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THE MODERATOR ROLE OF SELF-DISCREPANCY ON THE RELATIONSHIP BETWEEN ATTACHMENT AND DEPRESSION

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Benlik farklılıklarının bağlanma boyutları ve depresyon ilişkisi üzerindeki etkisi

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ABSTRACT

The present study aimed to explore the moderating role of different types of selfdiscrepancies (i.e., actual-ideal, actual-ought, actual-undesired) on the link between attachment (i.e., avoidance and anxiety) and depression. The data of the present study collected from 456 participants (123 males, 324 females and 3 others), they completed Demographic Information Form, Integrated Self-Discrepancy Index, Beck Depression Inventory, and Experience in Close Relationship Scale-Revised. In order to examine the moderating role of different types of self-discrepancies 6 moderator analyses were conducted. The result revealed that undesired self-discrepancy comparing to ideal and ought selfdiscrepancies was a better predictor on the relationship between anxiety related attachment and depression. Similarly, ideal self-discrepancy was found comparing to undesired and ought self-discrepancies was found a better predictor on the relationship between avoidance based attachment and depression. To sum up, it was found that there is a relationship between undesired self-discrepancy, anxiety related attachment and anaclitic depression, on the other hand, there is a relationship between avoidance based attachment, ideal self-discrepancy and introjective depression.

ÖZET

BENLİK FARKLILIKLARININ BAĞLANMA BOYUTLARI VE DEPRESYON İLİŞKİSİ ÜZERİNDEKİ ETKİSİ

Bu çalışma farklı benlik farklılıklarının (ideal, zaruri, istenmeyen) bağlanma boyutları (kaçınmacı ve kaygılı) ve depresyon arasındaki ilişki üzerine etkilerini ölçmeyi amaçlamaktadır. Çalışmanın verileri 456 kişiden toplanmış (123 erkek, 324 kadın ve 3 diğer) ve katılımcılara Demografik Bilgi Formu, Bütünlemiş Benlik Farklılıkları Endeksi, Beck Depresyon Envanteri ve Yakın Ilişkilerde Yaşantılar Envanteri-2 verilmiştir. Benlik farklılıklarının bağlanma ve depresyon ilişkisi üzerindeki etkisini incelemek için altı tane model analizi yapılmıştır. Sonuçlara göre istenmeyen benlik ideal ve zaruri benliğe oranla kaygılı bağlanma ve depresyon ilişkisi üzerine daha iyi bir gösterge olmuştur. Benzer şekilde, istenmeyen ve zaruri benliğe oranla ideal benliğin de kaçınmacı bağlanma ve depresyon ilişkisi üzerine daha iyi bir gösterge olduğu bulunmuştur. Özetle, istenmeyen benlik, kaygılı bağlanma ve anaklitik depresyon arasında bir bağlantı bulunurken, diğer yandan da, ideal benlik, kaçınmacı bağlanma ve içselleştirici (introjective) depresyon arasında bir bağlantı bulunmuştur.

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CHAPTER 1

INTRODUCTION

Self as a fundamental structure of human psyche has been studied for many years. Some explain self as a basic structure of human psychic life (Kohut, 1971), while others explain it as an illusion (Bollas, 2002; Lacan, 1949). However much has been said about self, it seems, will not be enough, and the ideas and research will continue. The reason for this is that, in a way, a decision about what is self, will also mean a decision about the human psychic structure in terms of consciousness, unconsciousness, etc. The history of self in philosophical discussions dates back thousands of years. In psychology, William James (1890) was the first theoretician to bring light to the self as a topic in the field and he conceptualized the self in two layers; self as a subject, 'I', which has the role of agency; and self as an object, 'Me', which has the role of experiencing process.

Self as a topic of study in psychology has been enriched in the last half of the twentieth century (Brinich & Shelley, 2002), and self as a multidimensional entity has been studied recently (Bahl, 2005). Due to this multidimensionality of self, psychologists have been unable to come to an agreement on its conceptualization (Hunt, 2014). For this reason Leary and Tangney (2012) come to the conclusion that so far five different categories have been used to define self. The first of these is "self as the whole person", referring to the ordinary function of self as "herself/himself". In the second definition, the self refers to a whole personality. Although both categories are correct in daily usage, their use in scientific writing should be avoided (Leary and Tangney, 2012). The third depiction of self as "an experiencing subject" refers to the self as a mechanism which is in charge of mindfulness and information, and a subject of involvement. The penultimate category of self is as "belief about oneself" corresponding to the self as "known". This notion of the self relates to recognition of ideas and emotions about oneself and knowing who I am and who I am not. Lastly is the self as "executive agent", which makes decisions and regulates one's behaviors, emotions ideas, etc. (Leary & Tangney, 2012).

As mentioned above, there is no agreement on a clear definition of self. For this reason, Olson (2007) claims that writing about self should be specified. In the end Baumeister (1998) emphasizes that self should not be evaluated as a single entity, rather it should be accepted and used as an entity with subtopics (as cited in Leary & Tangney, 2012). In addition, Campbell, Assanand, and Paula (2003) also argued that although the self has many aspects, it can be conceptualized as plural but combined.

Under the umbrella of self, many subtopics have been theorized and studied until today, such as self-transcendence, self-recognition, self-criticism, actualization of self, self-esteem, self-seeker, self-sacrifice and so forth ; and in the near future perhaps there will be even more subtopics under this complex and dynamic umbrella. Self-discrepancy is one of these subtopics of study and is well known in the literature of the field.

In psychology literature, in the development of one's psychic structure, one may assume that there are some topics that precede self-discrepancy and may have an impact on it, and also self-discrepancy may precede some topics and have some impact on them. Attachment, which precedes self-discrepancy in psychology literature, may have some impact on the development processes of self-discrepancy, and a considerable number of studies have investigated the relationship between attachment and self-discrepancy. One may assume that selfdiscrepancy also precedes some other topics or has some impact on them. One of these topics is depression, and its relationship with self-discrepancy has been studied in literature. The link between attachment and depression has also been widely studied in the literature. To this end, what is the relationship between these three topics? There may be different kinds of relationships between them, and these can be conceptualized in different ways, but the present thesis tries to focus on the moderator role of self-discrepancy on the link between attachment and depression.

The introduction of this thesis will look at the self-discrepancy theory, covering its origin and later developments, general information about the theory, relevant literature and how self-discrepancy developed. Secondly, the attachment theory will be discussed, using internal working models to track its origin, general information about the theory, relevant literature, and how it relates to self-discrepancy. Lastly, there will be a discussion of depression, its origin and later developments, general information about depression, relevant literature and its relationship with self-discrepancy and attachment.

1.1. Self-discrepancy Theory

The structure of self-concepts is a topic that has been studied by numerous scholars, including William James, Freud, Horney, Adler, Higgins and Ogilvie. William James was the first to examine this issue, claiming in *The Principle of Psychology* that different aspects of self-concepts exist. James conceptualized self with two dimensions; ideal and real self. According to James (1890), not getting want you want in terms of ideal self may cause disappointment and overwhelming emotions. The consequences of congruency and discrepancy between self-concepts in terms of emotional distress and psychological well-being has been emphasized by many theoretical and empirical studies (James, 1890; Freud, 1914/1957; Higgins, 1987; Ogilvie, 1987).

The psychoanalytical view on self-discrepancy may be crucial in order to a better understanding of discrepancy between selves. It is possible to see the similarity between the plurality of selves and the fragmentation of one's ego, id and superego. In another words, one may assume that the psychoanalytic self is a fragmented self rather than a united one. This is why Freud generally hesitates to use the self, preferring prefer to use the term "subject" at times, or using the two terms interchangeably (Watson, 2014). Westen (2014), claims that it is hard to

find an explicit definition of self in Freud's writing; however an implicit description of self can be found in his writing. In *On Narcissism* (1914), Freud conceptualized the "ego-ideal" as a part of the superego. However, some later theoreticians differentiated the ego-ideal from the superego, claiming that they are in fact separate structures (Reich, 1953; Chasseguet-Smirgel, 1975 as cited in Kanwal, 2011).

According to Freud, the child begins to invest some of his/her energy onto the object (i.e., the caregiver), also named "object libido", while other energy is directed onto the ego-ideal which is reflected through primary narcissism. When a child grows up, Freud (1914) propose that "he is disturbed by the admonitions of others and his own critical judgement is awakened, he seeks to recover the early perfection, thus wrested from him, in the new form of an ego-ideal"(p.51). A child desires to continue his/her narcissistic ambitions, however, in time he/she encounters the expectations and interference of others. That is why he/she develops an ideal ego image to gain what he/she has lost in terms of narcissistic love during the process of growing. The significant other's entrance into the world of the child in terms of judgement and expectation causes a division in present ego and ego ideal. The ego-ideal pushes the child to act according to what it need in order to feel success and pride. The conflict with the ego-ideal brings guilt and fear of losing the love of significant others. According to Freud the level of difference between one's ego-ideal and one's instinct causes either pathology or healthiness. If this difference is high the person becomes neurotic, if it is low the person becomes healthier (Freud, 1914/1957). This ego-ideal pathology was described by Chasseguet-Smirgel as "the malady of the ideal" (as cited in Kanwal, 2011, p.4). Reich (1954) made a distinction between the ego-ideal and the superego, saying that the ego-ideal is referring to a person's wishes and ambitions, while the superego is referring to what someone has to or ought to be. This distinction makes it easier to differentiate ideal and ought selves from each other.

Another important scholar, Karen Horney, conceptualized ideal self as a neurotic wish, proposing that early stages in one's life are crucial for the

development of a stable, healthy and real self (Horney, 1950). According to Horney, early close relationship experiences in the family affect the individual's development of self. If a person grows up in a family environment that provides warmth, nurture, love and acceptance, the person will have his/her own feelings, thoughts, ambitions and aims. However, if a person grows up in a family environment where he/she lacks these experiences, inferiority and isolation will occur in later life. When a child is accepted by his/her family, the real self grows; however, when he/she is not accepted and loved, the real self creates an ideal self in order to receive what he/she needs. The ideal self will search for the unmet needs in later life. In the way of ideal self, the person will have "shoulds" and "should nots", which Horney named the "tyranny of the should". This journey toward completion and perfection will have no excuse, especially for people who suffer from neurosis. According to Horney (1950), they will punish their real self in the name of their ideal self by saying that "forget about the disgraceful creature you actually are; this is how you should be; and to be this idealized self is all that matters" (p. 64).

In contrast to Horney, Alfred Adler draws a different picture of self-concepts that conceptualizes the ideal self as a healthy aim. According to Adler, people are born with inferiority, and that inferiority pushes them to reach superiority. This is a journey from felt minus to plus minus. That is why people have a unique goal or guided self in life. In other words, reaching the ideal self is a possible, necessary aim and a destination in the Adlerian view. To overcome inferiority, one has to continue the journey toward one's ideal self. Adler emphasized that healthy individuals are flexible about their ideal self, however people with neuroses do not have that flexibility and are unable to complete their journey (Ansbacher & Ansbacher, 1956).

In 1980, discrepancies and congruencies between different selves was developed as a theory by Tony Higgins. In Higgins' (1987) theory, there are three subscales of self: ideal, ought and actual self. The self-discrepancy theory is conceptualized in two basic states. One state includes the actual self and other

states consist of ideal or ought self. (Higgins, 1987). The actual self correlates to what someone actually has, the ideal self to what that person desires to be. Lastly, the ought self correlates to what he/she should be or ought to be and the ought self referring to one's duty and responsibilities. Higgins (1989) propose that there are two points of view on the self: one's own view, and the significant other's view and he also defined six main subtypes; actual of own, actual of other, ideal of own, ideal of other, ought of own, and ought of other. Among these subtypes of the self, the first two constitute the self-concepts, and the rest of them constitute self-guide for a person in life. The basic premise of the self-discrepancy theory in terms of human motivation comes from an optimal match between self-guide and self-concept.

Ogilvie (1987) defined another dimension of self as the undesired self, which he claimed was the most important category in evaluating one's self. He developed the undesired self in parallel to Sullivan's Theory in 1953. The Sullivan Theory consists of the good me, the bad me, and the not me (Ogilvie, 1987). According to Ogilvie, the undesired self includes the not me and the bad *me*. Ogilvie propose that individuals do not aim to live in line with what they want, on the contrary, they aim to live in line with what they do not want, so it is therefore useful to focus on what someone does *not* want to be, because this determines that person's life more than what he/she wants to be. Ogilvie also proposed that whatever people do not want to be pushes them to create an ideal self. In other words, ideal self is a solution to the undesired self, and this is why Ogilvie believes that undesired self precedes ideal self. Ogilvie conceptualized this in clinical settings as the equal focus on the "tyranny of the should" and the "tyranny of the should not" (Ogilvie, 1987, p. 384). Ogilvie defined undesired self as "the self at its worst" (Heppen & Ogilvie, 2003, p. 363). Similarly, Markus and Nurius (1986) also defined another category of self as the feared self. Moreover, Carver, Lawrance, and Scheier (1999) propose that feared self referring to some qualities that someone does not want to have them, but, having fear of becoming. It is a fear of possibility to become someone that we do not want be.

The self-discrepancy theory claimed that various types of inconsistencies in the self correspond to various types of specific emotional vulnerabilities. Discrepancy between actual and ideal self creates dejection based emotions, such as sadness, displeasure and frustration; while inconsistency between actual and ought self creates agitation based emotions such as threat, dread and anger (Strauman & Higgins, 1988). The inconsistency between actual of own and ideal of own causes inconsistency between what one is and what one wants to be. Due to this inconsistency, one will feel failure in the process of self-actualization, and this failure will cause disappointment, emotional distress and negativity towards one's actual state of self. The inconsistency between actual of own and ideal of other corresponds to a mismatch between a one's actual self-state and her significant other's expectations of him/her. When such a discrepancy occurs, a person may feel embarrassed or unsuccessful, due to not fulfilling the wishes and desires of his/her significant other (Higgins, 1989). Another discrepancy category is between actual of own and ought of other, which corresponds to the inconsistency between one's actual self and the significant other's expectation of him or her in terms of duties and obligations. As Higgins (1989) puts forward when a person experiences this discrepancy he/she will feel fear, anger and threat The final category of discrepancy is between actual/own self and ought/own self, which corresponds to a mismatch between one's actual self and one's ought self in terms of duties and obligations which he/she expects from himself or herself. Any mismatch in this category will cause guilt, self-blame, self-criticism and doubts about self-worth (Higgins, 1987; 1989).

Philips, Silvia, and Paradise (2007) studied the relationship between different kind of self-discrepancies (e.g. ideal, ought and undesired) and different kinds of specific overwhelming emotions. According to their results, although there is an association between actual-ideal self-discrepancy and overwhelming emotions, there is a greater association between actual-undesired self-discrepancy and negative emotions. A similar study carried out by Cheung (1997) with a student sample in Hong Kong also shows that actual-undesired self-discrepancy has a stronger association with depression than actual-ideal self-discrepancy.

Carl Rogers was the first theoretician to conduct empirical studies to measure discrepancy and consistency between different self-concepts. He conducted the Q-sort technique to measure discrepancies between one's actual and one's ideal self. The aim of the experiment was to measure the effectiveness of Client Centered Therapy. During the therapy process, the inconsistencies between actual and ideal self were measured five different times. Moreover, for neurotic patients the discrepancies were found to be high at the beginning of the therapy process, but became lower over time. At the end of the study Rogers emphasizes that psychotherapy is an effective tool to decrease discrepancies between actual and ideal selves (1954). Rogers's study was important because it indicated that discrepancy is related to discomfort, while consistency is related to psychological well-being.

One of the first studies to be developed on the basis of Rogers' hypothesis was carried out by Higgins, Strauman and Klein (1985) who measured the following categories of self-discrepancy in undergraduate students: actual and ideal of own; actual of own-ideal of other; actual of own-ought of own; and actual of own-ought of other. According to the study, the actual/own-ideal/own self-discrepancy was found to be linked to dejection based emotions such as disappointment, sadness and displeasure and actual of own-ideal of other's expectations and love. Moreover, the results of the study indicated that actual/own-ought/other discrepancy was linked to agitation stem from dread and resentment, and lastly, actual/own-ought/own discrepancy was found to be linked to self-blame and guilt (Higgins, Klein, & Strauman, 1985).

Watson, Bryan, and Thrash (2014) conducted a 20-week longitudinal experiment to measure the transformation in self-discrepancy and symptoms of a patient during a therapy process. They measured variables of study before and after therapy with regard to the patient's anxiety level, depression and self-discrepancy. The results showed that therapy is an effective tool to reduce the discrepancies between selves and the level of symptoms.

After Higgins' theoretical and experimental studies, many researchers tried to reveal the link between self-discrepancies and psychopathological disorders. Some studies found strong associations between various self-discrepancies and specific emotions (Strauman & Higgins, 1988; Higgins, Klein, & Strauman, 1985; Strauman, 1989), whereas other researchs showed a regular relationship between them, but failed to examine a specific link between various kinds of self-discrepancy and different kinds of emotion (Phillips & Silvia, 2005; Heppen & Ogilvie, 2003; Ozgul, Heubeck, Ward & Wilkinson, 2003; Philips, Silvia & Paradise, 2007).

There is also some research on self-discrepancy in the Turkish population. Tan (2010) investigated the relationship between self-discrepancy, depression and anxiety in a clinical sample with diagnosis. Regarding results of the study, participants with high self-discrepancy were found to have higher scores of depression than those with low self-discrepancy; no difference in terms of ought self-discrepancy was found between participants who suffered from anxiety and non-anxious participants. Namer (2014) studied the relationship between different kinds of emotions and psychological symptoms in personal and interpersonal relationships. The discrepancy between actual and ought self in both personal and interpersonal conditions. Kapikiran (2011) studied the level of discrepancy between actual and ideal self in terms of anxiety level. Result of the study revealed that inconsistency between one's actual and ideal self correlates to one's anxiety level.

The inconsistencies between actual and other self-concepts are related to different kinds of emotional distress and vulnerabilities. For this reason, the development of these discrepancies is significant for a healthy understanding of psychopathology. In literature, one of the topics that have an impact on discrepancies is attachment style. In the next section, attachment style will be elaborated and its relationship with self-discrepancy will be discussed via internal working models.

1.2.Attachment Theory

The attachment theory was originally developed by Bowlby in the late 1960s, and the theory was further developed in the works of Bowlby and Mary Ainsworth. The attachment theory has improved and become one of the most significant frameworks used in the clinical and theoretical understanding of psychopathology in clinical populations, and even in everyday life. A huge amount of empirical studies have shown the link between attachment style and psychopathological disorders (Bennett, 2006). In addition, a huge amount of research has shown that early attachment style continues in adulthood attachment style, especially in one's intimate relationships such as love relationship (Fonagy, 2003; Brennan & Shaver, 1998).

The term attachment in psychology refers to an emotional bond typically formed between caregiver and infant, which helps the baby to cope with the world (Bowlby, 1988). Bowlby(1969) defined attachment as a "lasting psychological connectedness between human beings" (p. 194). In other words, according to Pietromonaco and Barrett (2000) attachment theory emphasizes the significance of the parent-child relationship, which has a great influence on subsequent developments in a person's life, meaning that attachment in early life is significant and essential for infants to develop healthy psychic structure emotionally and mentally. Moreover, Bowlby claimed that the relationship between infant and mother stems from evolutionary processes, and that this bond protects the human infant from danger and threats (Ainsworth, 1969). The attachment between infant and caregiver functions as a survival system for the infant. Some studies about infants in institutionalized care show that even if such children are fed and provided with their basic needs, they became pathologicalsome even die-due to a lack of love, warmth, and proximity with a significant

caregiver (Spitz and Wolf, 1946, as cited in Ruppert, 2011). Bowlby described institutionalized children as "affectionless characters" (Crain, 2005).

It is claimed that one's early attachment experiences in terms of emotional quality show a crucial effect on the subsequent developments of one's life (Siegel and McIntosh, 2011). A baby's attachment bond with his/her mother or caregiver creates a "secure base" which infants start to explore the outside world right at there (Fonagy, 2001).

By establishing the Strange Situation Laboratory, in which he studied different kinds of caregiver-infant relationship styles, Ainsworth (1970) places the theoretical assumptions of attachment theory within a scientific structure. Strange Situation is a laboratory assessment that lasts approximately 20 minutes. A mother and her twelve-month-old infant enter a room where the child can play with toys. Firstly, in the initial entering phase, the mother and infant are together; the infant starts to discover the room, after which the mother leaves the room and enters again repeatedly, the infant stay alone in that process; and in the last stage a stranger enters the room. It was thought that the entering of a stranger would activate the attachment behavioral style in the infant (Ainsworth, 1970). Ainsworth claimed that infants who are secure and use their mother as a secure base, will show emotional distress when the mother leaves, and when she return they will be calm and continue to do whatever they were doing. In contrast to a secure infant, the insecure infant will feel more arousal when their mother leave the room, and when she return they will still feel negative emotions (Ainsworth, 1970). During the study there was a group of infants who ignored the return of their mother, and also did not show any signs of distress when their mother left; Ainsworth named these children insecure/avoidant. Another group of infants, in later studies, named by Ainsworth as ambivalent, constantly tried to stay with their mother, becoming concerned about her whereabouts when she left the room. When the mother returned they showed ambivalent feelings toward her. Ainsworth's studies revealed that there are four basic type of attachment style among infants: secure, insecure - anxious/avoidant, insecure - anxious/resistant, and disorganized (Main & Solomon, 1990).

There are a number of well-known scales for measuring adult attachment styles such as *Adult Attachment Scale, Experiences in Close Relationships Scale, Adult Attachment Questionnaire*, and *Measure of Attachment Qualities. Experiences in Close Relationship* scale will be used as a measurement tool in current thesis. There are numerous studies exploring the continuity of attachment style in love relationships for adults (e.g. Kobak & Hazan, 1991; Hazan & Shaver, 1987; Mikulincer & Erev, 1991). According to the Attachment Theory, one's close relationships is affected by the relationship style in early infancy. Hazan and Shaver (1987) propose that the patterns of adult attachment are also seen in intimate and love relationships. In other words, the emotional style between lovers comes from the same attachment style that was established in their early relationship with their caregivers. This early relationship becomes a foundation for one's future relationship and interpersonal processes (Bartholomew & Horowitz, 1991; Mikulincer & Nacshon, 2011).

A secure relationship in infancy impacts later romantic or close relationships in terms of self-reliance, self-esteem, self-expression and resilience capacity (Bowlby, 1979). However, insecure attachment impacts one's emotional regulation capacity, difficulties in relation to others, vulnerability to overwhelming emotions and depression (Ouellette and DiPlacido, 2001 as cited Erozkan, 2011).

Bowlby made a valuable contribution to understanding the earlier phase of development in terms of the relational environment that the infant develop bonds with world (Siegel and McIntosh, 2011). In another words, the relational aspects of the human infant, especially with his/her primary caregivers. It is well known that the psychoanalytic theory also puts a special emphasis on the primary relationships of the human baby. Blatt et al. (2008) propose that both the psychoanalytic theory and the attachment theory agree on the interpersonal matrix in terms of psychological development. The life of an infant starts in that primary relationships matrix and the primary relationship with the caregiver is a key that a baby uses to enter the symbolic world and to shape a healthy sense of self. A person's later relationship patterns and sense of self are gained mostly in that primary relationship.

Freud's first emphasis on the caregiver-infant relationship can be tracked through his psychosexual phases, which are oral, anal, phallic, latency and genital. According to Freud, the experiences in these stages are crucially important for later life. If the child has certain fixations in these stages, the effects will follow later, and personality develops through these earlier fixations points (Freud, 1905). For instance, Freud (1905) highlighted the significance of the infant's bond with his/her mother or caregiver as a prototype model for future relationships and he propose that "it often happens that a young man falls in love seriously for the first time with a mature woman, or a girl with an elderly man in a position of authority; this is clearly an echo of the phase of development that we have been discussing, since these figures are able to re-animate pictures of their mother or father" (p.228). In other words, one's object choice in later relationship style with one's parents.

Klein (1975) proposed that the infant does not just seek the need of gratification, instead, the infant born with the need for seeking relationship from the beginning of life and this relationship starts with primary object for the infant. According to Klein (1975), the death drive becomes active from the beginning of a baby's life, and this is why the primary relationship with the mother becomes crucial for survival, and this primary relationship forms the psychic structure of infant. Klein (1975) claims that in the paranoid-schizoid state, the infant has a fear of annihilation and persecutory anxieties, and also lacks an integrated ego. In order to cope with these fears of annihilation and persecutory anxieties, the infant splits both the self, object (or breast to use Klein's metaphor) into good and bad parts: one part of the breast gratifies, the other frustrates. In other words, the depressive position is a phase of integration in terms of good and bad self representations. Otherwise, these good and bad parts experience will show themselves in one's future relationships. The good parts or good breast are internalized by the infant and lead to a healthy development of self (Klein, 1975).

Some other object relations theorists also propose that the nature of the bond between caregivers and infant show a significant effect on the development of one's self (Fairbairn, 1952; Kernberg, 1995).

The development of a healthy self has been studied by many theorists. In line with the literature outlined above, Kernberg (1982) proposed that some psychopathology of personality comes from self and object images. The integrity of one's self and object representation becomes crucial for a healthy psychic structure. Kernberg (1982) proposed that "integration of 'good' and 'bad' selfrepresentations into a realistic self-concept that incorporates rather than dissociates the various component self-representations is a requisite for the libidinal investment of a normal self" (p.913).

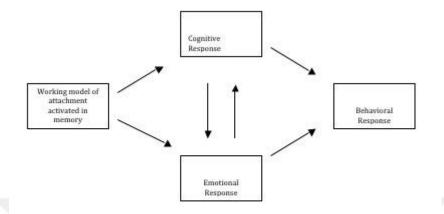
Kohut (1971), defined self as "the center of the psychological universe" and, in contrast to the Freudian theory in terms of its unresolved conflicts, fixation, and unaccepted desires, suggests that the pathology comes from an unhealthy self. According to Kohut (1971), the early relationship with significant others is crucial for a healthy, congruent and mature self. He went even further and transformed the object as self-object, meaning that the object becomes an extension of the self. An unemphatic, unresponsive object will be experienced as a part of the self. As an unmet need, the person will try to complete it in his/her future life. According Kohut (1971), the infant's self is weak in the early stage of life, which is why the self-object need becomes crucial for survival, and the infant gain his/her sense of self through these needs.

In the light of the above information, one may assume that the early relationship of the infant with the primary caregiver is critical in order to develop a healthy sense of self. How can one establish a connection between attachment style and development of self? To specify the relationship between attachment and self-discrepancy in the next section, internal working models will be elaborated in terms of its role between attachment and self-discrepancy.

1.2.1. Internal Working Models

The infant learns to regulate his/her feelings and representation of others and their self through his/her relationship with the attachment figure. Fonagy and Target (1997) propose that the attachment relationship affects inter-or intrapersonal patterns of representation, which in a way constitute the notion of self and others. Bowbly refers to this enduring structured belief pattern as internal working models, these internal working models constituted by earlier images of the infant, which comes from experiences with attachment figure. (Pietromonaco & Barrett, 2000). It was declared by Bowlby (1973) that the internal working models of the self and others come from attachment relationships in childhood, which affect the individual's lifelong relationships emotionally, behaviorally and cognitively, as infants internalize these models of the self and others through their earlier attachment bonding with significant figures. The model of self corresponds to whether a person sees himself/herself as worthy of being loved, supported and cared for; the model of others corresponds to whether others are available, supportive, and show affection, care and protection toward him or her (Bowlbly, 1973). The internal working model, in other words, is internalized in terms of personal and interpersonal relationship, and functions automatically when one encounters new conditions in a relational matrix (Collins, 1996).

Figure 1.1. Hypothetical Model of Internal Working Models (Collins, 1996).



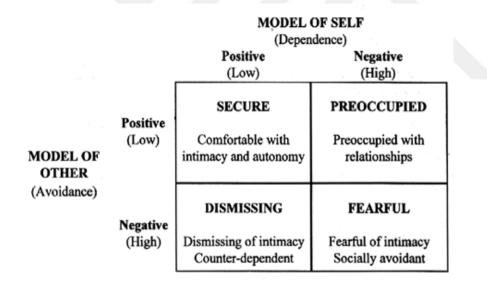
Bowlby (1976) proposes that internal working models function in two standpoints in terms of self and others:

"The states of mind with which we are concerned can conveniently be described in terms of representational or working models. In the first volume it is suggested that it is plausible to suppose that each individual builds working models of the world and of himself in it, with the aid of which he perceives events, forecasts the future, and constructs his plans. In the working model of the world that anyone builds, a key feature is his notion of who his attachment figures are, where they may be found, and how they may be expected to respond. Similarly, in the working model of the self that anyone builds a key feature is his notion of how acceptable or unacceptable he himself is in the eyes of his attachment figures" (p. 203).

Bartholomew and Horowitz (1991) characterized four adult attachment style based on *internal working models* of one's self and others: secure, insecurepreoccupied, insecure-fearful/avoidant, and insecure-dismissive/avoidant. This model is conceptualized with two dimensions: anxiety related attachment and avoidance related attachment. The anxiety related attachment dimension (the model of the self) concerns anxiety, loss, abandonment, availability of the other, protection, and love and care from the other. The second dimension (the model of others), avoidance based attachment, is concerned with distance from others, independence and self-reliance. The availability and responsiveness of the other become main concerns for anxiety-related attachment (Brennan, Clark, & Shaver, 1998). For avoidance-related attachment type, however, stay away from emotional relationships, having a distance from others become the main concerns (Ravitz et al., 2010).

4-adult attachment categorization model of Bartholomew and Horowitz in terms of two dimensions (1991);

Figure 1.2. Model of Adult Attachment Dimensions and Styles (Bartholomew & Horowitz, 1991)



The secure attachment style has a positive internal working model of self and others, and feels safe and comfortable in close relationships. The insecuredismissive/avoidant style has a positive self-image and negative other image, aims to be independent and has a negative attitude towards intimate relationships. The insecure-preoccupied style has a preoccupation with close relationships and a need for dependency on others and such individuals have a negative self representation and positive other image. The insecure-fearful/avoidant style has a fear of being close to others and their image of both the self and other is negative and fearful.

With regard to the relationship between attachment and self-discrepancy, Mikulincer (1995), referring to attachment theory, asserts that secure attachment style causes a harmonized and consistent self, while insecure attachment style causes inconsistencies in the self. The self as a complex experience-dependent structure comes out through early experiences of an individual with two dimensions as secure and insecure (Bowlby, 1969/1982; Cozolino, 2006). For this reason, shaping a healthy structure of the self-concepts or acceptance of actual self state depends crucially on the relationship with the primary caregiver in childhood (Anderson, Chen, Miranda, 2002).

In light of the information above, there is a pathway between attachment and the development of the self via internal working models. Self-discrepancy can therefore be tracked through early attachment bonds. It is generally proposed that attachment style has a significant effect on different kinds of psychopathology, including depression, which has been studied and is well known in the literature of the field. According to Erozkan (2011), when Bowlby developed the attachment theory, one of his main aims was to explore the origins of depression.

1.3.Depression

Depression is characterized as a psychopathological disorder that is considered to have an association with the early infant-caregiver relationship. Researchers have emphasized the importance of attachment theory regarding its relation to being vulnerable to depression. It was found that insecure adult attachment and depression are connected (Kobak, Sudler, & Gamble, 1991), and secure adult attachment has been revealed to form buffer against psychological suffering in life (Milkunicer et al., 1993). Being vulnerable to depression was found to correlate with insecure attachment styles (Bifulco, Moran, Ball, Jacobs, Baines and Bunn, 2002;Reinecke and Rogers, 2001). Individuals who are insecure show more depressive symptoms than those who are secure (Carnelley, Pietromonaco, & Jaffe, 1994). Beck (1967) proposes that people who tend to show depression in their adult life, were generally affected by their early relationship with their caregivers. Therefore, attachment bonds has been seen to have an effect on the etiology of depression.

Freud (1914), in *Mourning and Melancholia*, conceptualizes melancholia (depression) in terms of oral incorporation and formation of the superego. After Freud's conceptualization, similarly, scholars of psychoanalysis conceptualized depression in two dimensions: the first of these includes interpersonal problems such as to be dependent on others and feelings of loss, abandonment or helplessness; while the second, due to a strict, punitive superego, includes harsh self-blame, doubts about one's self worth, fear of failure and guilt (Blatt,1998).

In relation to the attachment theory Bowlby(1980, 1988), categorized depression in two dimensions: anxiously attached and compulsively self-reliant individuals. According to him, anxiously attached individuals are dependent on others and they have a need for interpersonal closeness, warmth, etc., whereas compulsively self-reliant individuals are differentiated from others as being autonomous and try not to be involved. Bowlby proposes that these two types of individuals are vulnerable to depression. In an interpersonal perspective, Arieti and Bemporad (1978, 1980), conceptualized depression in two standpoints; 'dominant other' and 'dominant goal' type. In the former type, depression occurs after loss, and in the latter type, depression emerges after failure. Arieti and Bemporad also conceptualize the main wishes in the two dimensions as "to be passively gratified by the dominant other" and "to be reassured of one's own

worth, and to be free of the burden of guilt" (p. 167). Blatt (1998) views these two dimensions as follows:

"In the dominant other type of depression, the individual desires to be passively gratified by developing a relationship that is clinging, demanding, dependent, and infantile. In the dominant goal type, the individual seeks to be reassured of his or her worth and to be free of guilt by directing every effort toward a goal that has become an end in itself" (p.734).

Blatt et al. (1982), distinguished two type of depression: the 'anaclitic', or dependent type; and the 'introjective' or self-critical type. The anaclitic type feels alone, helpless, weak and has a great fear of abandonment, and they also have a severe fear of being abandoned and unloved by others. They have a great need to be loved, protected and nurtured. Since they lack these needs in their life, they first and foremost act in order to satisfy these needs. Blatt (1974), proposes that separation from a significant other is a fearful and painful experience for the anaclitic type and they generally use denial to overcome or seek a substitute. In contrast to the anaclitic type, the introjective or self-critical type has feelings of unworthiness, a sense of a failure, guilt and being inferior. They have a harsh self-evaluation style, and a constant fear of being criticised by significant others, while approval from significant others is important for them. They do whatever is necessary to achieve success and perfection. As they are harsh on themselves, they are harsh toward other too. The introjective type aims to receive the approval and recognition of significant others (Blatt, 1974).

Researchers try to conceptualize the relationship between Blatt's anaclitic and introjective depression subtypes and adult attachment styles. A literature review of early studies by Blatt and Homann (1992) suggests that there may be a specific connection between different types of depression and different types of attachment style. In other words they try to conceptualize anaclitic and introjective depression types according to their specific relations with anxiety and avoidance related attachment dimensions. It has been found that there is a greater relationship between anxious attachment and anaclitic depression than anxious attachment style and introjective depression subtypes (Zuroff, 1990, as cited in Reis & Grenyer, 2002). According to a meta-analysis by Mikulincer and Shaver (2007), anxiety related attachment was found to be related to depression, while the link between avoidance attachment and depression was seen to be more complicated. Some studies show a relationship between avoidance and depression, others not. Van Buren and Cooley (2002) stated that, due to their negative self-image, individuals of the fearful and preoccupied type were more inclined to depression and show more depressive symptoms than secure and dismissive-based attachment types who have a positive self-image.

In the present thesis, the main aim was to measure the moderator role of different self-discrepancies on the link between attachment dimensions and depression. That is why, the relationship between self-discrepancy and depression also become crucial. Studies have shown that individuals with a negative self-concepts model are more prone to depression, and self-evaluation is often discussed as an important factor in the experience of negative emotions (Duval & Wicklund, 1972). In many theories of psychology, it has been assumed that self-evaluation and vulnerability to distress are linked (Strauman, 1989). As individuals are inclined to set certain standards for themselves, they are likely to experience negative affects if or when their behavior falls below those standards (Duval & Wicklund, 1972). Negative self-evaluation is therefore often included as a causal factor in cognitive models of psychopathology (Beck, 1967; Greenberg & Pyszczynski, 1986).

The self-discrepancy theory claims that inconsistencies between self-concepts are related to vulnerability to negative emotions. Higgins (1987) also claims that inconsistencies between selves are related to being vulnerable to depression.

1.4 Aims of the study

Considering the literature findings reviewed above, the main purpose of the current study is to examine the moderating effect of self-discrepancy on the link between attachment and depression. As mentioned above, attachment, depression and self-discrepancy are related to each other separately.

Attachment styles were measured in this thesis in terms of avoidancebased attachment and anxiety-based attachment. The self-discrepancy measure consists of three subscales: actual-ideal, actual-ought and actual-undesired selfdiscrepancy.

The moderating role of self-discrepancy between attachment (anxiety, avoidance) and depression will be moderated by different kinds of self-discrepancies (actual-ideal, actual-ought and actual-undesired) individually. Although there are many studies exploring the relationship between attachment and depression, to our knowledge, there is currently no literature about the moderating role of self-discrepancy on this relationship. Moreover, self-discrepancy as reviewed above has an association with both attachment and depression separately.

The hypotheses of the present study are;

Hypothesis 1: There is an association between attachment dimensions (anxiety and avoidance), self-discrepancy (actual-ideal discrepancy, actual-ought discrepancy, actual-undesired discrepancy), and depression.

1.a. There is a positive correlation between actual-ideal self-discrepancy and both dimensions of attachment, anxiety and avoidance.

1.b. There is a positive correlation between actual-ought self-discrepancy and both dimensions of attachment, anxiety and voidance.

1.c. There is a negative correlation between actual-undesired self-discrepancy and both dimensions of attachment, anxiety and avoidance.

1.d. There is a positive correlation between actual-ideal self-discrepancy and depression.

1.e. There is a positive relation between actual-ought self-discrepancy and depression.

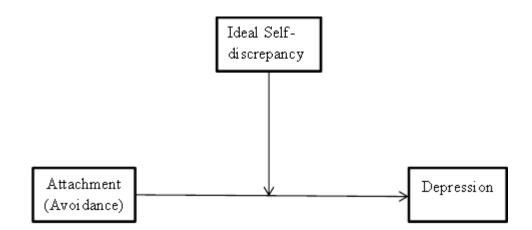
1.f. There is a negative relation between actual-undesired self-discrepancy and depression.

1.g. There is a positive correlation between depression and both dimensions of attachment, anxiety and avoidance.

Hypothesis 2: Each type of self-discrepancy (i.e., actual-ideal, actualought, actual-undesired) will moderate the association between avoidance-based attachment and depression.

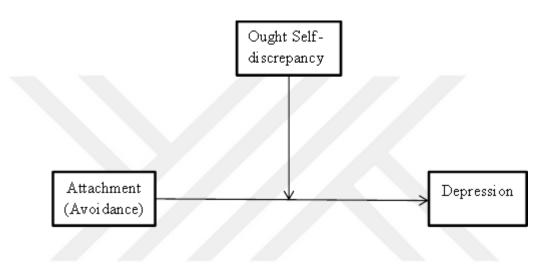
2.a. Actual-ideal self-discrepancy will moderate the association between avoidance related attachment and depression (see Figure 1.3).





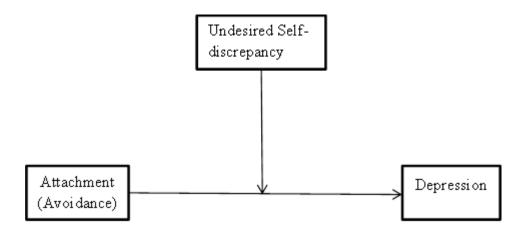
2.b. Actual-ought self-discrepancy will moderate the association between avoidance related attachment and depression (see Figure 1.4).





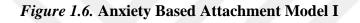
2.c. Actual-undesired self-discrepancy will moderate the association between avoidance related attachment and depression (see Figure 1.5).

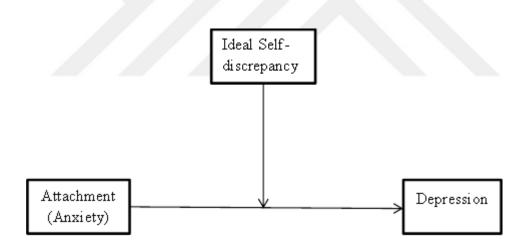
Figure 1.5. Avoidance Based Attachment Model III



Hypothesis 3: Each type of self-discrepancy (i.e., actual-ideal, actualought, actual-undesired) will moderate the association between anxiety-based attachment and depression.

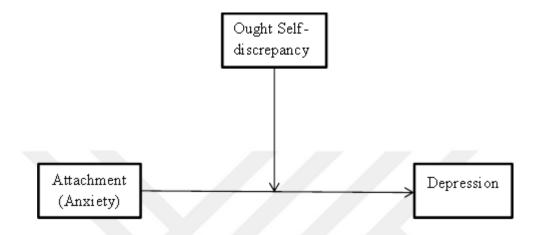
3.a. Actual-ideal self-discrepancy will moderate the association between anxiety related attachment and depression (see Figure 1.6).





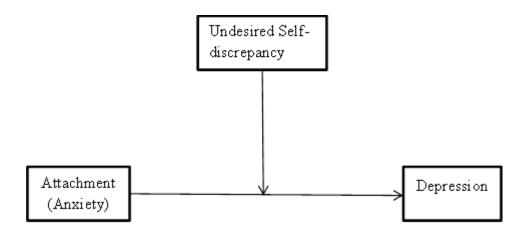
3.b. Actual-ought self-discrepancy will moderate the association between anxiety related attachment and depression (see Figure 1.7).

Figure 1.7. Anxiety Based Attachment Model II



3.c. Actual-undesired self-discrepancy will moderate the association between anxiety related attachment and depression (see Figure 1.8).

Figure 1.8. Anxiety Based Attachment Model III



CHAPTER 2

METHOD

2.1. Participants

A total of 456 participants (324 females, 129 males, 3 others) joined the present study, and their ages ranged from 18 to 62 years (M = 24.87, SD = 6.64). Participants who did not complete at least one scale were excluded from the study automatically. Overall, 425 individuals completed all scales of the study and model analyses were consisted of 425 individuals' data.

Regarding participants' education level; 2.6% were literates with no formal schooling, 0.2% were elementary school graduates, 1.1% were middle school graduates, 1.5% of participants were high school graduates, and majority of the participants (84.5%) were university students or university graduates, of whom 9.9% were master's and 1.8% were doctorate students. Participants' current work status was also asked; 29.6% are employed, 9.0% are unemployed, and rest of other participants which made a total of 61.4 % are students.

Most of the participants constituting the 89.0% of the sample were single, 9.4% were married, and 1.5% are divorced. As for participants' income level; 75.7% of them came from middle, 16.0% of them came from low, and 8.3% of them came from high-income backgrounds.

2.2. Data Collection and Procedure

Before beginning the data gathering process, the required ethical approval was received from Istanbul Bilgi University Human Subjects Ethics Committee. For data collection, Qualtrics which is an online survey software was used and all research materials were distributed through the internet via Qualtrics.

Firstly, a pilot study for data gathering was conducted. In the pilot study, the scales were randomly utilized. The pilot study revealed that, when Integrated Self-discrepancy Index came after other scales, participants generally left study incomplete, however, when Integrated Self-discrepancy Index came first, they mostly continued and completed. This might be due to the question format of the Integrated Self-discrepancy Index; it includes several open-ended items that might be discouraging as participant's approach the end of the study. In order to avoid the loss of data, for the main study, the scales were presented always in the same order, Integrated Self-discrepancy Index being the first one.

Participants first received an informed consent form, which provided basic information about the study, and asked for voluntary participation. Then, the scales were presented. With regard to the duration of the process, it took approximately 20-25 minutes to fill in all the scales.

2.3. Data Collection Instruments

The instruments used in this research consisted of the demographic form, Integrated Self-Discrepancy Index (ISDI), Beck Depression Inventory (BDI), and Experience in Close Relationship Scale-Revised (ECR-R).

2.3.1 Demographic Information Form

Demographic questions included current work status, age, income level, sex, educational level and current relationship status.

2.3.2. Beck Depression Inventory (BDI)

Beck Depression Scale, including 21 self-report items, aims to measure intensity of depression symptoms in terms of cognitive, behavioral, emotional, motivational and physical features. It was originally designed by Beck, Mendelson, Mock, Ward, and Erbaugh (1961) for the first time, and later developed by Beck, Shaw, Rush and Emery (1979).

Each item of Beck Depression Inventory has four options. The respondents are asked to choose one of the four options for all questions, by focusing on how they had been feeling during three past weeks. Every statement of Beck Inventory is rated from 0 to 3. The score of BDI was calculated by summing up all scores, and a low score of BDI indicates low depression whereas a high score of BDI indicates high level of depression. The internal consistency of BDI was measured both for clinical and non-clinical samples The mean coefficient alphas were .86 for the psychiatric sample, and .81 for no diagnosis sample (referans!!). As to the validity of the scale, the correlation of Beck Depression Inventory (BDI) with Hamilton Psychiatric Rating Scale for Depression was found as .73, and also its correlation with subscale of depression in Minnesota Multiphasic Personality Inventory (MMPI) was found as .76 (Groth-Marnat, 1990).

The Turkish version of BDI was translated, and the adaptation study was conducted by Tegin (1980), and further studies were conducted by Hisli (1988; 1989). The split-half reliability was found as .74 for Turkish version.

In the present study Cronbach's Alphas of the Beck Depression Inventory was found as .87.

2.3.3. Experiences in Close Relationships Questionnaire - Revised (ECR-R)

ECR-R as a self-report inventory was designed by Fraley, Brennan and Waller (2000), and later developed by Brennan, Clark and Shaver (1998). It aims to measure adult attachment style in a dimensional way. The ECR-R measures adult attachment style as two dimensions; avoidance related attachment and anxiety related attachment. A seven-point Likert scale including 18 items for anxiety based attachment subscale and 18 items for avoidance based attachment subscale is used. The rating scale for the items range from Strongly Agree to Strongly Disagree. For both subscales, the scores are calculated by taking the mean of the items. High scores indicate insecure attachment and low scores indicate secure attachment. Moreover, the scores of questionnaires can be calculated to obtain a 4-group categorization as secure, dismissing, preoccupied and fearful. This categorization can be obtained via calculating the median scores for anxiety and avoidance dimensions. The secure group corresponded to participants who had scores below the median for both avoidance based and anxiety related dimensions, on the contrary to secure group, the fearful group corresponded to participants who had scores above median for both anxiety and avoidance dimensions. In addition, the preoccupied group corresponded to participants who got scores above the median for anxiety related dimension and below the median for avoidance related attachment. Lastly, the dismissing group corresponded to participants who got scores below the median for anxiety subscale, and above the median for avoidance dimension.

The ECR-R was translated and adapted to Turkish by Selcuk, Sumer Gunaydin and Uysal (2005). For anxiety related attachment and avoidance related attachment dimensions, Cronbach alphas were .86 and .90, respectively; and testretest correlation coefficients are .82 and .81, respectively.

In the present study Cronbach's alphas for Anxiety related dimension was found as .79, and for Avoidance related dimension was found to be .84.

2.3.4. Integrated Self-discrepancy Index (ISDI)

Integrated Self-discrepancy Index was designed by Hardin and Lakin (2009) to assess self-discrepancies (actual-ideal, actual-ought, actual-undesired) by mixing nomothetix and idiographic methods. The idiographic method includes five attributes for each subscale of ideal, ought and undesired. Then, the list is computed by researchers. Tangney, Niedenthal, Covert and Barlow (1998) claim that the idiographic method is a difficult process for both participant and researchers, the participant has to decide his or her attributes, which may be hard to choose, and researchers have to compute all of the attributes one by one. Nomothetic method gives participants a list and participants choose from that list, and get a score according to what they choose. Nomothetic method also has some drawbacks, because participants can just choose and rate from the given list. That is why, two methods are integrated in one scale to prevent difficulties and drawbacks (Hardin & Lakin, 2009).

ISDI has three dimensions; ideal, ought, and undesired self-discrepancies. Researchers can measure just one of them, as well. In the beginning of the scale, participants are asked to write five traits for each self-subscale, then in the next page, a list of adjectives are presented to participants, and participants can pick any word from that list to complete or to change their preview list. After the second page, participants are demanded to rate how these traits that they stated for three subscales define themselves on a 5 point Likert scale (1 = does not describe

me at all and 5 = *completely describes me*). Higher scores for ISDI indicate lower levels of self-discrepancy, however, lower scores for ISDI show higher levels of self-discrepancy (Hardin & Lakin, 2009).

In later studies, a number of hierarchical regression analyses was conducted to measure Higgins (1987) self-discrepancy theory, and they found quite well results in terms of reliability and validity for ISDI in line with theoretical assumptions. The internal reliability coefficients were found as .71 for actual-ideal, and as .65 for actual-ought self-discrepancy in psychometric studies.

The Turkish adaptation of ISDI was done by Gurcan (2015). The internal reliability coefficients were measured as .78 for actual-ideal self-discrepancy, .81 for actual-ought self-discrepancy, and .86 for undesired self-discrepancy. In the present study Cronbach's alphas for the ideal, ought, and undesired self-discrepancy domains were found to be .76, .79 and .83, respectively.

2.4. Statistical Analyses

Statistical Package for the Social Sciences (SPSS) version 23 for Windows and Hayes (2013) Process tool for SPSS was utilized. The associations among study measures were analyzed by conducting Pearson Correlation Coefficients. For moderation hypotheses, analyses were conducted and the results were reported using Johnson-Neyman's technique known as "J-N" technique suggested by Hayes and Matthes (2009).

CHAPTER 3

RESULTS

3.1. Preliminary Analyses of the Study

Means, standard deviations, minimum and maximum scores were calculated for demographic variables, Integrated Self-Discrepancy Index (ISDI) with three subscales (i.e., actual-ideal, actual-undesired and actual-ought selfdiscrepancies), Beck Depression Inventory (BDI), and Experiences in Close Relationships Scale-Revised (ECR-R) with two dimensions (i.e. anxiety, avoidance) in order to explore the descriptive features of the measures (see Table 3.1).

	Ν	Minimum	Maximum	Mean	SD
Age	456	18	62	24.86	6.65
Avoidance	425	1	6.61	3.29	1.07
Anxiety	425	1.28	6.67	3.89	1.08
Ideal Self-	456	5	25	16.37	4.10
discrepancy	450	5	23	10.57	7.10
Ought Self-	456	5	25	17.27	4.41
discrepancy	450	5	5 25		7.71
Undesired Self- discrepancy	456	5	25	11.85	5.20
Depression	445	0	52	14.48	9.26

Table 3.1. Descriptive statistics of the demographic variables and measures

Frequency and percentage of participants' educational level were also asked (see Table 3.2).

	Frequency	Percent
Literate Education Level	12	2.6
Primary School Level	1	.2
Secondary School Level	5	1.1
High School Level	206	45.2
University Degree	179	39.3
Master's Degree	45	9.9
PhD Degree	8	1.8
Total	456	100.0

 Table 3.2. Descriptive statistics for educational level

Frequency and percentage of participants' income level were asked (see Table 3.3).

Income Level	Frequency	Percent
Low	73	16.0
Average	345	75.7
High	38	8.3
Total	456	100.0

 Table 3.3. Descriptive statistics for income level

In order to identify potential covariates and/or control variables, demographic variables' associations with the measures of the study were examined. Gender was thought to be the only variable among demographics that would be associated with the study variables. To examine gender differences on attachment dimensions (i.e., avoidance, anxiety), depression, and self-discrepancy scores (i.e., actual-ideal, actual-ought, actual-undesired) independent t-tests were conducted.

Firstly, in order to examine gender differences on self-discrepancy scores, which were measured by the Integrated Self-discrepancy Index, three independent samples t-tests were conducted. Results of these analyses did not demonstrate significant gender differences for actual-ideal t(451)= -.989, p >.05, actual-ought t(451)= .508, p >.05, and actual-undesired t(451)= .081, p >.05 subscales of self-discrepancy.

Secondly, in order to examine gender differences on attachment dimension scores as measured by the Experiences in Close Relationships Scale-Revised, two independent samples t-tests were conducted. Men and women were not significantly different on avoidance based attachment t(420)=.844, p > .05 and anxiety based attachment t(420)=1.619, p > .05 dimensions.

Lastly, in order to examine gender differences on depression scores which measured by the Beck Depression Inventory, an independent samples t-test was conducted. Results of this analysis show significant differences in terms of attachment scores between female (M = 13.71, SD = 8.659) and male (M = 16.54, SD = 10.503) participants t(193,90)=-2.682, p < .05. According to this result, male participants have a higher level of depression than female participants.

 Table 3.4. Gender Differences on the Measures of the Study

	Ideal	Ought	Undesired	Avoidance	Anxiety	Depression
	SD	SD	SD	Avoluance		
Female Mean	16.2	17.3	11.8	3.3	3.9	13.7

	Ν	324	324	324	301	301	317
	SD	4.0	4.2	5.0	1.1	1.0	8.6
Male	Mean	16.6	17.1	11.8	3.2	3.7	16.5
	Ν	129	129	129	121	121	125
	SD	4.2	4.7	5.5	1	1.1	10.5
Other	Mean	19	16	12	2.5	3.0	10.6
	Ν	3	3	3	3	3	3
	SD	1.7	1.7	7.0	1.2	0.9	2.0
Total	Mean	16.3	17.2	11.8	3.2	3.8	14.4
	Ν	456	456	456	425	425	445
	SD	4.1	4.4	5.20	1.0	1.0	9.2

*p < .05

3.2. Association among Self-Discrepancy, Attachment and Depression

The first hypothesis of this study expected associations between attachment dimensions (anxiety and avoidance), self-discrepancy (i.e., actual-ideal discrepancy, actual-ought discrepancy, actual-undesired discrepancy), and depression. More specifically, the actual-ideal and actual-ought self-discrepancies were expected to be positively correlated, and actual-undesired discrepancy was expected to be negatively correlated with Attachment Anxiety, Attachment Avoidance and Depression. These hypotheses were tested by Pearson Correlation Coefficients (see Table 3.5)

3.2.1. Association between Self-discrepancy and Attachment

Attachment anxiety was found to be positively associated with undesired self-discrepancy (r = .174, p < .001). This result implies that when anxiety level increased the level of discrepancy between actual and undesired self decreased. On the other hand, ideal self-discrepancy and ought self-discrepancy were not significantly correlated with Attachment Anxiety. Regarding Attachment Avoidance, none of the correlations with ideal self-discrepancy, ought self-discrepancy, and undesired self-discrepancy was significant (see Table 3.5). Thus, regarding Hypotheses 1a to 1c, only 1c is partially supported since the only significant correlation was observed between anxiety and actual-undesired self-discrepancy.

3.2.2. Association between Self-discrepancy and Depression

Firstly, ought self-discrepancy was found to be negatively associated with depression (r = -.114, p < .05), meaning that participants who had high self-discrepancy between actual and ought self tend to experience higher levels of depression. Secondly, undesired self-discrepancy was positively associated with depression (r = .205, p < .01), meaning that participants who have high levels of inconsistency between actual and undesired self tend to experience lower levels of depression. Lastly, ideal self-discrepancy was negatively correlated with depression (r = .139, p < .01), meaning that participants who have higher inconsistency between actual and ideal self, tend to experience lower levels of depression. Lastly, ideal self-discrepancy as negatively correlated with depression (r = .139, p < .01), meaning that participants who have higher inconsistency between actual and ideal self, tend to experience higher levels of depression. An inspection of the strength of these correlations indicate that, undesired self-discrepancy demonstrates a stronger relation with depression, as compared to the significant yet weak correlations of ideal and ought self-discrepancies had. Therefore, is the findings supported the Hypotheses 1d to 1f,

regarding self-discrepancy (actual-ideal, actual-ought, actual-undesired) and depression's association.

3.2.3. Association between Attachment and Depression

Depression was found to have a weak positive correlation with avoidance related attachment (r = .199, p < .01). This result indicated that participants who have higher scores for avoidance related attachment tend to experience higher levels of depression. In addition, anxiety related attachment has a moderate positive correlation with depression (r = .382, p < .01). This result indicated that participants who have higher levels of depression, tend to have higher level of anxiety related attachment. A comparison of the coefficients demonstrate that depression is more strongly associated to anxiety dimension, as compared to avoidance dimension of attachment. Therefore, Hypothesis 1g was also supported.

	Age	Ideal SD	Ought SD	Undesired SD	Depression	Avoidance	Anxiety
Age	1						
Ideal SD	060	1					
Ought SD	.004	.290**	1				
Undesired SD	.061	178**	103*	1			
Depression	064	139**	114*	.205**	1		
Avoidance	142**	.047	013	.01	.199**	1	
Anxiety	191**	089	.014	.174**	.382**	.275**	1
*p < .05, **p < .01							

Tabled 3.5. Pearson Correlation Coefficients among the Measures of Study

3.3. Moderation Role of Self-discrepancy on the Relationship between Attachment and Depression

The second and third hypotheses of this study expected that each type of self-discrepancy would moderate the relationship between attachment and depression. The second hypothesis was specified to the moderator role of each type of self-discrepancy on the link between avoidance-based attachment and depression. The third hypothesis was specified to the moderator role of each type of self-discrepancy on the link between anxiety-based attachment and depression. Moderation analyses were conducted separately for these hypotheses regarding anxiety and avoidance, as they are two separate dimensions of attachment. Additionally, unique moderation effects of self-discrepancies (ideal, ought and undesired) were sought to be explored. As a result, three separate moderation analyses were run for each hypothesis.

In order to analyze the moderating role of Self-discrepancy (actual-ideal, actual-undesired, and actual-ought) on the relations between Attachment (avoidance, anxiety) and Process tool for SPSS (Hayes, 2013) was utilized for moderation analyses, and also, results were presented based on Johnson-Neyman's technique known as "J-N" technique suggested by Hayes and Matthes (2009).

In addition, although self-discrepancy variables that are used as moderators were continuous in the data, coinciding with the suggestion offered by Cohen and Cohen (1983), and also later advocated by Aiken and West (1991), three values of the moderator variables were used in the process model of the current analysis. These values are: the mean, one standard deviation above the mean and one standard deviation below the mean. Consequently, the charts illustrating moderation effects uses these ordinal values as low (at least 1 SD

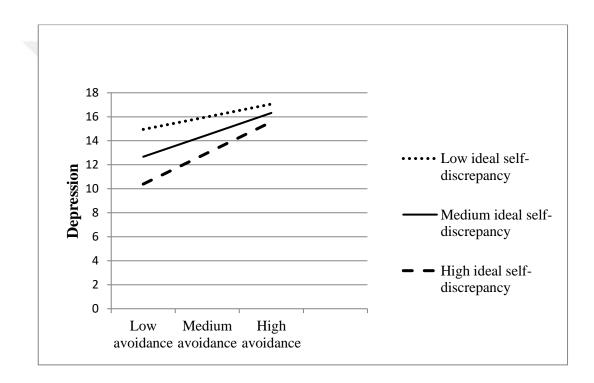
below the mean, Medium (around the mean), and High (at least 1 SD above the mean).

3.3.1. Self-Discrepancy as the Moderator of the Avoidance and Depression Association

3.3.1.1. Ideal Self-discrepancy as the Moderator

Firstly, the moderating role of actual-ideal self-discrepancy on the relationship between avoidance-based attachment and depression was examined. The result of the moderation analysis showed that the whole model of the study was found to be statistically significant ($R^2 = .08$, F(4, 420) = 9.84, p < .001). However, the interaction effect was not found as significant (B = 0.1786, SE =0.1012, p > .05). However, it is worth to note that the conditional effect of avoidance based attachment on depression shifted in significance at one point as - $4.0484 \ (B = .9801, SE = .4986, p = .050, 95\% \ CI \ [0, 1.9601])$. Results indicated that when ideal self-discrepancy scores were above the critical value of -4.0484, the relationship among avoidance based attachment and depression was significant, on the other hand, when ideal self-discrepancy scores were below the critical value, the relationship between avoidance based attachment and depression was not significant. In other words, participants who had low levels of self-discrepancy had lower scores on depression when they had low levels of avoidance based attachment (See Figure 3.1). Overall, the findings did not confirm the study Hypothesis 2a, regarding the impact of avoidance related attachment on depression under the influence of ideal self-discrepancy.

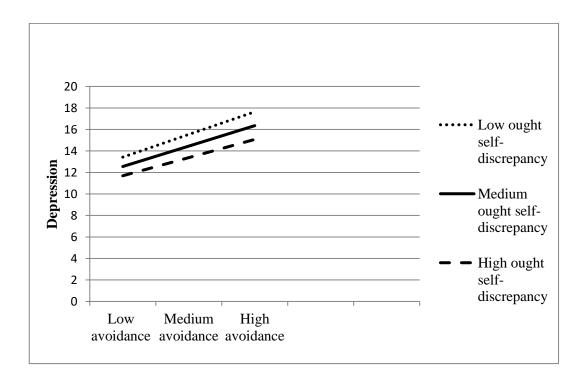
Figure 3.1. Impact of Avoidance Related Attachment on Depression under the Influence of Ideal Self-discrepancy



3.3.1.2. Ought Self-discrepancy as the Moderator

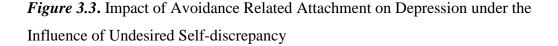
Secondly, the moderating role of actual-ought self-discrepancy on the link between avoidance based attachment and depression was examined. Result of the moderation analysis showed that the model of the study was found to be statistically significant ($R^2 = .06$, F(4, 420) = 07.95, p < .001), however, the interaction effect was not found as significant (B = -0.0449, SE = .1189, p > .05). The conditional effect of avoidance based attachment on depression shifted in significance at two critical values as -8.5504 (B = -.2752, SE = .1402, p = .050, 95% CI [0, 4.3199]) and 5.4855 (B = 1.5295, SE = .7781, p = .050, 95% CI [0, 3.0590]). Results showed that the relationship between avoidance based attachment and depression was not significant when ought self-discrepancy was at critical value of -8.5504 and less. However, the relationship between avoidance related attachment and depression was significant when ought self-discrepancy score was between critical values as -8.5504 and 5.4855. In addition, the relationship between avoidance based attachment and depression was not significant when ought self-discrepancy score was not statistically significant when ought self-discrepancy score was at 5.4855 and above (See Figure 3.2). Overall, the findings did not confirm the study Hypothesis 2a, regarding the impact of avoidance related attachment on depression under the influence of ought self-discrepancy.

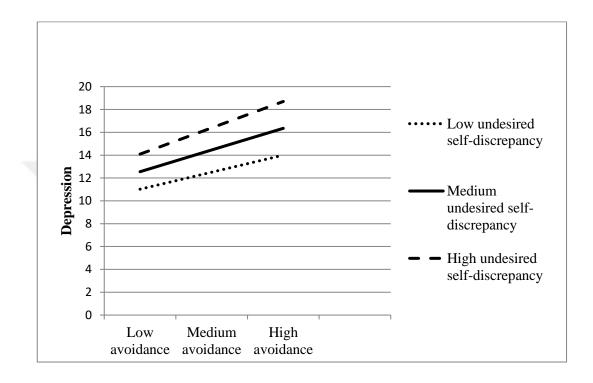
Figure 3.2. Impact of Avoidance Related Attachment on Depression under the Influence of Ought Self-discrepancy



3.3.1.3. Undesired Self-discrepancy as the Moderator

Thirdly, the moderator role of actual-undesired self-discrepancy on the relationship between avoidance based attachment and depression was examined. Result of the moderation analysis showed that the model of the study was found as significant ($R^2 = .09$, F(4, 420) = 9.42, p < .001), however, the interaction effect was not (B = .0734, SE = .0763, p > .05). Therefore, the findings did not confirm the study Hypothesis 2c, regarding the impact of avoidance related attachment on depression under the influence of undesired self-discrepancy. Moreover, no statistically significant transition points were detected within the observed range of the moderator effect in this model (see Figure 3.3).





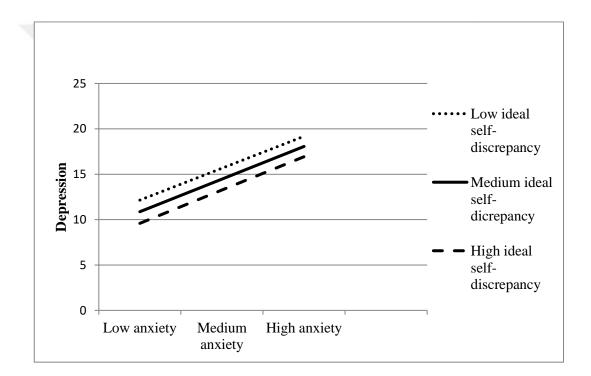
3.3.2. Self-Discrepancy as the Moderator of the Anxiety and Depression Association

3.3.2.1. Ideal Self-discrepancy as the Moderator

In model four, the moderating role of actual-ideal self-discrepancy on the relationship between anxiety based attachment and depression was examined. Moderation analysis results showed that the model of the study was found to be statistically significant ($R^2 = .18$, F(4, 420) = 24.18, p < .001), however, the interaction effect was not (B = .0175, SE = .0891, p > .05). Therefore, it did not confirm the study Hypothesis 3a, regarding the impact of anxiety related

attachment on depression under the influence of ideal self-discrepancy. In addition, there were no statistically significant transition points within the observed range of the moderator effect in this model (see Figure 3.4).

Figure 3.4. Impact of Anxiety Related Attachment on Depression under the Influence of Ideal Self-discrepancy

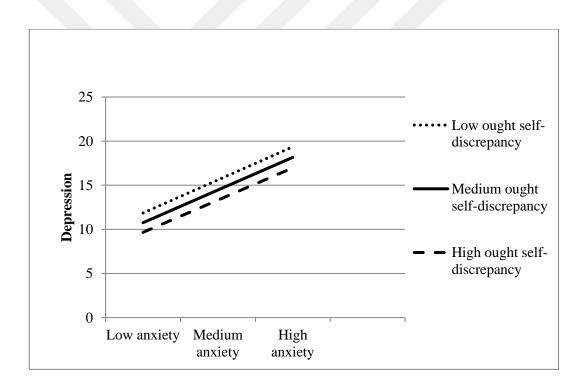


3.3.2.2. Ought Self-discrepancy as the Moderator

In model five, the moderating role of actual-ought self-discrepancy on the relationship between anxiety based attachment and depression was examined. Result of the moderation analysis showed that the whole model of the study was found to be significant ($R^2 = .18$, F(4, 420) = 25.28, p < .001), however, the interaction effect was not found as statistically significant (B = -0.0101, SE =

.0885, p > .05). Therefore, it did not confirm the study Hypothesis 3b, regarding the impact of anxiety related attachment on depression under the influence of ought self-discrepancy. Moreover, there were no statistically significant transition points within the observed range of the moderator effect in this model (see Figure 3.5).

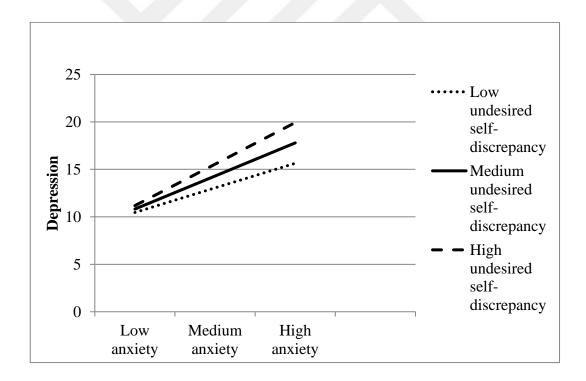
Figure 3.5. Impact of Anxiety Related Attachment on Depression under the Influence of Ought Self-discrepancy



3.3.2.3. Undesired Self-discrepancy as the Moderator

Lastly, the moderating role of actual-undesired self-discrepancy on the relationship between anxiety based attachment and depression was examined. Results of the moderation analysis showed that the whole model was found to be significant (R^2 =.19, F (4, 420) = 25.22, p < .001), and also, the interaction effect of the moderator was found as statistically significant (B = .1603, SE = .0666, p < .05). That is, participants who had higher undesired self-discrepancy scores had higher levels of depression when they had higher levels of anxiety related attachment. Therefore, it supported the study Hypothesis 3c, regarding the impact of anxiety related attachment on depression under the influence of undesired selfdiscrepancy (see Figure 3.6).

Figure 3.6. Impact of Anxiety Related Attachment on Depression under the Influence of Undesired Self-discrepancy



3.4. Summary of the Results

To sum up, regarding Hypothesis 1, it was found that there is a negative correlation between undesired self-discrepancy and anxiety related attachment as it was expected. However, avoidance related attachment and undesired self-discrepancy was not found to be related. In addition, no significant correlations were observed between actual-ideal, actual-ought and actual-undesired self-discrepancies and avoidance related attachment. On the other hand, a significant negative correlation between actual-ideal, actual-ought self-discrepancies and depression, and a significant positive correlation between actual-undesired self-discrepancy and depression were found, as expected. Lastly, depression was found to have a weak positive correlation with avoidance related attachment, and a moderate positive correlation with anxiety related attachment. Therefore, the Hypotheses 1a and 1b were not supported, 1c was partially supported, and 1d, 1e, 1f and 1g were all supported.

Secondly, regarding Hypothesis 2, no statistically significant interaction effects of moderating roles of actual-ideal, actual-ought, and actual-undesired selfdiscrepancies on the relationship between avoidance related attachment and depression were found. Therefore, the Hypotheses 2a, 2b, and 2c were not confirmed.

Lastly, regarding Hypothesis 3, a significant interaction effect of moderating role of undesired self-discrepancy on the relationship between anxiety related attachment and depression was found. Thus, Hypothesis 3c was supported. However, the moderating role of actual-ideal and actual-ought self-discrepancies on the relationship between anxiety related attachment and depression were not found as statistically significant. Thus, the Hypotheses 3a and 3c were not supported.

CHAPTER 4

DISCUSSION

The present thesis had two basic aims. The first one was to reveal the general relationship between attachment dimensions (anxiety, avoidance), self-discrepancy subscales (actual-ideal, actual-ought and actual-undesired) and depression. The second and main aim was to demonstrate the moderating role of different types of self-discrepancies (ideal, ought, undesired) on the link between attachment dimensions (i.e., avoidance and anxiety) and depression. In the present chapter, analyses of results will be discussed in terms of their consequences and in line with the relevant literature. Firstly, the impact of the demographic variable (i.e., gender) on the variables of the study will be presented. Thirdly, the moderator models will be discussed in terms of their consequences and in relation to relevant literature. Lastly, the strengths and limitations of the current study will be acknowledged, and the results of the study will be examined in terms of their possible clinical contribution.

4.1. Findings Related to Preliminary Analyses of the Study

As a first step, the role of gender as a demographic variable on the different kind of attachment styles (i.e., avoidance and anxiety), different type of self-discrepancies (actual-ideal, actual-ought and actual-undesired) and depression are presented.

A robust body of research has shown that females are more prone to showing higher levels of depression than males (Cheng & Furnham, 2003; Furnham & Greaves, 1994). However, in the current study results show that depressive symptoms are observed in male participants more than female participants. Nolen-Hoeksema (1987) proposed that in traditional countries, female and male participants tend to fail to show a difference in levels of depression. According to Kağıtçıbaşı (2001), Turkey is in a phase of transition from traditionalism to modernism (as cited in Ulbe, 2016). A cross sectional study by Gladstone & Koenig (1994) found a significant difference in high school with regard to gender , whereas failed to show same difference in university. According to their results, male and female participants did not show any difference in terms of depressive symptoms. Similarly, it should be kept in mind that the sample of the present study consists of mostly female participants and also, that both female and male participants are mostly university students and graduates, who may be less traditional.

Hankin, Abramson, Moffitt, Silva, McGee & Angell (1998) propose that when the results failed to show difference in terms of gender in university-level participants, it can be explained via two alternative view. The first one may be the effect of environmental factors during the data collection period, and the second one may be because of the selection processes. That is, it may be that females who are not prone to depression and males who are more prone to depression are accepted are accepted more in university entrance processes. In addition, Hammen and Padesky (1977) stated that college students in terms of gender roles and norms are more homogeneous communities than normal societies (as cited in Baron & Peron, 1986).

According to some studies, depression in men is not measured correctly due to the tendency for men not to reveal depression like women, and they mask it compared to women, especially, in structured measurement style (Cochran & Rabinowitz, 2000; Leimkühler, Heller, & Paulus, 2007). In addition, Kessler (2000) proposes that men experience depression differently comparing its conceptualized and measured form of today (as cited in Addis, 2008). Participants of the current study are mostly university students and graduates, which may explain why they approach these difficulties in a more open minded way.

Therefore, the male participants of the study may not represent the average male population, which is described in the literature.

4.2 Findings Related to the Correlational Analyses of the Study

One of the hypotheses of the present study was to reveal associations between attachment, self-discrepancy and depression. Attachment which was measured by Experience in Close Relationship Scale-Revised in present thesis was held in two dimensions as anxiety related attachment and avoidance based attachment. In addition, self-discrepancy which was measured by Integrated Selfdiscrepancy Index in present thesis, was calculated as three domain (ideal, ought and undesired).

In order to analyze the correlations between these variables, firstly, Pearson's correlation coefficients were conducted to show the association between self-discrepancy subscales (actual-ideal, actual-ought, and actualundesired) and attachment dimensions (avoidance and anxiety). Secondly, Pearson's correlation coefficients were conducted to examine the association between self-discrepancy subscales (actual-ideal, actual-ought, and actualundesired) and depression. Lastly, in order to analyze the relationship between attachment dimensions (avoidance and anxiety) and depression Pearson's correlation coefficients were conducted. Only significant results were reported.

Firstly, the results showed that there was an association between undesired self-discrepancy and anxiety related attachment. This relationship also became clear when undesired self-discrepancy was used as a moderator on the relationship between anxiety related attachment and depression. This result was parallel with the other findings that undesired self-discrepancy and negative emotions had stronger connections compared to other self-discrepancies (Philips, Silvia & Paradise, 2007; Higgins, 1987).

Secondly, ought self-discrepancy was found to be negatively associated with depression meaning that participants who had lower levels of selfdiscrepancy between ought and the actual self tended to experience high level of depression.

Moreover, ideal self-discrepancy and ought self-discrepancy was found to be negatively associated with depression, meaning that participants who had low level of self-discrepancy between actual-ideal and actual-ought tended to experience low levels of depression. In other words, when discrepancy scores increases for actual-ideal and actual-ought self, it means that discrepancy between two self-states decreases, however, for undesired self it functions as opposite. When discrepancy scores of actual-undesired increases, the discrepancy decreases. That is why, undesired self-discrepancy was positively associated with depression meaning that participants who had higher levels of self-discrepancy between actual and undesired self, tended to experience lower level of depression. Higgins (1987) claims that inconsistencies between selves are associated with depression. Strauman (1989) also proposes that, in many psychological theories, self-evaluation and vulnerability to depression are linked to each other.

Lastly, depression was found to be positively associated with avoidance related attachment and anxiety related attachment. This result indicated that participants who had higher levels of depression, tended to have higher level of anxiety related attachment and avoidance based attachment. The association between anxiety related attachment and depression was revealed to be stronger compared to avoidance based attachment and depression. This result was in line with the findings in the literature (Mikulincer & Shaver (2007).

4.3 Findings Related to the Model Analyses

In order to reveal the moderating role of self-discrepancy (i.e., ideal, ought, undesired) on the relationship between attachment (i.e., avoidance, anxiety)

and depression, some six moderation analyses were conducted. Attachment in the current study was conceptualized and calculated in two dimensions as avoidance-related and anxiety-related. In addition, self-discrepancy was conceptualized and measured in three domain as actual-ideal, actual-ought, and actual-undesired. That is why, for moderation analyses six different models were conducted, three of them included avoidance-related attachment with different type of self-discrepancies (ideal, ought and undesired) and depression, and the other three included anxiety-related attachment with different domain of self-discrepancies (ideal, ought and undesired) and depression.

The moderating role of actual-ought, actual-ideal and actual-undesired self-discrepancies on the link between avoidance related attachment and depression was significant. However, the interaction effect was not significant, meaning that there was a link between all three variables, but there was not a significant role of moderators on the relationship between them. In addition, the moderating role of actual-ideal and actual-ought self-discrepancies on the relationship between anxiety related attachment and depression was revealed to be significant, however, the interaction effect was not found to be as significant. This result indicated that there was a relationship between the variables of this model, but not a specific role of the moderators on the link between attachment and depression.

On the other hand, the moderator role of undesired self-discrepancy on the relationship between anxiety-based attachment and depression was significant, and also the interaction effect was significant. This result showed that there was a statistically significant moderator effect of undesired self-discrepancy on the link between anxiety-related attachment and depression. This model also became the most important finding in the present study.

Although different domain of self-discrepancies have been related to different kinds of specific negative emotions in recent studies, undesired selfdiscrepancy emerges as a stronger predictor compared to other forms of discrepancies. It has been claimed by many studies that undesired selfdiscrepancy is a better predictor for negative emotions. Ogilvie (1987) proposes

that individuals do not aim to reach their ideal self, on the contrary, they aim to not to be close to their undesired-self. Therefore it will be useful to focus on what someone does not want to be or does not want to live, because what someone does not desire to be or live determines one's life more than what someone wants to be. Philips, Silvia, and Paradise (2007) studied the relationship between different kinds of self-discrepancies (e.g., ideal, ought, and undesired) and different kinds of specific overwhelming emotions. According to their results, undesired self-discrepancy was a better predictor for overwhelming emotions, and it was found that there was stronger association between actual-undesired selfdiscrepancy and negative emotions. A similar study conducted by Cheung (1989) with a student sample in Hong Kong also showed that undesired self-discrepancy had a stronger relationship with depression than ideal self-discrepancy. Undesired self-discrepancy had a significant effect on the link between anxietybased attachment and depression; however, undesired self-discrepancy was not found as a significant moderator to the relationship between avoidance-based attachment and depression. So, it may be possible to say that there is a unique relationship between anxiety-based attachment and undesired self-discrepancy. In correlation analysis of the study, it was found that anxiety had a strong significant correlation coefficient with undesired self-discrepancy, however, there was not any significant correlation between avoidance based attachment and undesired self-discrepancy.

The basic motivation of anxious type and anaclitic type of depression may be helpful to understand why undesired self-discrepancy functions in this model. As mentioned in the literature review, some studies proposed a stronger relationship between anxiety-related attachment and anaclitic depression (Zuroff, 1990, as cited in Reis & Grenyer, 2002).To this end, , there may exist a relationship between undesired self and anaclitic depression. People demonstrating the anaclitic type feels alone, helpless, weak and has a great fear of abandonment from significant others. They also have a severe fear of being left and uncared by others, great need of being love, protection and nurturance. Therefore, it might be suggested that those with the anaclitic type have a fear of

being unwanted or undesired by significant others. Philips, Silvia and Paradise (2007) conceptualized the undesired self as a "representation of the self at its worst", and according to them, the undesired self functions as a "central avoidance goal". Moreover, Bowlby (1988) proposed that anxiously attached individuals are dependent on the other, and they have a need of intimacy and warmth in their interpersonal relationship. Joel, MacDonald and Shimotomai (2011) characterized anxiously attached individuals as being uncertain about significant others and as having a weak working model of self. They need support and acceptance from others, but they have a fear of losing this support and acceptance, as well. It could be the case that anxiously attached type, anaclitic type and undesired self have some common interests in terms of their working model of the self.

It is also crucial to note that the moderator effect of ideal self-discrepancy on the link between avoidance related attachment and depression was found marginally significant. Firstly, the relationship between avoidance-related attachment and introjective depression was reviewed. The basic motivation of avoidant and introjective personality type may be helpful to understand why ideal self-discrepancy functions in this model.

Blatt (1998) proposed that the introjective or self-critical type has feelings of unworthiness, a sense of failure and guilt. They have a harsh self-evaluation style, and a constant fear of being criticised and not being approved by significant others. They do whatever it takes to achieve success and perfection. To sum up, the introjective type aims to receive the approval and recognition of significant others. Similarly, Freud (1914) claimed that ego-ideal is an attempt to get what has been lost during the process of growing in terms of narcissistic love. The significant other's entrance into the world of the child in terms of judgement and expectation causes a division in present ego and ego ideal. The ego-ideal pushes the child to act according to what it needs in order to feel success and proud again. The conflict with the ego-ideal brings guilt and fear of losing the love of significant others, and is named by Chasseguet-Smirgel as "the malady of the ideal" (as cited in Kanwal, 2011, p.4). So, ego-ideal aims to get the total approval

and recognition of significant others. In addition, avoidantly attached individuals are concerned with distance from others, independence and self-reliance (Joel et al., 2011). It may be the case that avoidantly attached individuals also desire to reach an ideal point in terms of their relationships with significant others. Thus, avoidantly attached type, introjective type and ideal self seem to have some common interests in terms of their working model of the other.

Lastly, another reason may be found in a meta-analysis by Mikulincer and Shaver (2007), which claimed that anxiety related attachment was found to have a relationship with depression, however the association between avoidance related attachment and depression was seen to be more complicated.

4.4. Limitations and Strengths of the Study

There are some limitations of the present study. Firstly, because of the cross-sectional design of the study, the present study does not have a claim in terms of cause and effect relationship between variables. In other words, the present study measured association and moderator effect between variables, meaning that it did not have an aim to measure cause and effect relationship. Another limitation is the sample utilized. The present study utilized a convenience sample; therefore, it consisted mostly of university students, participants with middle income backgrounds, and participants who were single. In addition, individuals who have psychiatric diagnosis in terms of depression are not represented. To measure variables of the study with psychiatric population and compare them with the rest of the population may give a better understanding. Therefore, the result of the current study cannot be generalized to the whole population. Another limitation of the study is the difference between the percentages of male and female participants, namely, the number of female participants exceeded that of male participants in the present study. Lastly, the scales were not utilized randomly in data gathering process. It also should be noted as an another limitation of the present study.

Despite the limitations of the study, some strengths of it are worth noting. . While the relationships between attachment, self-discrepancy, and depression have been studied separately, to our knowledge, no previous research has demonstrated the moderator effect of self-discrepancy on the link between attachment and depression. Moreover, there are very few studies on selfdiscrepancy in Turkish literature, and the results concerning the moderating role of undesired self-discrepancy between anxiety-related attachment and depression were important in terms of self-discrepancy theory and clinical contribution.

4.5. Clinical Implications of the Study

The present thesis had two basic aims. The first one was to explore the general relationship among attachment (anxiety and avoidance), self-discrepancy (ideal, ought and undesired) and depression. The second and the main aim was to reveal the moderator role of different domains of self-discrepancies (i.e., ideal, ought, and undesired) on the link between attachment type (avoidance and anxiety) and depression.

Despite the limitations of the study, the findings of the current study may have important therapeutic implications for the treatment of depression in terms of self-concepts. The link between attachment and depression was studied and is well-known in the literature; however, not enough work has been done on that relationship. To our knowledge, the current study is the first to demonstrate the role of self-discrepancy on the relationship between attachment and depression. In terms of clinical contribution, there are a couple of points worth noting. Firstly, as it may be noted in whole thesis, the relationship of one with one's self and other, which refers to internal working model of self and other are crucial for a better understanding of psychopathology. In another words, self-interest and interest in others stem from this formula. It may be important to evaluate psychopathology in terms of this dimensionality in clinical practice.

One of the most important points of the present study is the findings related to undesired self. Undesired self-discrepancy has been emphasized in the literature in terms of its importance in negative emotions. Comparing selfdiscrepancies with each other, it was found that undesired self-discrepancy was a better instrument for predicting psychopathology, which is in line with current literature.

Moreover, with these results, it became possible to connect different types of attachment dimensions (i.e., avoidance, anxiety) with different domain of selfdiscrepancies (i.e., ideal, ought, undesired), and subtypes of depression (i.e., anaclitic, introjective). The relationship between anxiety-related attachment, undesired self-discrepancy, and anaclitic depression was the most significant finding of the current study. In addition, results concerning the moderating role of ideal self-discrepancy between avoidance-based attachment and depression was also helpful to conceptualize the association between attachment dimensions, selfdiscrepancies, and subtypes of depression, although it was found marginally significant. To sum up, it enabled to observe the specific relationship between avoidance dimension of attachment, ideal self-discrepancy and introjective depression, and also it enabled to observe the specific relationship between anxiety dimension of attachment, undesired self-discrepancy and anaclitic depression.

Lastly, regarding the entire thesis, the results indicate that there are two dimension in people's lives; self-interest, and interest in others (Blatt, 1998). In other words, the model of the self and the model of the others. As it can be seen, attachment characterized in two dimensions as avoidance-based, which can also be called the model of the other, and anxiety-based, which can also be called the model of self. In addition, depression characterized as anaclitic is related to interest in others, while depression characterized as introjective is related to selfinterest. Self-discrepancy may also be characterized in two basic domains as ideal and undesired. As mentioned before, ideal self also can be conceptualized in relation with the other, and undesired self can be conceptualized with self. That is why, in clinical practice, to evaluate the story of the patient according to his or her

relationship with the self and others may be helpful for a better understanding of psychopathology.

4.6. Suggestions for Future Research

Firstly, future studies should measure these variables with more representative samples. Moreover, as the current study was able to explain correlational bonds between the variables, future research may conduct a study design to explain the cause-effect relationship between variables. Moreover, the current study measures depression totally, a future study may try to measure depression as introjective and anaclitic separately. Moreover, the current study measures depression via Beck Depression Inventory. That is why, the dimensions of depression as anaclitic and introjective could not calculated. A future study may try to measure depression via The Depressive Experiences Questionnaire (DEQ; Blatt, D'Aflitti, & Quinlan, 1976) as introjective and anaclitic separately

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APPENDİCES

Appendix A: Demographic Information Form

- 1. Yaşınız: _____
- 2. Cinsiyetiniz:
- 🗆 Kadın
- □ Erkek
- Diğer
- 3. Eğitim Durumunuz:
- Okur-yazar
- □ İlkokul mezunu
- Ortaokul mezunu
- □ Lise mezunu
- □ Üniversite mezunu
- □ Yüksek Lisans mezunu
- Doktora mezunu

4. Şu anki iş durumunuz:

- □ Çalışıyor.
- □ Çalışmıyor.
- □ Öğrenci.
- 5. Gelir Durumunuz / Ailenizin Gelir Durumu:
- □ Düşük
- 🗆 Orta

□ Yüksek

6. Medeni Durumunuz

- □ Bekar
- 🗆 Evli
- 🗆 Boşanmış
- 🗆 Dul

Appendix B: Integrated Self-Discrepancy Index

Bir sonraki sayfada size uygun olduğunu düşündüğünüz bazı özellikleri sıralamanız istenecektir. Üç farklı benlik için ayrı listeler yapmanız gerekmektedir.

- İdeal benlik: İdeal olarak sahip olmak istediğiniz özelliklerdir. Sahip olmak istediğiniz, dilediğiniz, umut ettiğiniz kişilik özellikleri ideal benliğinizi oluşturur.
- Zaruri benlik: Sahip olmanız gerektiğini düşündüğünüz özelliklerdir.
 Görev, zorunluluk, sorumluluk ya da ahlaki olarak sahip olmanız gerektiğini düşündüğünüz özellikler zaruri benliğinizi oluşturur.
- İstenmeyen benlik: Sahip olmak istemediğiniz özellikler istenmeyen benliğinizi oluşturur.

İdeal benlik ve Zaruri benlik arasındaki fark: Örneğin, bir kişi bir gün zengin olmayı arzuluyor, umut ediyorsa, bu kendisi için ulaşmak istediği bir hedeftir. Yani zengin olmak bu kişinin 'İdeal benliği'ne ait bir özelliktir. Fakat kişi kendisini görev ve sorumluluk olarak zengin olmak zorunda hissediyorsa, zengin olmak 'Zaruri benliği'ne ait bir özelliktir denebilir.

Her bir liste için, sıralamanız gereken özellikleri dikkatlice düşününüz. Özellikleri sıralarken, dilediğiniz kelimeleri kullanabilirsiniz.

Lütfen İdeal olarak sahip olmak istediğiniz, sahip olmayı dilediğiniz, umut ettiğiniz özellikleri sıralayınız.

Daha sonra bu	İdeal Benlik 1:
kutucukları doldurmanız	
istenecektir. O	İdeal Benlik 2:
zamana kadar lütfen	İdeal Benlik 3:
önemsemeyiniz.	
	İdeal Benlik 4:
	İdeal Benlik 5:

Lütfen görev, zorunluluk, sorumluluk ya da ahlaki olarak sahip olmanız

gerektiğini (zorunlu olduğunu) düşündüğünüz özellikleri sıralayınız.

Zaruri benlik 1:
Zaruri benlik 2:
Zaruri benlik 3:
Zaruri benlik 4:
Zaruri benlik 5:

Lütfen sahip olmak istemediğiniz ya da sahip olmaktan korktuğunuz özellikleri sıralayınız.

İstenme	eyen benlik 1:
İstenme	eyen benlik 2:
İstenme	eyen benlik 3:
İstenme	eyen benlik 4:
İstenme	eyen benlik 5:

Yönerge: Şimdiye dek üç farklı benlik türünde beşer adet kişilik özelliği listelemiş olmanız gerekmektedir. Eğer bir önceki sayfadaki her bir benlik türünde beşer adet (toplamda 15 adet) özellik yazamadıysanız lütfen aşağıda listelenmiş kelimelere bakınız ve size uygun olabilecek özellikleri seçerek listenizi tamamlayınız. Ayrıca, eğer kendi yazmış olduğunuz özelliklerdense aşağıda listelenmiş olanlardan herhangi birinin size daha uygun olduğunu düşünüyorsanız, daha önce yazmış olduğunuz özelliğin üzerini çizerek yeni seçtiğiniz kelimeyi yazarak değiştirebilirsiniz. Kendinizi bu listede yer alan özelliklerle sınırlandırmanız gerekmemektedir. Eğer liste aklınıza başka özellikler getirdiyse, onları yazmakta serbestsiniz. Listenizi tamamladıktan sonra, anketi doldurmaya devam edebilirsiniz.

Agresif	Huysuz	Yardımsever	Ahlaklı	Duyarlı
Hırslı	Sağduyulu	Komik	Evhamlı	Duygusal
Canayakın	Ayrımcı	Taklitçi	Kayıtsız	Gözü açık
Kadirşinas	Saygısız	Kusurlu	Kendine	Utangaç
			güveni	
			olmayan	
Artistik	Otoriter	Özgür	Normal	Enerjik
Çekingen	Hevesli	Marifetli	İtaatkar	Kindar
Patronluk	Ağırbaşlı	Yaratıcı	Nazik	Hassas
taslayan				
Dahi	Yeterli	İyi kalpli	İnatçı	Hoşgörülü
Tedbirli	Egoist	Tembel	Açık görüşlü	Zorlu
Çocuksu	Eğlenceli	Mantıklı	Kendine aşırı	Baş belası
			güvenen	
Aklı başında	Kıskanç	Dengeli	Sezgileri	Güvenilir
			kuvvetli	

Budala	Etik	Yalnız	Karamsar	Kültürsüz
Takıntılı	Hayat dolu	Geveze	Önemsiz	Kaba
Kibirli	Modaya uyan	Cimri	Felsefi	Nezaketsiz
Uyumlu	Gözükara	İşgüzar	Sevimli	Öngörülemez
Soğukkanlı	Etkileyici	Uysal	Atik	Güvenilmez
İçten	Aklı havada	Dağınık	Radikal	Fedakar
Kültürlü	Hassas	Sistemli	Akıllı	Sıradan
Kurnaz	Dedikoducu	Ilımlı	Saf	Yalancı
Meraklı	Kolay	Modern	Entrikacı	Bilge
	aldanan			
Hilekar	Duyarsız	Mütevazı	Küçümseyen	Zeki

Toplamda 15 adet özelliği tamamladıysanız, bir sonraki sayfaya geçiniz.

Yönerge: Şimdi ise sayfa 13'teki doldurmuş olduğunuz özelliklerin yanındaki kutucukları doldurmanız istenecektir. Şu an, gerçekte sahip olduğunuz özellikler ile listelemiş olduğunuz özelliklerin ne kadar uyumlu olduğunu puanlamanız istenmektedir. Puanlamayı yaparken aşağıdaki ölçeği göz önünde bulundurunuz ve her bir özelliğin size ne kadar uygun olduğunu düşünerek yanına uygun rakamı yazınız.

Bana hiç	Bana çok az	Bana bir	Bana oldukça	Bana tamamen
uymuyor	uyuyor	miktar	uyuyor	uyuyor
		uyuyor		
1	2	3	4	5

• Bu sayfada hiçbir işaretleme yapmayınız. Cevaplandırmanızı sayfa..'te

yapınız

Appenjdix C: Beck Depression Inventory

Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her maddede o duygu durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatlice okuyunuz. Son bir hafta içindeki (şu an dahil) kendi duygu durumunuzu göz önünde bulundurarak, size uygun olan ifadeyi bulunuz. Daha sonra, o madde numarasının karşısında, size uygun ifadeye karşılık gelen seçeneği bulup işaretleyiniz.

- 1. a) Kendimi üzgün hissetmiyorum.
 - b) Kendimi üzgün hissediyorum.
 - c) Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.
 - d) Öylesine üzgün ve mutsuzum ki dayanamıyorum.
- 2. a) Gelecekten umutsuz değilim.
 - b) Geleceğe biraz umutsuz bakıyorum.
 - c) Gelecekten beklediğim hiçbir şey yok.
 - d) Benim için bir gelecek yok ve bu durum düzelmeyecek.
- 3. a) Kendimi başarısız görmüyorum.
 - b) Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.

c) Geriye dönüp baktığımda, çok fazla başarısızlığımın olduğunu görüyorum.

- d) Kendimi tümüyle başarısız bir insan olarak görüyorum.
- 4. a) Herşeyden eskisi kadar zevk alabiliyorum.
 - b) Herşeyden eskisi kadar zevk alamıyorum.
 - c) Artık hiçbirşeyden gerçek bir zevk alamıyorum.
 - d) Bana zevk veren hiçbir şey yok. Herşey çok sıkıcı.
- 5. a) Kendimi suçlu hissetmiyorum.
 - b) Arada bir kendimi suçlu hissettiğim oluyor.
 - c) Kendimi çoğunlukla suçlu hissediyorum.
 - d) Kendimi her an için suçlu hissediyorum.
- 6. a) Cezalandırıldığımı düşünmüyorum.
 - b) Bazı şeyler için cezalandırılabileceğimi hissediyorum.
 - c) Cezalandırılmayı bekliyorum.
 - d) Cezalandırıldığımı hissediyorum.
- 7. a) Kendimden hoşnutum.
 - b) Kendimden pek hoşnut değilim.
 - c) Kendimden hiç hoşlanmıyorum.
 - d) Kendimden nefret ediyorum.

- 8. a) Kendimi diğer insanlardan daha kötü görmüyorum.
 - b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.
 - c) Kendimi hatalarım için her zaman suçluyorum.
 - d) Her kötü olayda kendimi suçluyorum.
- 9. a) Kendimi öldürmek gibi düşüncelerim yok.
 - b) Bazen kendimi öldürmeyi düşünüyorum fakat bunu yapamam.
 - c) Kendimi öldürebilmeyi isterdim.
 - d) Bir fırsatını bulursam kendimi öldürürdüm.
- 10. a) Her zamankinden daha fazla ağladığımı sanmıyorum.
 - b) Eskisine göre şu sıralarda daha fazla ağlıyorum.
 - c) Şu sıralar her an ağlıyorum.
 - d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.
- 11. a) Her zamankinden daha sinirli değilim.
 - b) Her zamankinden daha kolayca sinirleniyor ve kızıyorum.
 - c) Çoğu zaman sinirliyim.
 - d) Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.
- 12. a) Diğer insanlara karşı ilgimi kaybetmedim.
 - b) Eskisine göre insanlarla daha az ilgiliyim.
 - c) Diğer insanlara karşı ilgimin çoğunu kaybettim.

- d) Diğer insanlara karşı hiç ilgim kalmadı.
- 13. a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.
 - b) Şu sıralarda kararlarımı vermeyi erteliyorum.
 - c) Kararlarımı vermekte oldukça güçlük çekiyorum.
 - d) Artık hiç karar veremiyorum.

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

 b) Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.

- c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.
- d) Hiçbir iş yapamıyorum.
- 16. a) Eskisi kadar rahat uyuyabiliyorum.
 - b) Şu sıralar eskisi kadar rahat uyuyamıyorum.

c) Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.

d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.

17. a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.

- b) Eskisinden daha çabuk yoruluyorum.
- c) Şu sıralarda neredeyse herşey beni yoruyor.
- d) Öyle yorgunum ki hiçbirşey yapamıyorum.

18. a) İştahım eskisinden pek farklı değil.

- b) İştahım eskisi kadar iyi değil.
- c) Şu sıralarda iştahım epey kötü.
- d) Artık hiç iştahım yok.
- 19. a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.
 - b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.
 - c) Son zamanlarda beş kilodan fazla kaybettim.
 - d) Son zamanlarda yedi kilodan fazla kaybettim.
 - Daha az yiyerek kilo kaybetmeye çalışıyorum. EVET () HAYIR ()

20. a) Sağlığım beni pek endişelendirmiyor.

b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.

 c) Ağrı, sızı gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri

düşünmek zor geliyor.

 d) Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka birşey düşünemiyorum.

21. a) Son zamanlarda cinsel yaşantımda dikkatimi çeken bişey yok.

- b) Eskisine göre cinsel konularla daha az ilgileniyorum.
- c) Şu sıralarda cinsellikle pek ilgili değilim.
- d) Artık, cinsellikle hiçbir ilgim kalmadı.

Appendix D: Experience in Close Relationship-Revised

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin ilişkinizde yalnızca şu anda değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer halihazırda bir romantik ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakamın üzerine işaret koyarak gösteriniz.

1------5------6------7

Hiç Katılmıyorum Kararsızım/Fikrim Yok Tamamen Katılıyorum

1. Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
 Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim. 	1	2	3	4	5	6	7
 Sıklıkla, birlikte olduğum kişinin artık benimle olmak istemeyeceği korkusuna kapılırım. 	1	2	3	4	5	6	7
 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 kaygısına kapılırım.	1	2	3	4	5	6	7
 Romantik İlişkide olduğum kişilere güvenip dayanmak konusunda kendimi rahat bırakmakta zorlanırım. 	1	2	3	4	5	6	7

7. Romantik ilişkide olduğum kişilerin beni,	1	2	3	4	5	6	7
benim onları önemsediğim kadar							
önemsemeyeceklerinden endişe duyarım.							
8. Romantik ilişkide olduğum kişilere yakın	1	2	3	4	5	6	7
olma konusunda çok rahatımdır.							
9. Sıklıkla, birlikte olduğum kişinin bana	1	2	3	4	5	6	7
duyduğu hislerin benim ona duyduğum							
hisler kadar güçlü olmasını isterim.							
10. Romantik ilişkide olduğum kişilere	1	2	3	4	5	6	7
açılma konusunda kendimi rahat							
hissetmem.							
11. İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla	1	2	3	4	5	6	7
yakın olmamayı tercih ederim.							
13. Benden uzakta olduğunda, birlikte	1	2	3	4	5	6	7
olduğum kişinin başka birine ilgi							
duyabileceği korkusuna kapılırım.							
14. Romantik ilişkide olduğum kişi benimle	1	2	3	4	5	6	7
çok yakın olmak istediğinde rahatsızlık							
duyarımç							
15. Romantik İlişkide olduğum kişilere	1	2	3	4	5	6	7
duygularımı gösterdiğimde, oların benim							
için aynı şeyleri hissetmeyeceğinden							
korkarım.							
16. Birlikte olduğum kişiyle kolayca	1	2	3	4	5	6	7
yakınlaşabilirim.							
17. Birlikte olduğum kişinin beni terk	1	2	3	4	5	6	7
edeceğinden pek endişe duymam.							
18. Birlikte olduğum kişiyle yakınlaşmak	1	2	3	4	5	6	7
bana zor gelmez.						-	

19. Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20. Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7
21. Terk edilmekten pek korkmam.	1	2	3	4	5	6	7
 Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir. 	1	2	3	4	5	6	7
 Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm. 	1	2	3	4	5	6	7
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
 Birlikte olduğum kişiler benimle çok yakınlaştığında gergin hissederim. 	1	2	3	4	5	6	7
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 dayanma konusunda rahatımdır.	1	2	3	4	5	6	7
 Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği görememek beni öfkelendirir. 	1	2	3	4	5	6	7

32. Romantik ilişkide olduğum kişiye güvenip dayanmak benim için kolaydır.	1	2	3	4	5	6	7
 Başka insanlara denk olamamaktan endişe duyarım. 	1	2	3	4	5	6	7
 Birlikte olduğum kişiye şefkat göstermek benim için kolaydır. 	1	2	3	4	5	6	7
35. Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
 Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar. 	1	2	3	4	5	6	7

Appendix E: Informed Consent Form

Bu araştırma, Bilgi Üniversitesi Psikoloji Bölümü, Klinik Psikoloji yüksek lisans öğrencisi Yusuf Atabay tarafından, Yrd. Doç. Dr. Murat Paker danışmanlığında yürütülmektedir. Çalışmanın amacı, kişilerin yaşadıkları benlik farklılıkları ve bağlanma biçimleri arasındaki ilişkiyi anlamaktır. Bu amaç doğrultusunda sizden bazı soruları yanıtlamanız istenecektir. Soruları yanıtlamanız yaklaşık olarak 20-25 dakikanızı alacaktır. Çalışmada sizden kimliğinizi belli edecek hiçbir bilgi istenmeyecektir. Çalışmada edinilen bilgiler sadece araştırmacılar tarafından değerlendirildikten sonra bilimsel yayınlarda kullanılacaktır

Katılım gönüllük esasına dayanmaktadır. Çalışmanın objektif ve sağlıklı sonuç verebilmesi için, yanıtları samimi olarak cevaplandırmanız son derece önemlidir. Bu çalışmada doğru veya yanlış seçenek yoktur. Kendinize en yakın hissettiğiniz ya da düşündüğünüz cevabı işaretlemeniz yeterli olacaktır. Ankette genel olarak, kişisel rahatsızlık verecek sorular bulunmamaktadır. Ancak, katılım sırasında herhangi bir nedenden dolayı kendinizi rahatsız hissederseniz, sebep göstermeksizin anketi cevaplamayı bırakabilirsiniz.

Çalışma ile ilgili daha detaylı bilgi edinmek isterseniz çalışmanın yürütücüsü ve İstanbul Bilgi Üniversitesi Psikoloji Bölümü yüksek lisans öğrencisi Yusuf Atabay (e-posta: yusuff.atabay@gmail.com) ve Psikoloji Bölümü öğretim üyelerinden Doç. Dr. Murat Paker(e-posta: <u>murat.paker@bilgi.edu.tr</u>) ile iletişime geçebilirsiniz. Katıldığınız ve zaman ayırdığınız için şimdiden teşekkür ederiz.

Bu katılımcı izin formunu okudum. Araştırmaya katılma ve istediğim zaman bırakma konusunda bilgi sahibiyim. Bu çalışmaya tamamen gönüllü olarak katılıyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

Tarih:	/	İmza:	