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THE RELATIONSHIP OF SOCIAL SUPPORT, LIFE EVENTS AND PAID EMPLOYMENT ON DEPRESSIVE SYMPTOMS AMONG MARRIED WOMEN

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I certify that this thesis is satisfactory for the award of the degree of Master of Arts.

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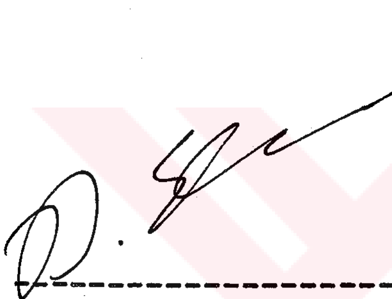

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ABSTRACT

The purpose of this research was to investigate the relationship of life events, social support, and work status on the level of depressive symptoms in married Turkish women.

The sample consisted of 50 working and 50 non-working women living in Ankara. The subjects were asked to fill out a set of self-report instruments that included some socio-demographic related variables, Life Events Scale (LES), Social Support Questionnaire (SSQ), and Beck Depression Inventory (BDI).

Work status, number of life events, social support scores and some socio-demographic related variables were taken as predictor variables and BDI'scores as the predicted variable, and multiple regression analysis was conducted.

The results of the analysis showed that these variables explained nearly 24 per cent of the variance in depression scores. Work status had no significant effect, whereas husband's social support and life events were significant predictors of reported depressive symptomatology level. The findings were discussed in the light of literature and suggestions for the future research were provided.

SECTION I

INTRODUCTION

Depression is the most common disorder among the mentally ills. Prevalance studies of it in the United States and Europe report rates ranging from 4.5% to 9.3% for females and 2.3% to 3.2% for males. As it is seen, it is estimated to be twice as common in females as in males (DSM-III-R, 1987). Similarly, Küey and Güleç's (1987) review of Turkish studies has also indicated that depression has higher prevalance rates for women than that for men, and in the general population, depressive symptoms have 20% prevalance rate in Turkey.

According to DSM-III-R, depressive disorders are a subcategory of mood disorders, and are classified as into major depression, dysthymia (or depressive neurosis), and depressive disorders not otherwise specified. Major depression is further divided into either major depression single episode or major depression recurrent to indicate the current state of disturbance. The essential feature of major depression is either depressed mood or loss of interest or pleasure in all, or almost all activities, and associated symptoms including appetite disturbance, change in weight, sleep disturbance, psychomotor agitation or

retardation, decreased energy, feelings of worthless or excessive or inapropriate guilt, difficulty in thinking or concentrating, and recurrent thoughts of death, or suicidal ideation or attempts, for at least two weeks.

On the other hand, the essential feature of dysthymia is a chronic disturbance of mood, for most of day, for at least two years. In addition, during these periods of depressed mood there are some of the following associated symptoms: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor cocentration or difficulty making decisions, and feelings of hopelessness.

Considering these criteria, depression can be accepted as a complex disorder made up of at least four classes of deficits: motivational; cognitive; self-esteem; and affective. In accordance with this complexity, diverse theories have been formulated to establish framework on depression. Early psychoanalytic theories of depression used knowledge of childhood events to explain the adult's current emotional state (Lloyd, 1980). The relation between "loss of loved object" and depression was first emphasized by Freud (1950), subsequently, Abraham (1966 both cited in Lloyd, 1980) has also stated that children who suffered certain types of childhood trauma or losses

are left vulnerable to depression in later life. Differently, later psychoanalytic theorists, have stated that depression does not occur as a result of the loss of the object itself which is unbearable, but the loss of external objects on which a person's self-esteem may be based (Sarason & Sarason, 1980). On the other hand, rather than postulating intrapsyhic causes of depression, behavioral theories focus both on the presence of depressive symptoms and on the absence or reduced frequency of pleasurable activities (Digdon & Gotlib, 1986). All of the behavioral theories emphasize "change in the reinforecement" as the primary etiological factor in depression; however, there does not seem to be a consensus between the type of reinforcement changes that are critical for depression to occur. Lazarus (1968) and Ferster (1973) hypothesis that loss in the number of reinforcement leads to depression, whereas Costello (1972) emphasize not loss of the number of reinforcers but loss of effectiveness of reinforcement. Lewinson (1974) more specifically postulates that depression results from a loss of response-contingent positive reinforcement. In contrast to behavioral theories, the cognitive point of view, has assigned to causal primacy to cognition or attribution; and postulates that the affective, motivational and behavioral symptoms of depression are elicited by the negativistic

thinking of depressed persons (Beck, 1967; Abramson et al., 1978; Kovacks & Beck, 1978; Hammen, 1985; Digdon & Gotlib, 1985). From this point of view, Beck (1967) has postulated that "depression is a disorder of thinking rather than affect", and he stated that behavioral and affective manifestations of depression result from the activation of particular patterns of cognitions. He has formulated depression's central core in terms of the "self seeming worthless, the outer world meaningless, and future hopeless". This negative triad is proposed to affect the depressed individual's interactions with his environment and his perceptions causing him to distort and misinterpret environmental stimuli in a negative direction in order to make it congruent with his negative schema. From this perspective, the learned helplessness model which share similarities with Beck's model has undergone significant alterations in response to empirical and conceptual developments on depression. According to this theory, a state of helplessness develops from the perception of an independence between responding and outcome in a situation, resulting in a belief of uncontrollability (Seligman, 1975). As it is seen, this model provide, an integration between the behavioral and cognitive theories' explanation on depression. Subsequently; however, research with human

subjects demonstrated that people often performed better rather than worse after helplessness induction; showed helplessness effects in some situations but not in others; and were affected by instructions about how other subjects had done on the task. Therefore, learned helplessness theory underwent a radical change of emphasis and it was reformulated (Abramson et al., 1978). The attributional reformulation has represented a major shift in the helplessness model, arguing that the individual's causal attributions for his apparent helplessness predicted the lowered self-esteem, and intensity and chronicity of the depressive reaction. According to Abramson et al.'s view, depressive person's attribution style is generally internal, global and stable on the causes of negative events. It seems that while cognitive theorists differ in what they consider to be critical cognitions for depression, they all assume that depression is related to cognitions or causal attributions about events. However, recent studies have emphasized the necessity of evaluating whether the depressive cognitions or causal attributions are "antecedents" of depression as claimed by cognitive theorists or accompany depression rather than "precede or cause" it. Several investigators have reported results suggesting that negative cognitions are more accessible

When one is in a depressed state (Lloyd & Lishman, 1975); Teasdale & Fogarty, 1979; Lewinson et al., 1981; Brewin, 1988). Lewinson et al.'s (1981) study about this question has found no support for the "antecedent cognition hypothesis", and at the theoretical level they have suggested that people change their expectancies and subscribe to irrational beliefs as a result of being depressed. From this point of view, Brewin's (1988) review study has also indicated that there are contradictory models on attribution-depression relationship. For instance, the symptom model as with holds that depressive attributions are symptoms of the clinical state of depression and play no causal role either in its onset or maintenance; the recovery model, does not require that attributions be involved in the onset of depression, but holds that people who make internal, global, and stable attributions will take longer to recover from the depressed state. It seems that; while cognitions are important in depression, there are contradictory findings on the status of cognitions in the occurence of depression. In addition to reinforcement changes, negative cognition and object loss, "social interactional factors" may also cause vulnerability to depression. One of the these social factors is "life events" that can be defined as important, unpredictable, upsetting changes in a person's everyday life such as loss

of loved object, loss of job etc.

Research examining the relationship between life events and depression have indicated that depressive symptoms are in part a function of events (Brown & Harris, 1978; Lloyd, 1980; Hammen , 1981; Dohrenwend et al., 1982; Gong-Guy & Hammen, 1984; Roehl & Okun, 1984; Cochran & Hammen,1985; Cooke, 1985; Hammen, 1985; Persons et al., 1985; Folkman & Lazarus, 1986; Hammen et al., 1986, Parry et al., 1986), Brown & Harris (1978) compared normal and depressed women using their detailed life events interview schedule and they indicated that severe life events such as "major loss" or "disappointment" were almost four times more common among depressed women; and these women more often reported marked negative emotion as an immediate response to the severe event than normals. From a different perspective, Monroe et al.'s (1983) study about perceived characteristics of events showed that certain dimensions of events were directly related to symptoms manifested during stress; such as undesirability dimension of events were positively related to depressive symptoms; whereas, desirability dimension of events were negatively related. Interestingly, Greene & Cooke's (1980); and Cooke's (1985) studies on psychosocial vulnerability to life events during the climacteric, indicated that life events influence the psychological syndrome, and their results tend to emphasize

the importance of psychological changes, in contrast to profound physical changes such as menapouse, as predictors of psychological distress during the climacteric.

The mentioned significant positive relation between life events and depression have been explained from different points of view For example, Bandura (1977) has emphasized the role of cognitions about the meaning and implication of stressful events for one's self-efficacy and one's perception of personal coping abilities. Subsequently, Brown & Harris' (1978) model has postulated that "cognitive sets" effect interpretations of and reactions to stressful life events. Similarly, cognitive and attributional models of depression have emphasized intraindividual information processing mechanism of negativistic interpretation and perception of uncontrolability of stressful events and it has been stated that depressed persons are found to characterize the cause of their most upsetting events as internal, intended, global, expected and stable (Gong-Guy, 1980; Hammen, 1981; 1985).

It seems that despite some diversity of models all agreed that important role must be assigned to cognitive factors, mainly how individuals interpret stressful circumstances mediate their impact. However, it is clear that the majority of individuals even under severely stressful conditions do not necessarily break down (Brown &

Harris, 1978; Monroe et al., 1983; 1986; Cohen & Wills, 1985; Hammen, 1985; Barnet & Gotlib, 1988). Therefore, attention in the life events research has also broadened its focus to include moderator variables that may render individuals more or less susceptible to deleterious effects of stress, such as "social support". Sarason et al. (1983) defined social support as the existance or availability of people on whom we can rely, people who let us know that they care about and value us. Barnet & Gotlib's (1988) review research has indicated that there are different operationalizations of social support. They have suggested that social support can be analysed at three levels according to different uses of it. Firstly, it has been conceptualized at the broadest level as an objective quantity of social resources; a process by which one develops, uses and maintains resources; a cognitive appraisal; or a transaction between person and environment (Monroe et al., 1983; Coyne et al., 1982). Secondly, Cohen & Wills (1985) have dichomotized social support as either "structural or functional". Structural support refers to the number and degree of integration of relationships; functional consists content dimensions like esteem, informational support, social companionship and tangible support. Finally, other analysis examines

the "source of support"; and at this point, as emphasized by Coyne & Delongis (1986), the most important distinction is to be made between marital and extramarital support.

Numerious studies have emphasized that social support plays a mediating role between stress and various forms of psychopathology such as depression. These studies have indicated that people with spouses, friends and family members who provide psychological and material resources are in better health than those with fewer supportive contacts (Brown & Harris, 1978; Holohan et al., 1981; Belle, 1982; Liberman, 1982; Sarason et al.,1983; Blazer, 1983; Monroe et al., 1983; 1986; Roehl & Okun,1984; Blaney, 1985; Cohen & Wills, 1985; Gotlib & Digdon, 1985; Parry et al., 1986; Coyne & Delongis, 1986; Barnet & Gotlib, 1988; Rosario et al., 1988; Worell, 1988).

It seems that mainly, there are three hypothesis which have explained why there is such a negative relation between social support and depression. According to the vulnerability hypothesis (Cooke, 1985) or buffering model (Cohen & Wills, 1985), social support decreases the level of symptoms in the presence of life events, but not in their absence; in other words, in the absence of a threat-hining event, the absence of a close confiding relationship does not increase the risk of depression.

Differently, independent causes hypothesis (Cooke, 1985) or main effect model (Cohen & Wills, has claimed that social support decrases the level of depressive symptoms irrespective of whether the level of depressive symptoms irrespective of whether life events occur or not. This model emphasizes that the quality of person's social and marital relationship would always be important with respect to psychological well-being, not merely in facing stressful life events. Lastly, the synergy hypothesis (Cooke, 1985) has integrated the first two hypothesis such as, poor social support and life events have independent effects on symptoms; however, in addition, their occurence together produces a dispropositionate increase in symptoms. According to this explanation, if an individual experiences stressful events it will have an effect, and if both factors occur together this will result in a substantial increase in depressive symptoms. Cohen & Wills (1985) have reviewed research that investigated whether the positive association between social support and well-being is attributable more to an overall beneficial effect of support (main effect model) or to a process of support protecting persons from potentially adverse effects of stressful events (buffereing model) or due to the synergy hypothesis as suggested by Cooke (1985). As a result of their review, they have concluded that the buffering model

is supported when the social support measures assess the perceived availability of interpersonal resources that are responsive to the needs elicited by stressful events (functional support), while the main effect model is supported in these studies when the support measures assess a person's degree of integration in a large social network (structural support), and they did not found a significant support for synergy hypothesis.

In the social support studies; on the other hand, specificaly, some research have only focused on the "confiding" or "intimacy" dimension of social support; and have indicated that intimacy acts as a powerful mediator between the provoking agents and onset of depression. In general, most of this research have emhasized that there is a significant stress, support buffering interaction; that is, in the absence of a threathening life event, the absence of a close confiding relationship does not increase the risk of depression. Cohen & Wills (1985) have explained that this buffering effect of confidant support occures through its influence on feelings of self-esteem and self-efficacy, particularly, from the "whom support is received" dimension point of view, research have also reported the distinction between marital and extra-marital support, the spouse seems to be key confidant; confiding relationship with a parent,

sister or friend do not compansate for a person's lack of a confiding relationship with their spouse in terms of vulnerability to depression.

The prevelance studies of depression, as have been mentioned previously, point out that it is more common in women than men. The higher prevalance rate of depression in females have been explained from different dimensions.

From the learned helplessness point of view, Beck & Greenberg (1974 cited in Unger, 1979) have stated that women may have a culturally induced tendency to see themselves as powerless. They may persist interpreting individual events in terms of their own helplessness and lack of power rather than selecting from an unscored set of interpretation of events and this lack of perceived power leads to passivity. The passivity and depressed affect that accompanies it may then be interpreted as conforming the perceived helplessness. From another perspective, studies on the "usage of social support" have indicated that women need and seek more social support than men (Thoits, 1982; Vaux, 1985 cited in Rosario et al., 1988). According to these researchers, gender differences in social support are partly a function of socialization, and traditional roles present different opportunities for establishing, maintaining, and utilizing close social relationship. From the "controllable"

versus uncontrollable life change" perspective, women's higher level of symptoms may be a reflection of not their higher exposure to stressful life events; but their proneness to perceiving uncontrollability, so women are particularly affected by events that they cannot control in their lives (Dohrenwend, 1973a). At this point, Pearlin & Schooler's (1978) study on gender differences in terms of coping dimension using a large and representative community sample revealed that men tend to use a variety of efficacious coping strategies more often than women. Therefore, to focus on the "coping patterns or differences" of the two sexes may contribute more valuable knowledge about the gender's vulnerability differences to depression or any mental health problem. From this perspective, Rosario et al.'s (1988) research indicated that two main hypotheses have been advanced to explain gender differences in coping. One of them is "socialization theory" that states women are socialized into using less effective coping strategies; and another one is "role constraint theory" that affirms no gender differences in coping exist when men and women occupy the same roles. These bring up the necessity of determining "what are the roles of women in the society".

At this point, one role of the women can be accepted as being "housewife". Oakley (1974a) have suggested that

the characteristic features of housewife's role in modern industrulized society are: (1) Its exclusive allocation to women, rather than adults of both sexes; (2) Its association with economic dependence; (3) Its status as non-work or its opposition to "real" or economically productive work; and (4) Its primacy. According to Oakley (1974a) the third point is particularly important. Housework is not seen as "real" work because there is no end product for which the women is paid, and it differs from other work by being concealed, because it is private, it is self-defined and its outlines are blurred by its integration of family-based role which defines the situation of women as well as the situation of housewife.

From this framework, Bart (1967) investigated the vulnerability differences of working and non-working women for depressive disorder. As a result of his study, it was found that married, middle class, non-working women who assumed the traditional roles of wife and mother have a higher rate of depression than working women, so this defined main role of the women can be accepted as another vulnerability factor. Oakley (1974b) and Radloff's (1975 both cited in Unger, 1979) analysis of interview data obtained from housewives revealed same results, such as housewives named housework as the most disliked aspect of the role, and although they reported themselves as happy, housewives as a group showed more symptoms of stress and more depressed

than any other comperable sex or age group. The same conclusion concerning the "productive" nature of a job was reached by Weisman & Paykel (1974) in their study on depressed American women. They also reported that these depressed women showed most impairment and caused most friction inside the home; but many managed to continue working successfully outside the home, in spite of being fairly seriously depressed. Similarly, Pearlin et al., (1981 cited in Baruch et al., 1987) found that women who occupied the role of homemaker were more likely to experience "role disenchanment" and depression than were employed women. According to their explanation the stress women experiences is often due to "severe demands in their employment inside the home". A lack of structure for setting limits on one's tasks are more characteristic of the women. Therefore, it can be said that the women's family roles make them vulnerable to depression. Recent studies on family-related stress and its negative mental outcomes in women have shown that family role stressors are more strongly related to negative mental health outcomes, especially depression than are work related stressors (Holohan, 1981; Unger, 1979; Belle, 1982; Ilfeld, 1982; Dytell et al., 1985; Kendel et al., 1985 both cited in Baruch et al., 1987). According to researchers one reason may be that they find it less acceptable to acknowledge

family problems than work problems. "Women may feel that they ought to able to cope" with family problems because of the centrality of success in family roles to their self-esteem and sense of feminity; therefore, such feelings might reduce women's utilization of social support in dealing with family role stress (Kessler, 1984; Stewart & Salt, 1981 both cited in Baruch et al., 1987). Similarly, the association between family role stress and negative health outcomes was found to be less strong in working women compared to housewives in Brown et al.'s (1975 cited in Baruch et al, 1987) study. Their research on English women indicated that for women with no confidants who were exposed to stressful life events, psychiatric symptomatology developed in only 14% of those employed compared to 79% of those unemployed. As a result of these studies in Baruch et al.'s (1987) review about work and family stress on women and gender, it seems that although work causes stress, it is not as much adversive as being a housewife in becoming more vulnerable to stress related illness in women.

In summary, results of studies on Western samples have postulated that depressive symptoms are in part a function of life events; social support acts as powerful mediator between provoking agents and onset of depression;

and non-working women who assumed the traditional roles of wife and mother have a higher rate of depression than working women.

The aim of the present study is to investigate the relationship of husband's and friend's social support, life events, and work status on the level of depressive symptoms in married Turkish women.

SECTION II

M E T H O D

II.1. SUBJECTS

The sample consisted of 50 employed and 50 unemployed women living in Ankara. Working subjects were recruited accidentally from Etibank, Ziraat bankası, Merkez bankası, among married female employees who have been employed for at least two years. Their close non-working friends living in the same neighbourhood had been selected as unemployed subjects.

The mean age of the non-working subjects was 37 years (Sd=7.381, range= 25-50 years) and working subjects was 33 years (Sd= 4.19, range= 25-50 years). Some socio demographic characteristics of the two groups are given in table III.1. in the results section.

II.2. INSTRUMENTS

Beck Depression Inventory (BDI), Social Support Questionnaire (SSQ), and Life Events Scale (LES) were

applied to each subject.

Beck Depression Inventory (BDI)

The first version of BDI was developed by Beck et al. (1961); and it was revised in 1978 (Beck et al., 1979) to present clearer statements for self administration and to permit simpler scoring. The revised form eliminated the alternate ways of asking the same questions that were employed in the 1961 edition and avoided the use of double negative statements (Beck & Steer, 1984). This 1978 version of BDI is a self-report assessment device containing 21 items which are rated from 0 to 3 in terms of intensity. The ratings are summed to calculate total depression scores that can range from 0 to 63 (see appendix ıı). It does not project any etiological theory of depression, it is only related to depressive symptoms such as (1) mood; (2) pessimism; (3) sense of failure; (4) lack of satisfaction; (5) guilt feelings; (6) sense of punishment; (7) self-dislike; (8) self-accusations; (9) suicidal wishes; (10) crying; (11) irritability; (12) social withdrawal; (13) indecisiveness; (14) distortion of body image; (15) work inhibition; (16) sleep disturbance; (17) fatigability;

(18) loss of appetite; (19) weight loss; (20) somatic preoccupation; (21) loss of libido. As it is seen it covers the affective, motivational, somatic and cognitive dimensions of depression.

As a result of the meta-analysis study that contains research studies focusing on the psychometric properties of the BDI with psychiatric and non-psychiatric samples through years 1961 through 1986, Beck et al. (1988), reported that BDI has high internal consistency & concurrent validity; moreover, studies about internal consistencies of the 1961 and 1978 versions of it showed that both versions are comparable (Beck et al., 1984; Campbell, 1984). Importantly, recent evidence that were found in the Beck et al.'s (1988) meta-analysis study indicates that the BDI, **discirminates** between psychiatric and non-psychiatric patients; subtypes of depression and differentiates depression from anxiety.

Translation and reliability studies of the 1978 version of BDI were conducted by Tegin (1980) and validity study was conducted by Hisli (1988) on Turkish samples, and findings of these studies also support its usage such as; the test-retest reliability of the device assessed on the normal sample, was .65; the internal consistency, estimated by the split-half

reliability coefficients were found to be .78 on normal sample, and .61 on depressed sample (Tegin, 1980); and the pearson correlation coefficient was found to be .63 between BDI and Minnesota Multiphasic Personality Inventory- Depression subscale (MMPI-D) by Hisli (1988).

Social Support Questionnaire (SSQ)

The SSQ was prepared for this study to measure confiding dimension of social support, according to Brown & Harris's(1978) criteria, and as described and applied by Ingham et al. (1986). These were:

i. a close confiding relationship with the husband or boyfriend,
ii. a similar relationship with some other person who is seen at least weekly,
iii. a good confidant seen less than weekly and,
iv. no one with whom they are prepared to discuss their intimate problems.

In this study, SSQ contained close-ended items (see appendix ııı). First and second items are related to husband's social support, while the third and fourth items are related to friend's social support. The points are summed to calculate total SSQ scores that can range

from 0 to 2

Life Events Scale (LES)

The LES contained items relevant to married women of Holmes & Rahe's (1967) Recent Life Experience Scale, and were translated into Turkish by Baltaş & Baltaş (1987). LES contains 24 events that can be experienced by people during their life; however, for working women 5 additional job related events were added to these 24 life events.

LES covers not only undesirable (negative) events, but also desirable (positive) and some ambiguous events in relation to being positive or negative. Tausig's (1982) study about utilization of Holmes & Rahe's scale has suggested that although undesirable events are more highly related to depression than desirable of ambiguous events, the total score is an equally good correlate with the more general theoretical perspective that defines all life events as requiring readjusment.

Since there was no normative data on weighted scores of the events for their negativity in the Turkish population and since, Tausig's (1982) study has postulated that weighted and unweighted scores do not differ in their ability

to predict dependent outcomes; and Holmes & Rahe's scale is best described as an unweighted measure of frequency of life events; subjects were asked to check events that they had experienced during the last 12 months, and total number of events were calculated as a LES score (see appendix ıv for LES).

II.3. PROCEDURE

The instruments, BDI, SSQ, LES were prepared as a set, each set in a counter balanced order, in order to control for the order effect, and a brief question form about some socio-demographic characteristics of the subjects was added to all instruments. Subsequently, two sets were given to each working subject, and they were asked to complete one set, and to give themselves the other one to a close non-working friend living in the same neighbourhood. The application was conducted individually. The working women were administered the instruments in their work environment during their free times. First of all, essential explanations that were also included on the forms were given;

"The purpose of this research is to investigate psychological effects of some factors on working and non-working married women. Since the results of the questionnaire

will be evaluated as a group, it is not necessarily for you to write your name on the forms".

The data collection procedure took about one month.

II.4. STATISTICAL ANALYSIS

In order to determine the internal reliability of the Beck Depression Inventory (BDI), and Social Support Questionnaire (SSQ), data from 50 working women were analysed using Cronbach's coefficient alpha (Hull, and Nie, 1981).

To compare the working and non-working sample in respect to some socio-demographic variables, life events, and social support scores t-test analysis were conducted.

In order to investigate the predictive powers of life events, social support, work status and some other variables on depressive symptomatology level, stepwise multiple regression analysis was applied. Working status, number of events, social support scores, and some socio-demographic related variables assessed by the questionnaire were taken as predictor variables and BDI scores as predicted variable.

All statistical analysis of this study were conducted

by using the statistical package for social sciences (Nie, Hull, Jenkins and Bent, 1975).

SECTION III

R E S U L T S

III.1 T-test Analysis

In order to ensure the similarity of the working and non-working groups in some socio-demographic variables, life events and social support, Beck Depression Inventory (BDI) scores they were compared by the student "t" test. Table III.1 presents the means, standard deviations and t-test values for this comparison.

Table III.1

Comparison of Working and Non-working Groups

	working women	non-working women	
	$\bar{x}$	$\bar{x}$	t
Age	33.21 (4.19)	37.43 (7.38)	2.444*
Duration of marriage	9.13 (4.59)	15.82 (6.63)	5.1384**
Education level in years	13.85 (3.18)	8.78 (13.69)	2.0235*

	working women	non-working women	
	$\bar{x}$	$\bar{x}$	t
Number of childeren	1.36 (.14)	1.79 (1.27)	.5318
Mean age of children	8.14 (3.65)	14.15 (5.37)	4.1257**
Life events including 5 additional events for working women	3.60 (3.64)	3.45 (2.20)	.9250
Life events excluding 5 additional events for working women	3.06 (2.61)	3.45 (2.20)	.4816
Friend's social support scores	1.54 (.75)	1.58 (.48)	.5812
Husband's social support scores	1.69 (.35)	1.52 (1.49)	.9590
Beck Depression Inventory scores	9.23 (7.45)	9,93 (7.69)	.6718

*P <.05

**P <.01

df= 98

As can be seen from table III.1, non-working subjects were significantly older, had been married for a longer duration of time, had older children and less education than the working subjects; therefore, since the Analysis of Variance (ANOVA) could not be applied, the stepwise multiple regression analysis was conducted.

III.2 Reliability of Beck Depression Inventory and Social Support Questionnaire (SSQ)

The internal reliabilities of the BDI and SSQ were examined by using the Cronbach's coefficient alpha (Hull, and Nie, 1981). The Table III.2 shows the Cronbach alpha and F values for the scales of the BDI and SSQ.

Table III.2

Cronbach Aplha Values for the Scales of the BDI and SSQ

	Standardized item alpha	F
BDI	.8584	12.395**
SSQ	.6883	4.1257*

**p $<$ .001

*p $<$ .05

df= 98

As can be seen table III.2., the internal reliabilities of both BDI and SSQ were found to be significant.

III.3 Regression Analysis

Before multiple regression analysis intercorrelations for all predictor variables that were planned to be used in this analysis and Beck Depression Inventory score were calculated. Variables that revealed a correlation of less than -.10 and +.10 with the BDI scores were eliminated since their contribution to the explained variance would be non-significant, and when two predictor variables indicated a high correlation with each other (above .85) only one of them was entered into the multiple regression, since the previously entered independent variable would have accounted for most of the variance in the dependent variable; in order to prevent this type of misleading results, only one of the highly correlated independent variable was selected for the multiple regression analysis. Following the correlational analysis, friend's social support, number of children, age, duration of marriage that revealed a correlation of less than -.10 and +.10 with the BDI score were excluded (see appendix V for correlation matrix of all variables). From the regression analysis subsequently, working status that was treated as a dummy variable, number of events, husband's social support scores, total years of education, and childrens' mean

age were taken as predictor variables; and Beck Depression Inventory (BDI) scores as the predicted variable and "stepwise multiple regression analysis" was conducted.

The correlation matrix of the variables included in the multiple regression analysis was shown in Table III.3; and the results of the "stepwise multiple regression analysis" were presented in the Table III.4.

Table III.3

Correlation Matrix for the Variables

Used in the Regression Analysis

	WORK	BDI	HSS	LE	EDC	CMA
BDI	.16					
HSS	.11	-.39**				
LE	.01	.24*	-.12			
EDC	-.58	.16	.08	.10		
CMA	.43	.09	-.16	.39	-.24	

*$p < .01$
**$p < .001$
df=98

WORK = Subject's working status.

BDI = Beck Depression Inventory score.

HSS = Husband's Social Support.

LE = Life Events.

EDC = Subject's education level.

CMA = Children Mean Age.

As Table III.3 indicates two variables: husband's social support (negatively), and number of life events (positively) significantly correlated with Beck Depression Inventory scores.

Table III.4

Summary Table for the Multiple Regression Analysis

variable	simple r	BETA	R square change	F
WORK	.1648	.1060	.02716	.769
CMA	-.0980	-.1494	.00083	1.784
HSS	-.3984	-.3659	.1451	15.891**
LE	.2407	.2695	.0514	7.073*
EDC	.1691	.1401	.0126	1.556
Total R square = .24				

*P <.01

**P <.001

df= 98

As it can be seen from the table III.4 the five predictor variables explained 24 per cent of the variance in depression. Only husband's social support and life events were found to be significant predictors of depression, and

together these two variables explained 20 per cent of the variance. Husband's social support explained more variance in the depression scores than number of life events. These results suggest that as life events increase and as husband's social support decreases, level of depression increases.

SECTION IV

D I S C U S S I O N

The purpose of the present study was to investigate the relationship of social support, life events, and work status on the level of depressive symptoms in married women. The results revealed that husband's social support and life events were significant predictors of reported depressive symptomatology level, whereas work status had no significant predictive power.

Findings have suggested that in terms of the "source of support" there is a negative relationship between husband's social support and depression. That is, as husband's social support decreases, the level of depressive symptoms increases. At this point, results have also indicated that support from husband is significantly related to depression; whereas support from friends was not, thus, it can be said that friend's social support does not seem to have a buffering effect in terms of vulnerability to depression. Similarly, Brown & Harris (1978) also found that having a confiding husband or boyfriend served stress protective functions for women, but other confidants did not. However, with the present data, it is not possible to clarify why

husband's social support buffers against depression, but similarly, this is also one of the limitation of the social support studies. Considering previous research, the functions of husband's social support may be mediated by "self-esteem or self-efficacy enhancement"; or it may serve a buffering function through direct changes in coping abilities. However, we need data to see whether these possibilities can be supported or not. Therefore, "what supportive functions" are provided in such a relationship is still unclear and requires further studies that focus on "what is the role of having a confiding husband or boyfriend in the coping abilities of the women".

As congruent with the literature (Brown & Harris, 1978; Lloyd, 1980; Hammen, 1985; 1986; Parry et al., 1986...), present results indicated a positive relationship between number of life events and depression. That is; as number of life events increases, the level of depressive symptoms also increases. Previous researchers have emphasized that cognitive factors may have an important impact, mainly "how individuals interpret" life events may mediate their impact. This points out the fact that individual differences and situational contexts and life events may interact in producing vulnerability to depression.

Since, the life events scale used in the present

study gives only a general idea about the amount of life events that are experienced by the subjects, it is not possible to determine the factors that may act as mediators of depression. Therefore, in order to clarify individual meaning and implication of life events, degree of negativity or positivity, and negative or positive impact of events should be evaluated using a kind of subjective rating scale on each event. Especially, this kind of assessment that considers interaction between life events and individual differences in terms of vulnerability to depression is likely to bring more light on the types of events related to depression and will enable to illumunite the role of positive and negative events in relation to depression.

Considering results of studies on Western samples the disparity is that; in the present study no differences were found between working and non-working subjects on reporting depressive symptoms, and work status did not appear as a significant predictor for depression. Research about work and family stress on women in Western societies reviewed by Baruch et al, (1987) have suggested that the roles of the women in the society are very critical in producing vulnerability to depression; they have indicated that family role stressors are more strongly related to depression than work related stressors. These studies have

emphasized the traditional role (housework, child rearing etc...) of women as a vulnerability factor to depression. According to these researchers, the stress women experiences is often due to severe demands inside the home. In general terms, these studies have concluded that "non-working women who assumed the traditional roles of wife and mother have higher rates of depression than working women".

In order to understand why the differences between working and non-working women observed in Western samples were not obtained in the present study, it is necessary to examine what the working life in which the women takes her place, brings or takes away from her. It is also fruitful to examine the impact of changes brought by working life on her social role. From this perspective, Özkalp's (1989) research on problems of working women in Turkey, gives an idea about why work may not buffer against depression in this culture. Since, his subjects's characteristics were very similar to the present study's working subjects, findings seem to be comparable. According to Özkalp's (1989) research, most of the women have reported that "economic need"; "future ensurance"; or "economic freedom" were the reason for their employment while, only 7.5% of them have reported "job satisfaction" as a reason of their working; and although most of the subjects have stated that

they liked the family life, only 7% of them found work enjoyable. However, 82% of them did not think of leaving their jobs because of the future ensurance.

These circumstances may explain why mentioned buffering effects of work on depression observed in the Western society could not be found in the Turkish culture. Findings of Özkalp's (1989) study show that working is perceived as a necessity, not as a choice for Turkish women. As emphasized by him, the important point is that; "expected social role of woman does not change even if she is working"; since, the traditional roles of the woman such as housework and child rearing are not shared by the other members of the family in Turkey. In general, these may show that Turkish women share "similar" traditional roles whatever their work status is in the society; this traditional role of the women may be seen as a main responsibility for them. Therefore, in Turkey, it seems that working life brings up additional responsibilities and may imply "role conflict" for them. Nevertheless, further data is needed for examining these possibilities. At this point, how Turkish women perceive their traditional role; and whether this perception differ in working and non-working women; what are the roles of these women; and what are the implication of these roles for them in the society can be

investigated.

One of the shortcomings of the present study was that the working and non-working groups were not matched for age, duration of marriage, education levels and mean age of children. This brings up the question of "can any difference be found between working and non-working samples if they were matched for mentioned dimensions in terms of vulnerability to depression?", therefore, in future research comparable groups should be utilized. Another point is that; during the application phase of the study the instruments were given to non-working subjects by working subjects due to practical reasons, so this procedure might have limited the accuracy of the non-working subjects' reports.

In overall evaluation, in the present study, social support, life events, and work status' effects on depressive symptoms were investigated. As congruent with the literature present results indicated that husband's social support and life events were significant predictors of reported depressive symptomatology level. Differing from the results of studies on Western samples; work status did not appear as a significant predictor for depression.

These findings bring up the necessity of determining "whether there are interactions between type of life events, source of social support and traditionality of the women".

However, it seems that, in order to investigate these relations, assessment of life events should be designed to determine qualitative aspects of stressful circumstances. That is; evaluation of life events should be "specific" and consider both individual differences and situational contexts by assessing the subjective degree of impact or negativity of each event; rather than global as life events scale used in the present study. Secondly, subjects should be matched for social, educational background variables; and application should be conducted individually. Finally, to obtain different working samples in such a research can be suggested for having an understanding on the disparity between the Western and Turkish samples in respect of work status.

In general aspect, it seems that, considering mentioned factors interaction in complex ways can increase our knowledge on depression vulnerability models.

APPENDIX I

Bu araştırmanın amacı, bazı faktörlerin, çalışan ve çalışmayan, 25-50 yaş arası evli bayanlar üzerinde yol açabileceği psikolojik etkileri incelemektir. Elde edilen bilgiler grup halinde değerlendirileceği için isim belirtmeniz gerekmemektedir. Bu nedenle sorulara olabildiğince samimi karşılıklar vermeniz beklenmektedir. Sizin sorulara göstereceğiniz dikkat ve açıklık, sözkonusu araştırmanın sağlıklı olabilmesi için büyük önem taşımaktadır. Soruları yanıtlamak için ayırdığınız zaman ve gösterdiğiniz çabayla araştırmaya sağladığınız katkılara teşekkürler.

****

Aşağıda hakkınızda biraz bilgi edinebilmek için hazırlanan bazı sorular yeralmaktadır. Lütfen bunları yanıtlayınız.

1. Kaç yaşındasınız ?
2. Kaç yıldır evlisiniz ?

3. Çocuğunuz var mı ? Varsa yaş ve sayıları nedir ?

4. Hangi semtte oturmaktasınız ?

5. Eğitim düzeyiniz nedir : (çarpı işareti koyunuz)

İlkokul .... ilkokuldan terk.........

Ortaokul.......... ortaokuldan terk........

Lise.............. liseden terk............

Üniversite........ üniversiteden terk......

Üniversite sonrası........................

6. Toplam kaç yıl eğitim gördünüz ?

7. Eğer çalışmıyorsanız, çalışmamanızın nedenleri sizce nelerdir, belirtiniz.

8. Boş zamanlarınızı nasıl değerlendirirsiniz ?

****

APPENDIX II

BECK DEPRESSION INVENTORY

Aşağıda gruplar halinde bazı cümleler yazılıdır. Her gruptaki cümleleri dikkatle okuyunuz. BUGÜN DAHİL, GEÇEN HAFTA içinde kendinizi nasıl hissettiğinizi anlatan cümleyi seçiniz. Seçmiş olduğunuz cümlenin yanındaki numarayı daire içine alınız. Eğer bir grupta durumunuzu tarif eden birden fazla cümle varsa size en uygun olan birini daire içine alarak işaretleyiniz. Seçiminizi yapmadan önce her gruptaki cümlelerin hepsini dikkatle okuyunuz.

1. 0 Kendimi üzüntülü ve sıkıntılı hissetmiyorum.
   1 Kendimi üzüntülü ve sıkıntılı hissediyorum.
   2 Hep üzüntülü ve sıkıntılıyım, bundan kurtulamıyorum.
   3 O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

2. 0 Gelecek hakkında umutsuz ve karamsar değilim.
   1 Gelecek hakkında karamsarım.
   2 Gelecekten beklediğim bir şey yok.
   3 Geleceğim hakkında umutsuzum ve sanki hiç birşey düzelmeyecekmiş gibi geliyor.

3. 0 Kendimi başarısız bir insan olarak görmüyorum.
   1 Çevremdeki bir çok kişiden daha çok başarısızlıklarım olmuş gibi hissediyorum.
   2 Geçmişime baktığımda başarısızlıklarla dolu olduğunu görüyorum.
   3 Kendimi tümüyle başarısız bir kişi olarak görüyorum.

4. 0 Bir çok şeyden eskisi kadar zevk alıyorum.
   1 Eskiden olduğu gibi her şeyden hoşlanmıyorum.
   2 Artık hiçbir şey bana tam anlamıyla zevk vermiyor.
   3 Her şeyden sıkılıyorum,

5. 0 Kendimi herhangi bir şekilde suçlu hissetmiyorum.
   1 Kendimi zaman zaman suçlu hissediyorum.
   2 Çoğu zaman kendimi suçlu hissediyorum.
   3 Kendimi her zaman suçlu hissediyorum.

6. 0 Bana cezalandırılmışım gibi gelmiyor.
   1 Cezalandırılabileceğimi hissediyorum.
   2 Cezalandırılmayı bekliyorum.
   3 Cezalandırıldığımı hissediyorum.

7. 0 Kendimden memnunum.
   1 Kendi kendimden pek memnun değilim.
   2 Kendimden nefret ediyorum.

8. 0 Başkalarından daha kötü, hatalı ve zayıf olduğumu sanmıyorum.
   1 Zayıf yanlarım veya hatalarım için kendi kendimi eleştiririm.
   2 Hatalarımdan dolayı her zaman kendimi kabahatli bulurum.

3 Her aksilik karşısında kendimi kabahatli bulurum.

9. 0 Kendimi öldürmek gibi düşüncelerim yok.
   1 Zaman zaman kendimi öldürmeyi düşündüğüm oluyor fakat yapmıyorum.
   2 Kendimi öldürmek isterdim.
   3 Fırsatını bulsam kendimi öldürürüm.

10. 0 Her zamankinden daha fazla ağlamıyorum.
    1 Zaman zaman içimden ağlamak geliyor. Eskisinden daha fazla ağlıyorum.
    2 Çoğu zaman ağlıyorum, kendimi durduramıyorum.
    3 Eskiden ağlayabilirdim, şimdi istesem de ağlayamıyorum.

11. 0 Şimdi her zaman olduğundan daha sinirli değilim.
    1 Eskisine kıyasla daha kolay kızıyor ya da sinirleniyorum.
    2 Şimdi hep sinirliyim.
    3 Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

12. 0 Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.
    1 Başkaları ile eskisinden daha az konuşmak, görüşmek istiyorum.
    2 Başkaları ile görüşme, konuşma isteğimi kaybettim.
    3 Hıç kimse ile görüşüp, konuşmak istemiyorum.

13. 0 Eskiden olduğu kadar kolay karar verebiliyorum.
    1 Eskiden olduğu kadar kolay karar veremiyorum.
    2 Karar verirken eskisine kıyasla güçlük çekiyorum.
    3 Artık hiç karar veremiyorum.

14. 0 Aynada kendime baktığımda bir değişiklik görmüyorum.
    1 Daha yaşlanmışım ve çirkinleşmişim gibi geliyor.
    2 Görünüşümün çok değiştiğini ve daha çirkileştiğimi hissediyorum.
    3 Kendimi çok çirkin buluyorum.

15. 0 Eskisi kadar iyi çalışabiliyorum.
    1 Birşeyler yapabilmek için gayret göstermem gerekiyor.
    2 Her hangi birşey yapabilmem için kendimi çok zorlamam gerekiyor.
    3 Hiçbirşey yapamıyorum.

16. 0 Her zamanki gibi iyi uyuyabiliyorum.
    1 Eskiden olduğu gibi iyi uyuyamıyorum.
    2 Her zamankinden 1-2 saat daha erken uyanıyorum ve tekrar uyuyamıyorum.
    3 Herzamankinden çok daha erken uyanıyorum ve tekrar uyuyamıyorum.

17. 0 Herzamankinden daha çabuk yorulmuyorum.
    1 Herzamankinden daha çabuk yoruluyorum.
    2 Yaptığım hemen herşey beni yoruyor.
    3 Kendimi hemen hiçbirşey yapamayacak kadar yorgun hissediyorum.

18. 0 İştahım herzamanki gibi.
    1 İştahım eskisi kadar iyi değil.
    2 İştahım çok azaldı.
    3 Artık hiç iştahım yok.

19. 0 Son zamanlarda kilo vermedim.
    1 İki kilodan fazla kilo verdim.

2 Dört kilodan fazla kilo verdim.

3 Altı kilodan fazla kilo verdim.
Daha az yiyerek kilo vermeye çalışıyorum.
Evet...... Hayır......

20. 0 Sağlığım beni fazla endişelendirmiyor.

1 Ağrı, sancı, mide bozukluğu veya kabizlık gibi rahatsızlıklar beni endişelendiriyor.

2 Sağlığım beni endişelendirdiği için başka şeyleri düşünmek zorlaşıyor.

3 Sağlığım hakkında o kadar endişeliyim ki başka hiçbir şey düşünemiyorum.

21. 0 Son zamanlarda cinsel konulara olan ilgimde bir değişme farketmedim.

1 Cinsel konularla eskisinden daha az ilgiliyim.

2 Cinsel konularla şimdi çok daha az ilgiliyim.

3 Cinsel konulara olan ilgimi tamamen kaybettim.

A P P E N D I X   III

S O C I A L   S U P P O R T   Q U E S T I O N N A I R E

Aşağıda yeralan soruları okuduktan sonra sizin için uygun olan seçeneği yuvarlak içine alınız.

1. Ani bir rahatsızlık ya da bunun benzeri beklemediğiniz bir olayla karşılaştığınız zaman, eşinizin size gerekli yardımı gösterdiğini söyleyebilir misiniz ?

   a) Evet   b) Hayır

2. Kişisel (özel) sorunlarınızı ya da sırlarınızı eşinizle rahatlıkla paylaşabilir misiniz ?

   a) Evet   b) Hayır

3. Eşinizin dışında önemli sorun ya da sırlarınızı paylaşabileceğinize inandığınız yakın arkadaşlarınız var mı ?

   a) Evet   b) Hayır

4. Yakın arkadaşınız olarak kabulettiğiniz kişileri haftada en az bir kez görebiliyor musunuz ?

   a) Evet   b) Hayır

****

SCORING: Evet: 1 point / Hayır: 0 point

****

A P P E N D I X IV

L I F E E V E N T S S C A L E

Aşağıda insanların yaşamları boyunca karşılaşabilecekleri olayların bir listesi vardır, Lütfen bunları dikkatle okuyunuz. Listede yeralan olaylardan son bir yıl içinde yaşadıklarınızı (x) işaretiyle belirtiniz.

.....1) Aile bireylerinin bir araya geliş sıklığında önemli bir değişiklik (alışılmıştan daha çok ya da az).

.....2) Sosyal faaliyetlerde önemli bir değişiklik (klüp, sinema, ziyaret v.b.).

.....3) Ekonomik durumda iyi bir değişiklik.

.....4) Ekonomik durumda kötü bir değişiklik.

.....5) Eşle olan tartışmalarda önemli bir artış (çocuk yetiştirme, kişisel alışkanlıklar v.b.' nin dışında alışılmıştan farklı sorunlar).

.....6) Cinsel problemler.

.....7) Önemli bir kişisel yaralanma veya hastalık.

.....8) Aileden yakın birinin ölümü.

.....9) Yakın bir arkadaşın ölümü.

....10) Aileye yeni birinin katılması (doğum, büyüklerin eve yerleşmesi gibi...)

....11) Bir aile üyesinin sağlığında veya davranışlarında önemli bir değişiklik.

....12) Hapsedilmek veya gözaltında bulundurulmak.

....13) Yasalara karşı işlenen küçük suçlar (trafik cezaları v.b.).

....14) Başka yere taşınmak.

....15) Önemli bir kişisel başarı.

....16) Çocukların evden ayrilmaları (yatılı okul, yüksek tahsil v.b. nedenlereden dolayı).

....17) Yaşama şartlarında büyük bir değişiklik.

....18) Büyük miktarda borçlanmak (ev almak, iş kurmak v.b.).

....19) Çok büyük olmayan miktarda borçlanmak (TV, video, araba v.b.)

....20) İpotek yada ikraz'da mala veya paraya el konması.

....21) Tatile çıkmak.

....22) Eş ile barışma.

....23) Hamilelik.

****

ÇALIŞAN HANIMLAR İÇİN DEVAMI

....24) Patron veya amirle problem.

....25) İş açısından yeniden bir uyum dönemi (İşi yönetenlerin değişmesi, bir başka kurum ya da işletmeyle birleşmesi, yeni organizasyon, iflas).

.:..26) İş saatlerinde veya şartlarında büyük değişiklikler).

....27) İşten atılma tehlikesi.

....28) İşteki sorumluluklarda önemli değişiklikler (terfi, statü kaybı, başka bir servise geçiş).

****

SCORING: Number of events.

****

APPENDIX V

CORRELATION MATRIX FOR ALL VARIABLES

	BDI	WORK	LE	HSS	FS	CMA	CN	EDC	AGE	DOM
WORK	.16									
LE	.24	.01								
HSS	-.39	.11	-.12							
FS	.05	.02	-.08	.10						
CMA	.12	.36	.46	-.07	-.13					
CN	-.06	.28	-.16	-.04	-.01	.05				
EDC	-.16	-.58	.10	.08	.01	-.11	-.37			
AGE	.04	.23	-.09	-.02	.08	.22	.12	-.32		
DOM	.03	.40	-.17	.01	.05	.19	.13	-.53	.70	

df= 98

FS= Friend's social support.
CN= Number of children.
AGE= Subject's mean age.
DOM= Duration of marriage of the subjects.
WORK= Working status.
LE= Life events.
HSS= Husband's social support.
CMA= Children mean age.
EDC= Education level.
BDI= Beck depression Inventory.

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