are stated as the components of therapeutic alliance (Bordin, 1979). As Rogerian therapy emphasizes the ability of being empathic and accepting unconditionally of what comes from the client/patient is a great mechanism to work on the attachment style of the client/patient. As a way to deal with the attachment related problems, the notions that create the secure attachment in infant needs to be determined. The relation with the attachment figure needs to contain sensitive, consistent and warm care. As it is provided to a child, the child learns to use the attachment figure as secure base especially in times of stress and exploration.

Consequently the child infers that the attachment figure will be there in times of need as available and responsive. Bowlby (1988) states therapy environment can provide a secure base for the patient/client to explore the painful experiences of past and present times. In therapy process, the patient/client is encouraged to behave unlike past relationships as a revision of internal working model while feeling, thinking and acting in a novel way (Bowlby, 1988).

Attachment anxiety and interpersonal problems are not found to have an effect between interpersonal integration and well-being. Attachment avoidance is related to distrust on others and compulsive self-reliance (Mikulincer & Shaver, 2019). Interpersonal integration need is related to experience the harmony in which the individual is surrounded by. The reason why the only mediation effect of attachment avoidance is possibly needed to intervene that self-reliance which based on the fears in order to reach well-being. As a result, attachment avoidance is a way to intervene the relationship between interpersonal integration and well-being.

Moreover, on the relationship between intrapersonal differentiation and well-being, all three variables of attachment anxiety, attachment avoidance and interpersonal problems were found to mediate (H4<sub>b</sub>). As the differentiation need is met of an individual, attachment anxiety and avoidance as well as interpersonal problems decrease. This effect, in turn, increases well-being. Therefore, the relationship between intrapersonal differentiation and well-being is mediated by attachment anxiety, attachment avoidance and interpersonal problems.

The third mediation model of the study revealed that interpersonal problems and attachment anxiety fully mediated the relationship between interpersonal integration and dependent personality characteristics (H5<sub>a</sub>). As individuals' tendency to be connected increases, attachment anxiety and interpersonal problems tend to decrease. Decreased attachment anxiety and decreased interpersonal problems also decrease the dependent personality characteristics of people. Dependent personality characteristics function to keep the individual away from anxiety. As a way to feel safe, individuals having higher dependent personality characteristics look for somebody to cling, someone to "protect" them. These indirect effects revealed that the relationship between interpersonal integration orientation and dependent personality disorder characteristics can be interfered with the variables of attachment anxiety and interpersonal problems.

The last mediation model of the study revealed that the relationship between intrapersonal differentiation and dependent personality disorder characteristics were partially mediated by attachment anxiety and interpersonal problems (H5<sub>b</sub>). As differentiation need is met of an individual, attachment anxiety and interpersonal problems decreases. This decrease leaded dependent personality disorder characteristics also declined. Overall on these results, it can be stated that attachment anxiety and interpersonal problems variables mediated the relationship between intrapersonal differentiation and DPD characteristics.

To conclude, the mediation models offer dependent personality disorder characteristics are indirectly influenced by attachment anxiety and interpersonal problems on the contrary well-being includes attachment avoidance. This difference

underlines the role of abandoning the unrealistic self-reliance that attachment avoidance consists in a way to reach well-being.

#### 4.5 Clinical Implications

Regardless of the theoretical backround, to increase subjective well-being is one of the few common aims of all psychotherapeutic processes. The present study reveals some important aspects for clinical psychology literature, especially related to well-being and dependent personality disorder related areas. After reviewing the mediation models, it can be said that attachment avoidance is an important mediator for well-being with the relationship with interpersonal integration and intrapersonal differentiation. Wallerstein (1965) connoted to well-being as the capacity for happiness and enjoyment. The results of the study offer to widen the capacity of happiness and enjoyment of the patient/client by focusing on the unmet intrapersonal differentiation needs and factors leading to higher attachment avoidance. Especially when lower socio-economic status patients/clients tend to have higher attachment avoidance, detecting the unseen fears and dissappoinments which feeds the compulsive self-reliance would lead efficient outcome. This infers that during psychotherapy process working on attachment avoidance can be a good way to increase well-being of the patient/client.

On the other hand, attachment avoidance does not mediate the relationship between interpersonal integration or intrapersonal differentiation orientation and DPD characteristics. When dealing with DPD characteristics, focusing on the attachment anxiety and interpersonal problems could lead to a decrease on DPD characteristics. Even it took longer, attachment is a changeable variable (Crittenden

& Claussen, 2000). Psychodynamic theory aims to reveal the internal working model of the patient/client via transferences and free assosiations, while cognitive-behavioral therapy challenges it via the distorted thinking, automatic thoughts and intermediate beliefs. Psychotherapy is a test ground for the patient/client to re-create a relationship with psychotherapist and analyze every aspect of it.

The relationship between attachment anxiety and avoidance via interpersonal integration and intrapersonal differentiation emphasizes every human beings' infantile needs somehow continues. Every human baby needs to be taken care of, loved and respected. As adults, every human being needs to feel together with others with strong feelings, and alone with herself/ himself. One's relationship with others and herself/himself contains a lot about the internal working model. This study reveals that interventions to internal working models affect the needs of human needs defined in BID model, and also affects the well-being and/or DPD characteristics of individuals on psychotherapy sessions.

In addition to this, interpersonal problems are one of the most common reason why people seek psychotherapy (Horowitz, Rosenberg, & Bartholomew, 1993).

Results of the study suggests that especially for younger adults have difficulties on interpersonal problems, which is an important variable could affect other variables.

Therefore, focusing on the repetitive themes in interpersonal problems would also gives information about to internal working model of the client.

#### 4.6 Limitations, Strengths of the Study and Further Studies

This study contains both strengths and some serious limitations. The most important limitation of this study is the participant selection. Convenience sampling method was used in order to collect data via online survey. People become participants who confirmed to participate when they are asked and therefore they became "convenient". Maybe accepting to be a volunteer to participate in a study creates a sample of individuals who have high "relatedness" scores. Therefore, this "helpfulness" bias can affect the results of the study. Another important limitation about participants was the socio economic status. Middle class, and well-educated participants dominated the data. This inevitably provides a limited aspect to embrace the topic.

The attempt to integrate the social and clinical psychology perspectives is the important strength of this study. As Sümer stated, all disciplines in science would have more to say when the fictitious borders get blurred and Sümer clearly encouraged researchers to study interdisciplinary (2018, November).

One of the limitation of the study is not having a clinical patient group. The lack of comparison between having the DPD characteristics in a healthy group and clinical patients group could be trustworthy source of information about results. Lack of the chance for comparison is an unignorible limitation of this study.

Before and during the literature review, it was not come across any research that studied self-construals and dependent personality disorder characteristics. So it is not possible to compare the results with another culture. For cultural studies it is much more useful when having at least two different data from two different culture.

Maybe further research can include at least two different cultures to study simultaneously. Therefore, comparing the results from two different cultures can be a rich source to tell about both cultures.

Moreover, it is important to emphasize that Turkey is a country which has a wide cultural range. The data aimed to resemble as near as possible. However, while collecting the data online, how can it possible to move away the peripheral of the researcher? All the data collecting processes include the researcher's peripheral facility. In order to overcome this effect, or at least minimize, working on especially cultural related topics as a group of researchers who are from different regions can be a good way to handle.

For future studies, it can be useful to work on both individuals from both healthy and clinical patients group in order to have clearer results. Evaluating the results while having data from both groups can strengthen the validity and credibility of results.

Moreover, it can be useful to focus the reality that when the self-construal scores of the extremes were used ( $\pm$  1 SD far from the mean score) the highest score for the dependent personality disorder characteristics shifted from separated-normative patterning to related-normative patterning but this shift does not have any meaning statistically. It may be better to replicate this result with enough amount of participants (at least approximately 30 participants per cell).

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#### **APPENDICES**

#### APPENDIX A

#### **BILGILENDIRICI ONAM FORMU**

Sayın katılımcı,

Bu çalışma, Bahçeşehir Üniversitesi Psikoloji bölümü, Klinik Psikoloji Yüksek Lisans öğrencisi Ekin Doğa Kozak tarafından, Psikoloji bölümü öğretim üyelerinden Yrd. Doç. Dr. Arzu Aydınlı Karakulak danışmanlığında, tez çalışması kapsamında yürütülmektedir.

Çalışmanın amacı, katılımcıların benlik kurguları ile psikolojik sağlık ve bağımlı kişilik özellikleri ilişkisinin, bağlanma ve kişiler arası problemlerin bu ilişki üzerindeki etkisini incelemektir. Çalışmaya katılım tamamıyla gönüllülük temelinde olmalıdır. Ankette, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır.

Anket, genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakmakta serbestsiniz.

Anket yaklaşık olarak 25 dakika sürmektedir.

bilgi almak için çalı	ığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla şmanın yürütücüsü Ekin Doğa Kozak ile (mail adresi: 1.com) iletişime geçebilirsiniz.
Lütfen belirtiniz:	

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesebileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

## APPENDIX B

## DEMOGRAFİK BİLGİ FORMU

1.	Cinsiy	retiniz
	_Kad _Erko _Diğ	ek
2.	Yaşını	z
3.	Mesle	ğiniz
4.	Eğitim	düzeyiniz
	b. c. d. e. f. g.	Okuryazar İlkokul mezunu Ortaokul mezunu Lise mezunu Yüksekokul mezunu Üniversite mezunu Yüksek Lisans mezunu Doktora mezunu
5.	Şu and	la nerede/ kiminle yaşıyorsunuz?
	c.	Yalnız Yurtta Arkadaşlarımla evde Ailemle (eş ve/veya çocuklar) Kök ailemle (anne ve/veya baba ve/veya kardeşler) Diğer
6.	Gelir I	Düzeyiniz
	c. d.	Düşük Düşük- Orta Orta Orta- Yüksek Yüksek
7.	Nasıl	geçiniyorsunuz?
		paramı kazanıyorum geçimimi sağlıyor (kök aile ve/veya eş)

8.	Nerede doğdunuz?
9.	Doğduğunuz yerde mi büyüdünüz? (Özel durumlarınızı belirtiniz)  a. Evet b. Hayır
	c  10. Kendinizi hangi şehre ait hissedersiniz? (Nedeniyle açıklayabilirsiniz)
11.	Medeni haliniz
	a. Bekar b. Evli c. Boşanmış d. Diğer
12.	Anneniz hayatta mı?
	a. Evet b. Hayır
13.	Annenizin eğitim durumu?
	a. Okuryazar b. İlkokul mezunu c. Ortaokul mezunu d. Lise mezunu e. Yüksekokul mezunu f. Üniversite mezunu g. Yüksek Lisans mezunu h. Doktora mezunu
14.	Babanız hayatta mı?
	a. Evet b. Hayır
15.	Babanızın eğitim durumu?
	<ul> <li>a. Okuryazar</li> <li>b. İlkokul mezunu</li> <li>c. Ortaokul mezunu</li> <li>d. Lise mezunu</li> <li>e. Yüksekokul mezunu</li> </ul>

f. Üniversite mezunug. Yüksek Lisans mezunu

16. Kardeşiniz var mı?
a. Evet b. Hayır
17. Varsa, kaç kardeşsiniz?
18. Kaçıncı çocuksunuz?
19. Şu anda herhangi bir psikolojik rahatsızlığınız var mı? (Evetse belirtiniz)
20. Yardım görüyor musunuz? (Evetse ne çeşit bir yardım olduğunu belirtiniz.)
21. Daha önce herhangi bir psikolojik rahatsızlığınız oldu mu? (Evetse belirtiniz)
22. Yardım gördünüz mü? (Evetse ne çeşit bir yardım olduğunu belirtiniz.)

h. Doktora mezunu

## APPENDIX C

# DENGELİ BÜTÜNLEŞME VE AYIRDETME-AYRIŞMA ÖLÇEĞI

		Hiç katılmıyorum	Katılmıyorum	Ne katılıyorum ne	Katılıyorum	Tamamen katılıyorum
1)	Kendi kendime kaldığımda yapacak ilginç şeyler bulabilirim.	1	2	3	4	
2)	Kendimi aileme hep yakın hissedeceğime inanıyorum	1	2	3	4	5
3)	İnsanlarla ilişki kurmakta güçlük çekiyorum.	1	2	3	4	5
4)	Kendi isteklerimi yapabilmek için kendime mutlaka zaman ve imkan tanımaya çalışırım.	1	2	3	4	5
5)	Kendimi duygusal olarak toplumun dışında kalmış gibi hissediyorum.	1	2	3	4	5
6)	Kendimi duygusal olarak aileme çok yakın hissediyorum	1	2	3	4	5
7)	Farklı olmaktansa, toplumla düşünsel olarak kaynaşmış olmayı tercih ederim.	1	2	3	4	5
8)	Kendimi yakın çevremden duygusal olarak kopmuş hissediyorum.	1	2	3	4	5
9)	Kendimi insanlardan olabildiğince soyutlayıp, kendi isteklerimi gerçekleştirmeye çalışırım.	1	2	3	4	5
10)	Hayatta gerçekleştirmek istediğim şeyler için çalışırken, ailemin sevgi ve desteğini hep yanımda hissederim.	1	2	3	4	5
11)	Kendimi yalnız hissediyorum.	1	2	3	4	5
12)	Ailemle duygusal bağlarımın zayıf olduğunu hissediyorum.	1	2	3	4	5
13)	Ailemle aramdaki duygusal bağların hayatta yapmak istediğim şeyler için bana güç verdiğini düşünüyorum.	1	2	3	4	5
14)	Kendimi diğer insanlardan kopuk hissediyorum	1	2	3	4	5
15)	Toplumsal değerleri sorgulamak yerine benimsemeyi tercih ederim.	1	2	3	4	5
16)	Kendimi sosyal çevreme duygusal olarak yakın hissediyorum.	1	2	3	4	5

17)	Kendimi ilginç buluyorum	1	2	3	4	5
18)	İnsanın kendini kendi istediği gibi değil, toplumda geçerli	1	2	3	4	5
10)	olacak şekilde geliştirmesinin önemli olduğunu düşünüyorum.	1		_	4	
19)	İnsan geliştikçe, ailesinden duygusal olarak uzaklaşır.	1	2	3	4	5
20)	İnsanın en önemli amacı sahip olduğu potansiyeli hakkıyla	1	2	3	4	5
	Geliştirmek olmalıdır.					
21)	İnsanın kendi özelliklerini geliştirip ortaya çıkarabilmesi gerekir.	1	2	3	4	5
22)	Kişinin kendine değil, topluma uygun hareket etmesi, uzun vadede kendi yararına olur.	1	2	3	4	5
23)	İnsanın yapmak istediklerini yapabilmesi için, ailesiyle olan	1	2	3	4	5
	duygusal bağlarını en aza indirmesi gerekir.					
24)	Çevremdekilerin onayladığı bir insan olmak benim için	1	2	3	4	5
	önemlidir.					
25)	Zamanımızda insanlar arasında güçlü duygusal bağların	1	2	3	4	5
	olması, kendileri için destekleyici değil, engelleyici olur.					
26)	Sahip olduğum potansiyeli ve özellikleri geliştirip kendime	1	2	3	4	5
	özgü bir birey olmak benim için çok önemlidir.					
27)	Çevreme ters gelse bile, kendime özgü bir amaç için	1	2	3	4	5
	yaşayabilirim.					
28)	Herkesin kendi özelliklerini geliştirmeye uğraşması yerine	1	2	3	4	5
	toplumsal beklentilere uygun davranmasının doğru olduğu					
	kanısındayım.					
29)	Toplumlar geliştikçe, insanlar arası duygusal bağların zayıflaması doğaldır.	1	2	3	4	5

APPENDIX D KİŞİLİK İNANÇ ÖLÇEĞİ- BAĞIMLI KIŞILIK ALT BOYUTU

	NE KADAR İNANIYORSUNUZ?	Tümüyle	Çok fazla	Orta derecede	Biraz	Hiç
	Muhtaç ve zayıfım.	4	3	2	1	0
2)	İşimi yaparken ya da kötü bir durumla karşılaştığımda bana yardım etmesi için her zaman yanımda birilerinin olmasına gereksinim duyarım.	4	3	2	1	0
3)	Bana yardım eden kişi -eğer olmayı isterse- verici, destekleyici ve güvenilir olabilmelidir.	4	3	2	1	0
4)	Yalnız başıma bırakıldığımda çaresizim.	4	3	2	1	0
5)	Temelde yalnızım- kendimi daha güçlü bir kişiye bağlamadığım müddetçe.	4	3	2	1	0
6)		4	3	2	1	0
_	Eğer sevilmezsem hep mutsuz olurum.	4	3	2	1	0
8)	Bana yardımcı ve destekleyici olanları	4	3	2	1	0
9)	İnsanların iyi niyetinin sürmesi için itaatkar olmalıyım.	4	3	2	1	0
10)	7	4	3	2	1	0
11)	Bir ilişkiyi mümkün olduğunca yakın hale getirmeliyim.	4	3	2	1	0
	Kendi başıma karar veremem.	4	3	2	1	0
13)	Diğer insanlar kadar mücadele gücüm yok.	4	3	2	1	0
14)	Karar verirken diğer insanların yardımına ya da bana ne yapacağımı söylemelerine gereksinim duyarım.	4	3	2	1	0

## APPENDIX E

# YAŞAM DOYUM ÖLÇEĞİ

		Hiç uygun değil	Uygun Değil	Biraz uygun değil	Ne uygun, ne uygun	Biraz uygun	Uygun	Çok Uygun
1)	Pek çok açıdan ideale yakın bir yaşamım var.	1	2	3	4	5	6	7
2)	Yaşam koşullarım çok iyi.	1	2	3	4	5	6	7
3)	Yaşamımdan hoşnutum.	1	2	3	4	5	6	7
4)	Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim.	1	2	3	4	5	6	7
5)	Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim	1	2	3	4	5	6	7

## APPENDIX F

# KİŞİLER ARASI PROBLEMLER ÖLÇEĞİ

	Aşağıdaki ifadeler başkalarıyla ilişkilerinizde yapmakta ZORLANDIĞINIZ şeylerdir. Benim için,	Hiç değil	Biraz	Orta derecede	Oldukça	Fazlasıyla
1)	Başkalarına "hayır" demek zordur.	1	2	3	4	5
2)	Gruplara katılmak zordur.	1	2	3	4	5
3)	Bir şeyleri kendime saklamak zordur.	1	2	3	4	5
4)	Birine beni rahatsız etmemesini söylemek zordur.	1	2	3	4	5
5)	Kendimi yeni insanlara tanıtmak zordur.	1	2	3	4	5
6)	İnsanları ortaya çıkan problemlerle yüzleştirmek zordur.	1	2	3	4	5
7)	Başkalarına kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5
8)	Başkalarına kızgınlığımı belli etmek zordur.	1	2	3	4	5
9)	Başkalarıyla sosyalleşmek zordur.	1	2	3	4	5
10)	İnsanlara sıcaklık/ şefkat göstermek zordur.	1	2	3	4	5
11)	İnsanlarla anlaşmak/ geçinmek zordur.	1	2	3	4	5
12)	Başkalarıyla ilişkimde, gerektiğinde kararlı durabilmek zordur.	1	2	3	4	5
13)	Başka birisi için sevgi/ aşk hissetmek zordur.	1	2	3	4	5
14)	Başka birinin hayatındaki amaçları için destekleyici olmak zordur.	1	2	3	4	5
15)	Başkalarına yakın hissetmek zordur.	1	2	3	4	5
16)	Başkalarının problemlerini gerçekten umursamak zordur.	1	2	3	4	5
17)	Başkalarının ihtiyaçlarını kendi ihtiyaçlarımdan öne koymak zordur.	1	2	3	4	5
18)	Başka birinin mutluluğundan memnun olmak zordur.	1	2	3	4	5
19)	Başkalarından benimle sosyal amaçla bir araya gelmesini istemek zordur.	1	2	3	4	5
20)	Başkalarının duygularını incitmekten endişe etmeksizin kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5
21)	Aşağıdaki ifadeler ÇOK FAZLA yaptığınız şeylerdir.  İnsanlara fazlasıyla açılırım/ içimi dökerim.	– Hiç değil	⊳ Biraz	∾ Orta	4 Oldukça	Fazlasıyla     Fazlasıyla

22)	Başkalarına karşı fazlasıyla agresifim/ saldırganım.	1	2	3	4	5
23)	Başkalarını memnun etmek için fazlasıyla uğraşırım.	1	2	3	4	5
24)	Fark edilmeyi fazlasıyla isterim.	1	2	3	4	5
25)	Başkalarını kontrol etmek için fazlasıyla uğraşırım.	1	2	3	4	5
26)	Sıklıkla (fazlasıyla) başkalarının ihtiyaçlarını kendi	1	2	3	4	5
	ihtiyaçlarımın önüne koyarım.					
27)	Başkalarına karşı fazlasıyla cömertim.	1	2	3	4	5
28)	Kendi istediğimi elde edebilmek için başkalarını	1	2	3	4	5
	fazlasıyla yönlendiririm.					
29)	Başkalarına kişisel bilgilerimi fazla anlatırım.	1	2	3	4	5
30)	Başkalarıyla fazlasıyla tartışırım.	1	2	3	4	5
31)	Sıklıkla (fazlasıyla) başkalarının benden					
31)	faydalanmasına izin veririm.	1	2	3	4	5
32)	Başkalarının ıstırabından/ mağduriyetinden fazlasıyla	1	2	3	4	5
	etkilenirim.					

## APPENDIX G

# YAKIN İLİŞKİLERDE YAŞANTILAR ENVANTERI-II

156								
	7							
Hiç katılmıyorum	Kararsızım/Fikrim yok	Tamamen katılıyorum						

1)	Birlikte olduğum kişinin sevgisini kaybetmekten korkarım	1	2	3	4	5	6	7
2)	Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3)	Sıklıkla, birlikte olduğum kişinin artık benimle olmak	1	2	3	4	5	6	7
	istemeyeceği korkusuna kapılırım.			-		_		_
4)	Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.	1	2	3	4	5	6	7
5)	Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği	1	2	3	4	5	6	7
	kaygısına kapılırım.		_					
6)	Romantik ilişkide olduğum kişilere güvenip inanmak konusunda kendimi rahat bırakmakta zorlanırım.	1	2	3	4	5	6	7
7)	Romantik ilişkide olduğum kişilerin beni, benim onları önemsediğim kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8)	Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.	1	2	3	4	5	6	7
9)	Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7
10)	Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11)	İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12)	Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13)	Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım	1	2	3	4	5	6	7
14)	Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15)	Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16)	Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7
17)	Birlikte olduğum kişinin beni terk edeceğinden pek endişe	1	2	3	4	5	6	7
	duymam.							
18)	Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19)	Romantik ilişkide olduğum kişi kendimden şüphe etmeme	1	2	3	4	5	6	7
20)	neden olur.  Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7

21)	m 1 12 14 14 1	1	2	3	4	5	6	7
21)	Terk edilmekten pek korkmam.	1		3	4	3	6	
22)	Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım	1	2	3	4	5	6	7
22)		1		)		5		'
	istemek bana iyi gelir.							
23)	Birlikte olduğum kişinin, bana benim istediğim kadar	1	2	3	4	5	6	7
	yakınlaşmak istemediğini düşünürüm.							
24)	Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25)	Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26)	Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27)	Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28)	Birlikte olduğum kişiler benimle çok yakınlaştığında gergin	1	2	3	4	5	6	7
	hissederim.							
29)	Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça,	_		_			_	
/	"gerçek ben"den hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30)	Romantik ilişkide olduğum kişilere güvenip inanma	1	2	3	4	5	6	7
	konusunda rahatımdır.	_			·			
21)		1	_	2	4	_	_	
31)	Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği	1	2	3	4	5	6	7
	görememek beni öfkelendirir.							
32)	Romantik ilişkide olduğum kişiye güvenip inanmak benim							
	için kolaydır.	1	2	3	4	5	6	7
33)	Başka insanlara denk olamamaktan endişe duyarım.	1	2	3	4	5	6	7
	Birlikte olduğum kişiye şefkat göstermek benim için							
34)	kolaydır.	1	2	3	4	5	6	7
25	Birlikte olduğum kişi beni sadece kızgın olduğumda					_		_
35)	önemser.	1	2	3	4	5	6	7
36)	Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar	1	2	3	4	5	6	7