THE PSYCHOMETRIC QUALITIES OF THE KNOWLEDGE OF SECURE
BASE SCRIPT-PROMPT WORD OUTLINE METHOD:
MULTI-SAMPLE EVALUATION OF THE VALIDITY AND THE
RELIABILITY

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ABSTRACT

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Attachment theory which emphasizes the importance of the mother infant bond and its' crucial role in determining multiple cognitive, emotional, and behavioral factors later in life, is gaining popularity in all domains of psychology. However, both in terms of conceptualization and methods of assessment, there is no consensus among the domains and this debate encourages researchers to develop new assessment methods to resolve the issue. The current study focused on the Turkish adaptation of the most recently developed unobtrusive measure of attachment: The Knowledge of Secure Base Script-Prompt Word Outline Method (KSBS) which aims to assess the degree of knowledge about the secure base script. For this purpose, four different studies were conducted each of which assesses the reliability and the validity of

KSBS with varying samples and certain premises of the attachment theory were tested to validate KSBS. Accordingly, internal consistency, test-retest reliability and interrater reliability of KSBS was established. Addittionally, discriminant validity of KSBS was established presenting no relation with intelligence and certain socio-demographic variables as gender, age, education, and marital status. Also, consistent with the premises of the attachment theory, results revealed that among surgery patients the ones with lower KSBS score would display more state anxiety after the surgery than the ones with higher KSBS score. Similarly, psychiatric patients were shown to have considerably lower KSBS score than a control group with no psychiatric history. Lastly, the present study found that KSBS is correlated with perceived social support and coping strategies. Specifically, positive correlation was found between KSBS and perceived social support from friends, family, and significant others, and problem solving coping. Negative correlation was found between the helplessness and KSBS score. The expected and unexpected results of the study were discussed within the relevant literature, shortcomings of the current study, clinical implications and suggestions for future research were proposed.

Keywords: Knowledge of secure base script, Attachment, Anxiety, Perceived Social Support, Coping Strategies, Psychological Symptoms

ÖZ

GÜVENLİ ÜS SENARYO BİLGİSİ-KILAVUZ KELİME YÖNTEMİNİN PSİKOMETRİK NİTELİKLERİ: ÇOKLU ÖRNEKLEMDE GEÇERLİK VE GÜVENİRLİK DEĞERLENDİRMESİ

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Anne bebek arasındaki ilişkinin önemini ve bu ilişkinin bebeklik sonrası yaşamda birçok düşünsel, duygusal ve davranışsal alanda önemli derecede etkili olduğunu vurgulayan bağlanma teorisi, psikolojinin birçok alanında popülerlik kazanmaktadır. Ancak, gerek kavramsallaştırma gerekse ölçüm yöntemleri konusunda alanlar arasında bir fikir birliği sağlanamamıştır ve bu tartışma araştırmacıları yeni ölçüm yöntemleri üzerinde çalışmaya teşvik etmektedir. Bu çalışmanın amacı en son geliştirilmiş olan ve kişilerin güvenli üs senaryosunu ne düzeyde bildiklerini değerlendirmeye yönelik örtülü bağlanma ölçümünün; Güvenli Üs Senaryo Bilgisi-Kılavuz Kelime Yöntemi'nin (GÜSB) Türkiye adaptasyonunu yapmaktır. Bu amaçla ölçeğin geçerlik ve güvenirliğini test edebilecek farklı özellikte örneklemlerden

oluşmuş dört çalışma tasarlanmış ve bu çalışmalarda bağlanma teorisinin temel bazı önergeleri GÜSB'nin geçerlik değerlendirmesi olarak test edilmiştir.

Buna göre GÜSB'nin iç tutarlılığı, test-tekrar test ve puanlayıcılar arası güvenirliği tespit edilmiştir. Ek olarak, GÜSB'nin ayırdedici geçerliği zeka ile ve cinsiyet, yaş, eğitim ve medeni durum gibi bazı sosyo-demografik değişkenlerle ilişkisinin olmadığı gösterilerek ispatlanmıştır. Ayrıca, bağlanma teorisinin önergeleriyle tutarlı olarak çalışma sonuçları ameliyat hastalarından GÜSB puanı düşük olanların ameliyat sonrasında daha yüksek durumluk kaygı düzeyleri olduğunu göstermiştir. Benzer bir şekilde, psikiyatri hastalarının da GÜSB puanlarının psikiyatri geçmişi olmayan kontrol grubuna kıyasla belirgin bir şekilde düşük oladuğunu göstermektedir. Son olarak bu çalışmada GÜSB'nin algılanan sosyal destek ve stresle başa çıkma yolları ile ilişkili olduğu bulunmuştur. Buna göre aile, arkadaş ve önemli diğer kişilerden algılanan sosyal destek ve problem odaklı başa çıkma yolları ile GÜSB pozitif yönde ilişkilidir. Stres karşısında yaşanan çaresizlik ile GÜSB arasında ise negatif yönde bir ilişki bulunmuştur. Çalışmanın beklendik ve beklenmedik sonuçları ilgili literatür çerçevesinde tartışılmıştır. Ayrıca çalışmanın kısıtlılıkları, klinik göstergeleri tartışılmıs ve gelecek çalışmalar için önerilerde bulunulmuştur.

Anahtar Kelimeler: Güvenli Üs Senaryo Bilgisi, Bağlanma, Kaygı, Algılanan Sosyal Destek, Başa Çıkma Yöntemleri, Psikolojik Semptomlar

To my secure bases; my husband and my family

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CHAPTER 1

INTRODUCTION

Bowlby (1958), by his early works with delinquent (1944) and hospitalized children (1961) redirected the literatures' attention to some of Freud's basic insights about the child's tie to its mother. By utilizing these insights, Bowlby redescribed the mother-infant bond using the cognitive psychology and evolutionary terms. His theory is cruical not only for emphasizing the importance of the mother figure (or caregiver) in child's security but also for implying that early relationship has a continuous, stable effect from cradle to grave (Bowlby, 1958). Briefly, Bowlby (1958, 1961) proposed that mother-infant bond develops an internal working model of secure base phenomenon of which infant establishes expectations from himself/herself, from others and from the world. Not only for childhood but also for adulthood, these established and stable expectations constitute the framework for an individual to regulate his or her behaviors, emotions, and thoughts in multiple domains of life, especially in close relationships and in times of stress. Although attachment theory has been described as a theory related to both infant and adult relationships, Bowlby articulated the theory more for infancy rather than adulthood. It is not untill recently that developmental, social and cognitive psychologists has started focusing on attachment in adulthood. The earliest works in the literature go back to late eighties (e.g., Main, Kaplan, & Cassidy, 1985; Hazan & Shaver, 1987; and

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Shaver, Hazan, & Bradshaw, 1988) and since then attachment theory has been

gaining popularity in multiple domains of psychology including developmental,

social, clinical, cognitive and even industrial. The reason for this increasing

popularity across domains is that attachment theory is being treated as a grand

theory which provides explanation for multiple cognitive, emotional and

behavioral aspects of one's life and the mechanism of stability and continuity of

the psychological patterns established during infancy. Therefore, attachment

theory becomes a valuable source of research for multiple domains of psychology.

Despite the popularity of attachment theory, there is still an ongoing unresolved

debate in the literature about what and how to measure in adult attachment.

Considering attachment during infancy or childhood, there is no such debate in

the literature because infants' or young childrens' internal working models do not

develop in complexity or they are not verbal to communicate their attachment

working models. Also, infants and children do not have various social resources

of security but only their primary attachment figures mostly including their

mothers or fathers. As a result, childhood attachment literature agreed upon the

use of observational methods to assess the infants' or young childrens' attachment

to their primary attachment figures. However, the same is not applicable for adult

attachment. There is no consensus either on the conceptualization or on the

assessment methods of adult attachment. On one hand, the adult attachment

research is based on the narrative methods (e.g., Adult Attachment Interview;

George, Kaplan & Main, 1985) that assess the coherence of mental representation

of secure base experiences that operates outside the active awareness. On the other

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hand, it is based on self-report measures of adult romantic attachment styles (Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991) or of the two dimensions (anxiety and avoidance) (Brennan, Clark & Shaver, 1998) that underlie these styles. These two lines of research have remained largely seperated due to inconsistent results revealing no correlation (Crowell, Treboux, & Waters, 1999; Simpsons, Rholes, Orina, & Grich, 2002; Waters, Crowell, Elliott, Corcoran, Treboux, 2002) with each other on one hand, and moderate correlation on the other (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Shaver, Belsky, & Brennan, 2000). These inconsistent results revealed the main debate on what and how to measure in adult attachment unresolved and the literature tries to find solution to this debate by both revising old devices and presenting new methodologies.

Considering the above mentioned debate, the focus of the current study is on the most recently developed assessment method of adult attachment; the Knowledge of Secure Base Script/ The Prompt Word Outline Method (KSBS, Waters and Rodrigues, 2001) which conceptualizes attachment as a script of secure base use and implicitly assesses the level of individuals' knowledge about this script. The general aim of the present study is to provide a Turkish adaptation of KSBS. Specifically, the reliability and validity of this methodology has been tested and for this purpose four seperate studies were conducted. In these studies internal consistency, test-retest, and interrater reliability were established. Moreover, discriminant, convergent, and predictive validity were established by evaluating

the relationship between the script knowledge and anxiety, psychological symptoms, perceived social support, and coping strategies which are the most frequently pronounced variables in relation with attachment.

In this section of the thesis first the core concepts of attachment theory which forms the basis for the assessment of adult attachment is presented. These core concepts are the secure base phenomenon, internal working models, and classification of infant and adult attachment. Then, different traditions of adult attachment assessment and recent trends are introduced with criticisms directed to each one of them. At last, some of the premises of attachment theory is introduced emphasizing the role of attachment in shaping emotionality, perceived social support, coping strategies, and psychological symptoms.

1.1 Core Concepts of Attachment Theory

1.1.1 Secure Base Phenomenon

One of Bowlby's major contributions to the literature was replacing Freud's drive reduction model of relationship by providing a new explanation for the infants' dependency on the mother[1]. Bowlby (1958) proposed that both the infant and the mother are equipped with an evolutionary capacity to establish an attachment bond for the survival of the infant. Specifically, Bowlby (1969) theorized that infants have an inner control system that regulates the two

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[1]Throughout the manuscript, the words "mother" and "caregiver" used interchangeably to refer to secure base provider during infancy since attachment figures are mostly the mother, but not necessarily.

behavioral subsystems; attachment and exploration. The set goal of this system is the maximum safety and both subsystems have dramatic role in this set goal. In times of danger, either the presence of an unknown object or the absence of the mother, the attachment system is activated and the attachment behavior is triggered. Contact and further proximity with the attachment figure is needed until the danger is eliminated. When and if the danger is eliminated, the attachment system will be deactivated and the exploratory system will be activated. Just like attachment subsystem, exploratory system is also a source of safety but an indirect one. Through exploration infants' cognitive capacity, knowledge about the environment, possible threats and the ways to avoid possible dangers improve so that the safety of the infant also improves.

The presence of this inner control system could be easily observed when the attachment system is activated. Just by simply observing babies in a strange environment, how they keep their proximity to the mother, how they signal distress, and how they keep track of their mothers' whereabouts, one can be convinced about the presence of such control system. Systematic observations were reported across species (Berman, Rasmussen, & Suomi, 1993; Tarou, Barshaw, & Maple, 2000) and across cultures (Ainsworth, 1967) providing evidence for such an inner control system.

Bowlby's concept of the inner control system was later named as the secure base phenomenon by Ainsworth (1970) who focused on the role of the caregiver (mother) in the attachment bond. Although, infants have an innate capacity to

form a bond with the mother, attachment is a two-way interaction and the mother

has a crucial role in determining how and when the infant use the mother as a base

of security. There is much evidence indicating that the sensitive maternal care

during infancy is a significant casual factor in infants' use of the mother as a

secure base (Ainsworth, Blehar, Waters, & Wall, 1978; Egeland & Farber, 1984;

Isabella, 1993; Smith & Pederson, 1988; Ward & Carlson, 1995). Ainsworth

(1967) described the sensitive mother as a mother who is able to read her infants'

emotional and behavioral signs correctly, who is able to soothe her infant

effectively and consistently. The infants of sensitive mothers were easier to

soothe, more curious, more interactive both with the mother and with the

environment as compared to the infants of insensitive mothers. These infants seem

to establish a secure relationship with their attachment figure, that is; they develop

a trust and can effectively use their mother as a secure base from which to

explore. To sum up, secure base phenomenon is characterized by a cooperative

dyad that infant seeks support from the mother in times of danger and mother

provides effective and consistent support and helps her infant to reestablish safety.

Infants' secure base use and parents' secure base support are readily observable

since infants and young children need constant supervision, protection, and

support (Ainsworth, Blehar, Waters, & Wall, 1978; Pederson & Moran, 1995;

Waters & Gao, 1998). A similar observation is more difficult for adults but not

impossible. Crowell, et.al. (1998) showed that the behavioral component of the

secure base phenomenon in adult partnership was parallel to Ainsworth's

descriptions of infant and mother behavior. Accordingly, secure base behaviors of

the mother include support for exploration in ordinary circumstances and

responsiveness in times of stress and danger (Ainsworth et.al., 1978).

Complementary to the mothers' sensitivity and responsiveness the child signals

his or her needs clearly and consistently, seeking proximity and contact with the

caregiver. The child is comforted and returns to normal activity and exploration.

Parallel to infant-parent behavior, Crowell et.al. (1998) reported that in adult

partnership the care receiver signals his or her needs clearly and consistently,

approaches the other partner directly for help or support. The received support is

effectively used to reestablish emotional equilibrium, and returns to normal

activity and exploration. The caregiver, on the other hand, recognizes that the

partner has a need or is distressed and correctly interprets the need. He or she

gives an appropriate, cooperative response that supports and protects the well-

being of the partner and the relationship. A major difference between adult-adult

and infant-mother attachment is that the attachment behavior system is reciprocal;

in other words adult partners are not assigned to "caregiver" or "care receiver"

roles. Both attachment behaviors should be observable in individuals, and the two

roles may shift rapidly between partners. Other differences are that attachment

relationships between adults often serve a wide variety of other functions,

including sexual bonds, companionship, and sense of competence (Ainsworth,

1985; Weiss, 1982).

Understanding the concept of secure base phenomenon is important for the current study since the main target of the methodology dealt in this study is to assess the degree of individuals' knowledge about the secure base use. In other words, the method of assessment focused in the current study aims to test whether individuals know the script for the secure base, whether they know about the role of secure base provider and seeker, and whether they are able to present a coherent narrative about a secure base use.

1.1.2   Internal Working Models of Attachment

Presenting the concept of secure base phenomenon and the critical importance of the caregiver as an attachment figure who provides security to the child, Bowlby and Ainsworth (1956, 1965) has enlighted the practice and science related to child development and infant psychological health. However, Bowlby, as it has been mentioned before, did not limit the attachment theory to childhood. While reconceptualizing the nature of child's tie to its mother Bowlby (1969, 1973) also replaced Freud's ideas about motivation and mental representation with the concepts of cognitive psychology, thus enlarged the scope of the attachment theory by implying a general theory of personality. Bowlby (1969, 1973, 1980) used the term "internal working models" to describe the internal representations that individuals develop of the self, the others, and the world. These representations rooted in infancy and early childhood and presumed to be determined by the caregivers' availability and responsiveness to the child's needs

(Bretherton, 1985; Sroufe & Waters, 1977). Accordingly, infants who are responded in a consistent and sensitive manner, whose needs are satisfied effectively learn that they are lovable and worth to be taken care of (self model), their mothers are loving and thrustworthy (the other model) and the world is predictable and just (the world model). On the contrary, with inconsistent or rejecting caregiver, infants see themselves a worthless, unlovable, their mothers as unloving and not thrustworthy, and the world as unpredictable and unjust. In time, with the development of formal operational thinking, these early experiences become abstracted into more generalized beliefs and expectations about the warmth and responsiveness of others and about the worthiness of self. This internal working model, by organizing past experiences and providing a framework for understanding new experiences, serves to regulate, interpret, and predict both the attachment figure's and the self's attachment-related behavior, thoughts, and feelings.

Attachment theory suggests that the internal working models that develop early in childhood are likely to remain stable (Bowlby, 1988; Collins & Read, 1994; Waters, et.al., 2000) although they may also change throughout the course of life in the light of new critical experiences. Waters et.al. (2000) conducted a 20 year longitudinal study and reported that 72% of the adults received the same secure versus insecure classification as they recieved 20 years ago. The one whose attachment classification changed reported severe life events like loss of a parents, parental divorce, life threatening illness of parent or child, parental psychiatric

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disorder and physical or sexual abuse by a family member. Although, these

dramatic events seemed to have negative effects in terms of security results

revealed that if these changes led to a safer environment for the child like

distancing an abusive father through divorce, then the insecure child may change

into secure adult. The hypothesis about the stability of the internal working

models (Bowlby, 1969) and the longitudinal results (Waters, et.al., 2000) partially

supporting this hypothesis directed the social and clinical psychologist's attention

to attachment after infancy and functions, mechanisms, and implications of

internal working models in later life.

The earliest studies (Cassidy, 1988; Verschueren, Marcoen, & Schoefs, 1996) on

the association between early attachment and later concepts of self were reported

for childhood. Results (Cassidy, 1988; Verschueren, et.al., 1996) revealed that

securely attached children described themselves generally in positive terms

accepting the imperfection at the same time. On the contrary, insecurely attached

children either reported negative self-image or resisted admitting imperfection.

Studies on childhood attachment (Belsky, Spritz, & Crnic, 1996) also reported

that information processing of emotional issues is related to attachment.

Accordingly, securely attached children were reported to be less distracted during

positive events than negative ones, thus remember positive events more accurately

than negative ones. Parallel result were also obtained for adults. Results (Collins

& Read, 1990; Feeney & Noller, 1990) concluded that in adulthood secure

attachment style was correlated with high self-worth, confidence in social

relations, and self-assertion. Secure adults were found to have more positive

beliefs about the social world, viewing others as thrustworthy, dependable, and

alturistic. Additionally, in a response latency task, secure adults were found

(Baldwin, Fehr, Keedian & Seidel, 1993) to recognize the words that are

congruent with their relational schema faster. In other words, they were quicker to

respond to positive words. Lastly, studies (Collins & Read, 1990, Feeney 1996,

Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994; Simpson, 1990) revealed that

secure adults reported positive relationship experiences described as intimate,

stable, and satisfying. Complementary to these results, research (Collins & Read,

1990) revealed that preoccupied adults were low in self worth, self confidence and

assertiveness. They found it difficult to understand others and believed that they

lacked control over their lives. Avoidant adults were somewhat different as

compared to preoccupied adults, they presented high self-worth and assertiveness

but reported feel less confidence in social situations. Both groups of insecure

adults were found to respond to negative words faster than positive one in a

response latency task (Baldwin, et.al., 1993).

Taken together, these studies indicate that there is considerable value in exploring

the representational features of attachment. These studies are critical not only for

understanding the developmental pathways of attachment and its role as an

organizational construct for behaviors, thoughts and feelings but also it is critical

for understanding the role of attachment on several issues of psychology like

regulation of affect, psychological symptoms, coping strategies, and social

support. However, as Hinde stated (1988) the concept of working models was being used more often as a metaphor than in reference to specific cognitive structure. Untill recently theoretical underpinnings of the working models concept were less examined, less settled, and the concept was too vague, and too general. Bretherton (1987) was the first who directed attention to the notion of scripts (Schank & Abelson, 1977) and/or event schemas (Nelson, 1986) to explain the concept of internal working models of attachment. Accordingly, Bretherton used Schank and Abelson's (1977) classical example of a "Restaurant Script" which is characterized by the general sequence of events required to visit a restaurant and applied it to attachment scripts by stating that repeated similar experiences between the self and the attachment figure generate attachment scripts in which individuals could predict more or less successfully what is likely to happen next in the context of an attachment relationship (e.g., "When I feel sad, my dad will comfort me"; Bretherton, 1999, p.96). More specifically, Bretherton (1999) stated that unique experiences with the father (e.g., being picked up while distress, held on his lap, being talked to specific comforting words,and then feeling soothed, Bretherton, 1999, p.96) will serve as a summary script that is generalized into supportiveness schema (e.g., "Dad is always there for me when I need him", Bretherton, 1999, p.96). Different schemas representing different aspects of relationship with the father (e.g, Dad will play with me when I am bored, Dad will get angry when I do something wrong) will constitute the working model of the father, and in turn may become inputs to a working model of the father role in general. These general schemas may also govern what the child expects in

relationship with others, such as teachers and close friends (Weinfield, Sroufe, Egeland, & Carlson, 1999). In short, Bretherton (1987) has contributed to the attachment theory by explaining the nature of internal working models as a generalized script that is constructed from specific experiences between the self and the attachment figure. Similarly, Baldwin (1992) utilized the social-cognitive terms to explain the nature of internal working model of attachment and he directed the attention to the relational schemas, more specifically to the if-then interpersonal expectancies; a cognitive structure that is shaped by early experiences of negative interpersonal patterns. Accordingly, Baldwin (1992) proposed that people with if-then expectancies link success to interpersonal acceptance and failure to interpersonal rejection (e.g.; If I fail, then people will reject me, If I succeed, then people will like me), thus when "if" context is triggered (e.g., failure) "then" outcome (e.g., rejection) will be automatically activated. Baldwin and Meunier (1999) support the presence of if-then expectancies in an experimental study presenting that when an individual primed with a rejecting other, i.e., when they were asked to remember someone who was rejecting in their lives insecure adults reacted to failure words faster in lexical decision task than neutral words. Similarly, when they were primed with an accepting other insecure adults reacted to success words faster than neutral ones. These results support the notion that insecure adults might endorse if-then expectancies where accceptance is contingent upon success and rejection is contingent upon failure.

Efforts in explaining the nature of internal working models of attachment by utilizing various social-cognitive terms is beneficial for the attachment literature. These explanations do not only clarify the term "internal working model" but also provide a rich source to develop various new assessment methods, one of which is the focus of the present study and will be presented shortly. However, before presenting the new assessment methods in the attachment litertaure, another core concept of attachment theory should be mentioned: the classification of attachment and emotional, cognitive, and behavioral differences between different attachment styles.

1.1.3 Classification of Attachment

The secure base phenomenon described above is the ideal condition for the infant-mother or adult-adult dyads. However, observations (Ainsworth, 1967, 1970; Ainsworth et.al., 1978) revealed that not all dyads could establish such secure base bond and there are distinctive differences between individuals in terms of the ability to use and to reestablish the relationship with the secure base effectively.

1.1.3.1 Infant Classification of Attachment

During the Ganda study Ainsworth (1967) recognized distinctive behavioral differences between infants with sensitive mothers and infants with insensitive mothers and that not all infants could effectively use their mothers as a base of security. In order to improve the preliminary observations, Ainsworth and Wittig

(1969) developed the "Strange Situation", a semi-standardized laboratory procedure to observe one-year-old babies' responses to being in a strange situation. This 20-minute procedure assesses babies' responses for being in a new place, meeting an adult stranger, being seperated from the mother for a brief period, being left alone in an unfamiliar place for a brief period, and reuniting with their mother after a brief period. The procedure intended to produce mild stress for an infant by introducing strange and therefore stresssful situation. The situation was expected to activate the infant's attachment behavioral system, thus individual differences in the child's capacity to use the mother as a secure base would be revealed.

Based on these observations, Ainsworth et.al (1978) detected three major styles of attachment: Secure, insecure-avoidant and, insecure-resistant. Researchers (Main & Solomon, 1986) later added a fourth attachment style known as disorganized-insecure attachment. Accordingly, securely attached babies use the mother as a secure base for exploration. They are curious, actively explore the environment, easily move away from the mother although keep the interaction with her constant either by eye contact, smile or vocalization. They are relaxed in the presence of a stranger, actively seek interaction with him or her. When left alone, they reflect their discomfort by crying and trying to follow the mother but distress signals are not overwhelming. During reunion, they actively greet the mother with smile, vocalization, or gesture. They show obvious joy of being together with the mother. If upset, they signal their distress, seek contact or

proximity with the mother. They could be easily comforted and when comforted, they return to active exploration. Consistently, the mother of securely attached infants are sensitive in the sense that they consistently respond to infants signals of either distress or joy. Also, they are effective in soothing the infant, quick to pick them up when they cried, inclined to hold them longer and with more apparent pleasure, display cooperative interaction, monitor infants' activities, encourage independence while providing continuous supervision (Pederson & Moran, 1995). Insecure-avoidant babies explore the new situation without displaying affect or secure-base behavior. They rarely seek proximity with the mother. There is little eye contact, smile, or vocalization with the mother. No interest is shown to stranger. They, even show no preference between a parent and a complete stranger. Minimal response is displayed to seperation and being left alone. When they reunite with the mother, avoidant infants actively avoid the mother, look away from her, often focus on the toys. They react being picked up by the mother usually by stiffening their bodies. They lean away. They usually seek distance from the mother and interested in toys more than the mother herself. Although they seem to explore the environment or toys, the quality of exploration is low. They are not actively interested in toys or other things but use them as instruments to avoid contact with the mother. Insecure-resistant babies are extremely suspicious of the environment and the stranger. They are visibly distressed in the strange room, often passive and fail to engage in exploration. They keep close proximity with the mother all the time. They display considerable distress when separated from the mother, but do not seem reassured or comforted

by the return of her. In some cases, the baby might passively reject the mother by refusing comfort, or may openly display direct aggression toward her. They may display tantrums and fail to find comfort in mother. The mothers of two insecure groups display apparent difficulty responding to the baby's attachment needs in a loving and consistent way (Pederson & Moran, 1995). The critical difference is that the mothers of resistant babies are unpredictable and the mothers of avoidant babies are more rejecting. As the last insecure classification, disorganized babies (Main & Solomon, 1986) who are a small minority group, appear to have no consistent strategy for managing separation from and reunion with the attachment figure. They show a lack of clear attachment behavior. Their behavior appears to lack observable goal, or exploration. Their actions and responses to caregivers are often a mix of behaviors, including avoidance or resistance. Some appear to be clinically depressed; some demonstrate mixtures of avoidant behavior, openly angry behavior and attachment behavior. Other show odd, often uncomfortable and disturbing behaviors. These children are described as displaying dazed behavior, sometimes seeming either confused or apprehensive in the presence of a caregiver. These babies were reported (Main & Weston, 1981) to be the victim of maltreatment or to have depressed, economically disadvantaged parents.

To sum up, it could be said that securely attached babies could actively use the mother as a base to explore and in times of danger, they could actively seek proximity with her, use her as a safe heaven untill the danger is eliminated. They develop a trust that their parents will be there when needed. On the other hand,

insecure babies (avoidant, resistant and disorganized) seem not to have such organization of behaviors. They seem unable to establish a bond of trust thus, unable to use the mother as a base of security. In other words, they lack effective strategies to deal with danger and distress.

1.1.3.2 Adult Classification of Attachment

For adult attachment styles, literature deals with the categorisation of attachment on different levels. Attachment is categorised either by attachment to a current romantic partner (Crowell, et.al., 1998, 1999, 2002; Hazan & Shaver, 1987; Shaver & Hazan 1988; Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998) or by the representation of attachment to parents (Main & Goldwyn, 1998).

Considering attachment to a current romantic partner, Crowell, et.al. (1998, 1999, 2002) stated that a standardized problem-solving interaction (Heyman et. al, 2001) which is equivalent to Strange Situation procedure would be efficient in revealing the differences between secure and insecure adults in a romantic relationship. During the procedure couples are asked to list the issues related to their relationship that needs to be discussed. Then, the researchers examine the independently generated scales and select the topic with the highest frequency of conflict reported by both partners. The partners are asked to discuss this problem for 15 min and to try to reach a resolution. The couples' interactions are

videotaped and scored with four theoretically developed subscales for secure base seeker (initial signal, maintanence of the signal, approach, ability to be comforted) and four four theoretically developed subscales for secure base provider (interest in the partner, recognition of distress or concern, interpretation of distress, responsiveness to distress)(Crowell et al., 1998). Crowell, et.al. (1998, 1999, 2002) reported that secure adults were effective in both providing support and ask for support while discussing relationship-related critical issues with their partners. As a support provider or base of security, secure adults could display sensitive attitudes, are able to read the distress signal of the partner and provide efficient support and help to resolve the issue. In other words, they could serve as an effective secure base, a caregiver for their partner. Interchangably, they can also take the role of support seeker or careseeker. When they need, they can readily ask for support, display visible distress signals to their partners without being overwhelming. In short, securely attached couples, while discussing critical relationship-related problems, are sensitive to each others signals of distress, take the role of both caregiver and caretaker interchangably, try to resolve the issue cooperatively and by making it easy and smooth for each other. On the contrary, insecurely attached couples (Crowell, et.al.,1998, 1999, 2002) are not able to change the roles or take turns in caregiving and caretaking. They are usually stuck in one role, either seek care all the time or eager to give care all the time during discussion of relationship-related issues. Partners are either unaware of distress signals or unable to signal distress effectively. The whole discussion could be left

unresolved due to either exaggarated, agressive and overwhelming style of signaling distress or devaluing the distress of the partner about the issue.

Considering the representation of attachment to parents (Main & Goldwyn, 1998) in adulthood which is assessed by asking individuals to describe their relationship with their parents as early as possible, securely attached adults display a coherent picture of relationship with respect to their early experiences with their parents. They express their need to depend on others, do not idealize their parents but show acceptance as the way they were, they display forgiveness of the parents if they express any past negative experiences. They are compassionate both towards the parents and towards themselves. However, insecure-dismissing[2] adults provide an incoherent picture of their relationship with parents. They often idealize their parents with exaggarated positive adjectives but unable to give any positive childhood memories. They describe themselves as strong, independent or normal, do not articulate hurt, distress, needing or depending on others. They endorse negative aspects of their parents and minimize the effects of negative experiences in childhood if any. On the contrary to dismissing adults, Insecure-preoccupied adults display exaggarated negative experiences with their parents. They express anger towards their parents most of the time, unable to discuss past issues without getting angry. They either blame themselves or their parents for current interpersonal difficulties. They often lapse into jargon, unable to cut the topic short.

[2]The terms "dismissing" and "avoidant" are the same concepts but "dismissing" is used when refer to adulthood attachment and "avoidant" is used when refer to childhood attachment. Also the terms "preoccupied" and "ambivilant or resistant" are also used to stand for adulthood and childhood attachment respectively .

Apart from these overmentioned three categories of attachment representations of

parents, Main, Kaplan and Cassidy (1985) also described two other categories of

attachment representations which are equivalent to disorganized attachment in

infancy and focused on mostly by the clinical psychology domain (Dozier,

Stovall, & Albus, 1999; van Ijzendoorn, Bakersman-Kranenburg, 1996). The first

category is unresolved where adults show signs of disorientation and

disorganization during the discussion of potentially traumatic events (i.e., loss by

death, physical abuse, or sexual abuse). Unresolved adults often display lapses in

the conversation whereby the adult enters a state of mind in which he or she no

longer appears appropriately consciouss. The second category is for the adults

who cannot be classified. They usually display conflicting, inconsistent defensive

strategies describing the early relationships with their parents. These adults are

clearly insecurely attached to their parents but neither classified as dismissing or

preoccupied but display both strategies inconsistently.

In another line of research on adult romantic attachment that is based on self-

report assessment, Hazan and Shaver (1987) and Bartholomew adn Horowitz

(1991) defined two major defensive factors that underlie the adult romantic

attachment: Anxiety and avoidance. By utilizing these two dimensions, four

different categories of attachment parallel to other childhood (Ainsworth,1978;

Main & Solomon, 1986) adulthood (Main & Goldwyn, 1998; Main, Kaplan and

Cassidy, 1985) classifications were constructed. Accordingly, adults who display

low anxiety and avoidance are securely attached. Securely attached adults

(Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998) can easily

become emotionally close to others, are comfortable depending on others and

being depended upon. They are not anxious about being left alone or unaccepted.

Adults who display low anxiety but high avoidance are insecure-avoidant

(dismissing) and these adults are either uncomfortable with close relationships,

value independence and self-sufficiency a lot, and avoid intimacy. Adults who

display high levels of anxiety but low levels of avodiance are named as

ambivilant. These adults are uncomfortable without close relationship, desire

intimacy but anxious of not being valued enough by the partner. This attachment

style is similar to insecure-preoccupied style defined as Main and Goldwyn

(1998). Lastly, adult with both high anxiety and high avoidance are classified as

fearful characterised by feeling of discomfort with close relationship due to

difficulty in trusting or depending on others. The fearful attachment style is

parallel to disorganized attachment in childhood defined by Main and Solomon

(1986) and unresolved attachment in adulthood described by Main et.al (1985).

To sum up, it could be stated that secure attachment from infancy to adulthood is

associated with being able to establish consistent, cooperative, and positive

relationship with the attachment figure, ask for help when needed and use the help

effectively to resolve the problem, reestablish the safety and keep on exploration.

Exclusively for adulthood, secure attachment is also associated with being able to

provide consistent support for the partner when needed. On the other hand,

insecure attachment is associated with different defensive strategies to deal with

inconsistent, uncooperative and negative relationship with the attachment figure.

Insecure attachment is either associated with deactivating/avoidant strategies

where one avoids proximity, closeness, and cooperation with the attachment

figure and avoids distress or hyper activating/preoccupied strategies where one

persists in closeness and proximity with no apparent danger but still displays

anger towards the attachment figure and experiences exaggerated distress.

Another category of insecure attachment of which mostly articulated in clinical

psychology domain (Dozier, et.al1999; van Ijzendoorn & Bakersman-Kranenburg,

1996) is represented by lack of consistent defensive strategies toward the partner

(cannot classified) or lack of resolution of early trauma related to loss or abuse

(unresolved).

Although different lines of research (Crowell, et.al., 1998, 1999, 2002; Hazan &

Shaver, 1987; Shaver & Hazan 1988; Bartholomew & Horowitz, 1991; Brennan

et.al, 1998; Main & Goldwyn, 1998; & Main, Kaplan and Cassidy, 1985)

presented differences in the classification and the terminology of insecure styles

of attachment in adulthood, the literature agreed upon 2 basic classifications:

Secure vs. insecure. Despite the categorical presentation of attachment in the

literture, the overmentioned research on attachment also display attachment as a

dimensional construct. For instance; Main and Goldwyn (1998) assess ones'

attachment according to the level of coherence presented throughout the

interview. Also, they proposed that among the securely attached adults, different

levels of dismissing or preoccupied strategies could be observed. Thus, some

securely attached adults could be less secure than others. Likewise, Brennan, et. al (1998) describe secure attachment according to the differences in the level of anxiety and avoidance involved in romantic relationships. Thus, securely attached adults are also expected to display different levels of anxiety and/or avoidance to some extent.

Consistent with the dimensional approach, the focus of the current study is on the representational attachment measure that assesses the knowledge of secure base on a continuum. Subsequently, the level of knowledge can be used to classify into secure vs. insecure attachment.

1.2   Assessment of Adult Attachment

Different aspects of attachment theory as discussed in the previous sections and of adult attachment relationships have led to the development of a variety of assessment methods, using ideas from attachment theory. They are interviews, self report measures, and recently developed representational script measure. Although, different methods provide variety and richness to the literature, methodological differences have also brought the controversial debate about "what and how" to measure.

This section briefly introduces representative examples of each method of attachment assessment and addresses the criticism directed to assessment methods which is the focus of the current study.Finally, recently developed attachment

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measure (Waters & Rodrigues, 2001) based on the prompt word outline method is introduced.

1.2.1   Interviews

1.2.1.1   Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985)

AAI was developed by George, Kaplan & Main (1985) to assess adults' internal working models with respect to their attachment relationships. AAI has been constructed based on one of the basic assumptions of the attachment theory: Early experiences with the primary caregiver is represented as internal working models that are stable throughout ones' life unless revised in the light of a critical new experience. Based on this, AAI is a semistructured interview for adults about childhood attachment experiences and it reflects the "current state of mind with respect to attachment" (Main, et. al., 1985). An adult is interviewed about his or her general view of the relationship with the parent, asked to give 5 adjectives (semantic level) for each parent describing their relationship as early as possible. Then they are asked for episodic memories related to those 5 adjectives. The resulting narrative is examined for material directly expressed by the individual, and also for unintended qualities, as incoherence and inconsistencies. Scales assess discourse style are; overall coherence of transcript and thoughts, idealization, insistence of lack of recall, active anger, derogation, fear of loss, metacognitive monitoring, and passivity of speech. It is the individual's ability to

give an integrated, believable account of experiences and their meaning that accounts for the classification.

The coding system of AAI leads to adult attachment classifications in three main categories parallel to Strange Situation classifications for infants (Ainsworth et.al., 1978): Autonomous or secure, dismissing and preoccupied. Individuals may also be classified as unresolved in addition to a major classification. These adults report attachment related traumas of loss and/or abuse which have not been reconciled and is considered an insecure classification. A "cannot classify" category is assigned when scale scores reflect elements rarely seen together in an interview, eg., high idealization of one parent and high active anger at the other. Such interviews are highly incoherent and insecure.

Stability has been demonstrated in a number of studies (Bakersman-Kranenburg & van Ijzendoorn, 1993; Benoit & Parker, 1994; Sagi, van Ijzendoorn, Scharf, Koren-Karie, Joels, & Maysless, 1994). Longitudinal studies have found a %70-75 correspondance of AAI and Strange Situation (SS) security-insecurity in late adolescence and young adults (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Furthermore, meta-analytic study including 487 nonclinincal mothers (van Ijzendoorn & Bakersman-Kranenburg, 1996) revealed a distribution of attachment classification parallel to normative distribution of infant-mother attachment reported by Van Ijzendoorn and Sagi (1999). Accordingly, 55% of the mothers were classified as secure, 16% as dismissing, 9% as preoccuppied, and 19% as unresolved. A similar distribution was also obtained for the nonclinical

fathers. Discriminant validity of the AAI has been demonstrated with respect to intelligence, memory, cognitive complexity, social desirability, and overall social adjustment (Bakersman-Kranenburg & van IJzendoorn, 1993; Sagi et. al., 1994).

1.2.1.2   Current Relationship Interview (CRI; Crowell & Owens, 1996)

The interview investigates the attachment attachment representation within close relationships by examining descriptions of the attachment behavior of the self and partner using a similar format with AAI. The scoring system is parallel with the AAI in that experiences with partner, discourse style, and believability/coherence are assessed. Rating scales are used to characterize the partner's provision of secure base, the subject's use of secure base, and the subject's discourse style: anger, derogation, idealization, passivity of speech, fear of loss, and overall coherence.

The interview is scored from a transcript and subject is classified into one of three major patterns as Secure, dismissing, and preoccupied. Addittionally, an unresolved classification is given if a previous romantic relationship is exerting a disorganized influence on the individual currently.

For the CRI method moderate stability of classification has been reported (Crowell, Treboux, Owens, & Pan, 1995). Correlation of the security scores from the AAI and CRI was found to be .51 (Gao, Waters, Crowell, & Treboux, 1998). Distribution of the CRI classification for 124 engaged couples was 46% secure,

38% dismissing, 14% preoccupied , and 2% unresolved (Crowell & Waters,

1997). Discriminant validity has been demonstrated with intelligence (Owens,

1993). Secure attachment assessed by CRI was found to be uncorrelated with

education, gender, and duration of relationship (Owens, 1993).

1.2.2   Self-Report Measures of Attachment

For the purpose of developing a self-report measure of romantic adult attachment

researchers developed and revised multiple questionnaires within the last decade.

Attachment Style Questionnaire (ASQ; Hazan & Shaver, 1987) was the first of

them. It was developed as a self-selection measure to capture adult attachment

styles with respect to feelings about the self in relationships, especially in

romantic relationships. Hazan and Shaver (1987) adopted Ainsworth's threefold

typology and developed brief multi-sentence descriptions of each of the three

attachment types: Secure, avoidant (dismissing) and ambivilant (preoccupied).

Subjects are asked to choose the description that best explains the way they

generally experience and act in romantic relationships. Later, theoretical base

underlying ASQ was revised (Bartholomew & Horowitz, 1991; Griffin &

Bartholomew, 1994). Bartholomew and Horowitz (1991) returned to Bowlby's

original conceptualization of two working models which were supposed to

underlie adult attachment. The two dimensional working models are: (1) model of

self, and (2) model of others. Based on the logical combination of these two bi-

polar working models, four attachment prototypes rather than three were

proposed. These are: Secure (positive model of self and others), preoccupied

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(negative model of self and positive model of others), dismissing (positive model of self and negative model of others), and fearful (negative model of self and others). Based on this revision Bartholomew and Horowitz (1991) developed Relationship Questionnaire (RQ), a short instrument containing multi-sentence descriptions of each of the four theoretical attachment types. As with ASQ subjects are asked to choose one description that best explains the way they generally experience and act in romantic relationships. Additionaly, subjects are asked to rate each description on a 7-point scale according to how well it describes them.

The most recent revision on self-report measure of attachment was done by Brennan et.al. (1998) and revised by Fraley, Waller, and Brennan (2000). They collected all adult attachment self-report scales, factor-analyzed the non-redundant items, and found two major factors each consisting of the 18 highest loading items. These factors are; avoidance of intimacy and anxiety about rejection or abandonment. These factors form the subscales of Experience in Close Relationships (ECR) questionnaire; which in combination can yield the four attachment clusters as proposed by Bartholomew and Horowitz (1991). The two factors can be thought of in terms of their working-model-related names, "model of self" and "model of others" as Bartholomew and Horowitz (1991) proposed. Also the two factors can be interpreted in terms of their affective-behavioral names, "anxiety" and "avoidance" as Fraley and Shaver proposed (2000). The ECR differs from the majority self-report measures in that it does not specify

types. It rather places individuals' attachment orientations on a continuum onthese

two dimensions. The security of attachment is conceptually placed at lower levels

of these two dimensions. It is worth noting that the scores on these two factors can

be converted to place respondents into three or four categories. Brennan et al.

(1998) found a correlation coefficient of .12 between the two factors of the ECR,

which illustrates that the dimensions of anxiety and avoidance are independent

constructs, and are thus orthogonal.Since the work of Brennan et al. (1998)

involved the comparison of various self-report measures of adult attachment, their

findings were interpreted as criteria for the concurrent validity of the ECR.

Fraley et al. (2000) used the Item Response Theory analysis of self-report

measures of adult attachment in revising the ECR. The item response theory

models are designed to represent relations between an individual's item response

and an underlying latent trait. The IRT analysis illustrated that the ECR-R had

better measurement properties than did other self-report instruments. The authors

obtained 50 to 100% improvement in measurement precision of the ECR. Also

ECR-R had higher test re-test reliability coefficients (ranging from .93 to .95) than

the other self-report measures.

1.2.3   Criticism of the Assessment Methods of Attachment in Adulthood

Considering both interviews and self-reports of adult attachment, researchers

provided empirical evidence for the psychometric qualities (Bakersman-

Kranenburg, & van Ijzendoorn, 1993; Bartholomew & Horowitz, 1991; Brennan,

et. al., 1998; Crowell, et. al., Hazan & Shaver, 1987; Fraley, et. al., 2000; Owens,

1993; 1995; Sagi et. al., 1994; Schrafe & Bartholomew, 1994) for each measure seperately. However, it is still the question of construct validity of the self-report measures that provoked the debate and contradictions in the literature. This debate, as previously mentioned, is due to two different lines of research revealing no correlation (Crowell, Treboux, & Waters, 1999; Simpsons, Rholes, Orina, & Grich, 2002; Waters, Crowell, Elliott, Corcoran, Treboux, 2002) between different measures of attachment on the one hand, and moderate correlation on the other hand (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Shaver, Belsky, & Brennan, 2000).

Adult Attachment Interview (AAI), a narrative method for the assessment of attachment that was mostly utilized by developmental and clinical psychologists was developed empirically to predict parent's infant's classification in the Strange Situation (SS). Therefore; Crowell, Fraley, and Shaver (1999) stated that there was an obvious "gold standard" (p.453) for the AAI's validity- the categories of the SS, which are based on naturalistic observations of the infants' secure base behavior. Consistently, van Ijzendoorn (1995) provided a meta-analytic overview of the parent-infant dyads for the prebirth samples (parents attachments were assessed by AAI prior to the first birth and infant's SS were assessed within 15 months) of 389 dyads and for the secure-insecure classification, the combined correspondance across samples was 75%. Moreover, AAI as an unobtrusive measure has an advantage of being able to target the unconsciouss processes underlying attachment styles. As mentioned previously, interviewee of AAI is

required to describe the relationship with their parents as early as possible by using 5 adjectives. However, it is not the adjectives that interviewee choose but it is the ability of the interviewee to give concrete examples to support those adjectives and present a coherent picture of the things they say about their attachment relationships. In short, it is the discourse style of the interviewee, their believability that counts for the attachment classification. Therefore, consciouss processes or defensive reactions of the interviewee may not be misleading or leads to biases.

Although well established psychometric qualities and advantages, AAI has some disadvantages that discourage researchers using it. First, AAI requires interiewer and rater training that lasts over a year. It is not only the training but also the application and evaluation of AAI that is time consuming. Each interview requires approximately 10 hours including application, transcription, and evaluation. Therefore, with AAI it is expensive and time consuming to reach statistically acceptable number of participants. Second, AAI targets only the representation of early relationships with the parents but includes no information regarding attachment to current or recent romantic partners. Since attachment theory postulates the generalizability of the representation of parental attachment to nonparental attachment, for researchers attracted to study adult romantic attachment, AAI is not an appropriate assessment device. Third , it is not fully understood why the AAI works and what it really measures. Although AAI classifications are often discussed in terms of a person's attachment working

model, the interview does not directly assess such representations. Transcript that is obtained from the subject is a sample of verbal behavior from which we make a very complex inference about the "goodness" of an underlying attachment working model. Main et. al. (1985) refers only to a person's "state of mind with respect to attachment", not to the working model concept. Lastly, the AAI relies heavily on the production and analysis of discourse that is embedded in a particular culture and language. Different languages within different cultures can elicit different meanings. Indeed this is one of the potential weaknesses of the verbal AAI measures.

CRI was developed to overcome the AAI's limited use for assessing representation of early parental attachment. Therefore, it was developed to assess current romantic adult attachment using the same procedures of the AAI. However, same criticism related to expenses and cross cultural verbalization could be directed to CRI too. Also, the use of CRI is limited to the participants who are currently in a romantic relationships.

Different than developmental psychologists who support the use of narrative techniques social psychologists assumed that although attachment representations are not always accessible to conscious mind, these representations have observable implications reflected by peoples' interpretations, appraisals, and understanding of their experiences and the focus of them is on these aspects of experiences. Therefore, social psychologists focus on self-reports which are also

more economical and easier than narrative techniques. However, these measures were criticized in several ways. First, several studies (Borman-Spurrell, Allen, Hauser, Carter, & Cole-Detke, 1995; Crowell, Treboux, & Waters, 1999; Steele, Waters, Crowell, Treboux, 1998; Waters, Crowell, Elliott, Corcoran, & Treboux, 2002) reported that self-report measures were not correlated with SS and AAI, two measures with well established and accepted reliability and validity as attachment measures. Waters et.al. (2002) reported the results of an extensive study focusing on the correlation between various attachment measures. The general results can be seen in Table 1 as presented by Waters et.al (2002). Accordingly, AAI coherence score was reported to be highly correlated with attachment measures using either the interview (CRI), laboratory observation (SS, using & providing secure base), narrative production (Knowledge of secure base) or naturalistic observations (Maternal secure base support). Whereas, none of the above mentioned measures were reported to be correlated with the two factors of ECR; anxiety and avoidance. Besides, anxiety and avoidance factors of ECR were shown to be highly correlated relationship relevant self-reports including marital satisfaction, marital discord, passion, intimacy, and commitment. This pattern of results, being correlated with relationship specific variables but not being correlated with other attachment measures of different methodology led to a conclusion that self-report measures, namely ECR for the above mentioned study, may not be assessing attachment but a relationship specific construct. Consistent with these findings Crowell, et. al. (1999) reviewed the literature and reported an average correlation of .15 between AAI and self-report measure of romantic adult

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attachment. However, before deriving any conclusion about the construct validity of self-report measures, it should be noted that there were research results confirming that there is at least moderate correlations between self-reports and other methods of adult attachment assessment. Borman-Spurell et.al. (1998) and Shaver, Hazan & Bradshaw (1998; cited in Crowell, et.al, 1999) reported moderate correlation between AAI and self-report measures as .21 and .30 respectively. Furthermore, results that focused on the correlation between CRI and self-reports both of which assess attachment to adult romantic partner, are more promising. Accordingly, the correlation with CRI and self-report measures ranges between .11 and .54 (Bartholomew & Shaver, 1998; Crowell, et. al., 1999; Treboux, 1997).

Furthermore, self-report measures were also questioned in terms of the validity noting the difficulty of assessing unconsciouss processes with consciouss reports of the subjects (Crowell & Treboux, 1995). Unobtrusive interviews (AAI & CRI) tap the unconsciouss, whereas, self-report measures tap the consciouss processes obtrusively. Defensive strategies of insecurely attached adults may lead to misleading results with self-report measures. Fear of rejection, disapproval or endorsement of the self as strong and independent may lead subjects to report defensively that they are not anxious when they actually are. Also, some may lack insight into their true motives which may also lead to biased results with self-report measures. As an answer to this criticism, researchers (Fraley, Garner & Shaver; Shaver & Mikulincer, 2004; Mikulincer, 1998b, Mikulincer & Orbach,

1995) using self-report measures of attachment found that self-reported avoidance of attachment is moderately related to dismissing state of mind as assessed by AAI, poor memory of childhood events and attachment-related information. Similarly, self-reported attachment anxiety is associated with preoccupied state of mind assessed by the AAI (Mikulincer, 1998b), writing more violent stories in response to projective TAT cards (Woike, Osier & Candela, 1996) and dysfunctional anger toward attachment figure during conflictual interactions (Rholes, Simpson & Orina, 1999; Simpson, Rholes & Phillips, 1996).

As a conclusion to all above mentioned research, most recent meta analysis (Roisman, et.al., 2007) of nine studies focusing on the relationship between AAI and self-report measures of attachment summarized that there was trivial to small empirical overlap between self-report measures and AAI. In terms of attachment classification, it was presented that self-reported anxiety did not discriminate between AAI preoccupied and dismissing state of mind but self-reported avoidance is modestly associated with AAI dismissing state of mind which means that adults who defensively discuss their childhood experiences with their caregivers are more likely to report unwillingness to rely on others in their close relationships. Finally, researchers stated that AAI unresolved status is strongly associated with anxiety and fearfulness rather than avoidance.

Table 1. *Attachment Patterns (AAI) and Attachment Styles (ECR): Correlates in Secure Base and Self-Report Data (Waters, et.al., 2002)*

		AAI Interview	Experience in Close Relationships Self-Report Questionnaire		
		Coherence	Avoidance	Anxiety	Security
Secure base related variables	Method				
AAI Coherence	Interview	---	-.08	.01	-.04
CRI Coherence	Interview	.45***	-.14	-.20	.20
Attachment security in infancy	Lab. Obs.	.45***	-.02	.06	.03
Using secure base support	Lab. Obs.	.46***	-.02	-.07	.02
Providing secure base support	Lab. Obs.	.45***	-.08	-.21	.15
Knowledge of secure base script (KSBS)	Narrative production	.58***	-.14	-.25	.27
Maternal secure base support	Naturalistic Obs.	.54***	.02	.08	-.06
Relationship Relevant Self-Report					
Marital Satisfaction	Self-Report	.28*	-.56***	-.62***	.67***
Marital Discord	Self-Report	.12	.43***	.54***	-.47***
Sternberg Passion	Self-Report	-.06	-.62***	-.38***	.55***
Sternberg Intimacy	Self-Report	.24*	-.66***	-.63***	.70***
Sternberg Commitment	Self-Report	.12	-.67***	-.39***	.58***

*p<.05, **p<.01, ***p<.001

To summarize, both methods of adult attachment assessments (interviews and self-reports) have pro's and con's. It should be kept in mind that there are critical differences between the two approaches in assessing attachment. These differences are not only in terms of the methods they have utilized but also in terms of the conceptualization of attachment which makes it even harder to compare these methods empirically and effectively. Bartholomew (1990) summarized the three major differences between the self-reports and AAI and questioned whether these methods converge or not. First, she focused on the

differences of domains that two approaches focus on. Accordingly, AAI focuses on retrospective descriptions of parent-child relationships whereas self-reports focus on more recent experiences in adult love relationships. Second, she directed the attention to differences in conceptualizations of attachment. Accordingly, AAI focuses on dynamics on unconsciouss internal working models that are reflected in the way adults discuss their childhood relationships with their parents whereas self-report measure focuses on consciouss feelings and behaviors in close relationships. At last, Bartholomew (1990) argued that there were two distinct forms of avodiance assessed by two distinct methods of assessment. Dismissing adults identified by AAI deny experiencing subjective distress, downplay the importance of attachment needs, and are motivated by a defensive maintenance of self-sufficiency. Whereas avoidant adults identified by the self-reports present high levels of subjective distress, fears of becoming close to others, and are motivated by a consciouss fear of anticipated rejection by others.

Inconsistent and inconclusive results in the adult attachment literature might be due to these major differences between the methods. Rightfulness of a method is depending on the aim of the research. Before adopting any measure and making any generalization of the results one should clearly be aware of the assumptions underlying each technique and the relationship domain of interest (attachment to parent or partner).

1.2.4 Recent Development in Assessment of Adult Attachment: Knowledge of Secure Base Script: Prompt-Word Outline Method (KSBS)

As mentioned previously, AAI was criticised as being expensive and unable to directly assess the internal working models but only to assess the "state of mind with respect to attachment" (Main et. al, 1985). Criticism was also directed to self-report measures as not being conclusively and convincingly valid. These criticisms led the researchers to work on a new valid, inexpensive measure which can directly assess the internal working models of secure base that was described by Bowlby (1969, 1988) as the critical construct for the attachment theory.

During the process of developing a new method of assessment of adult attachment Waters and Cummings (2000) first aimed to explain what internal working models are composed of. They have utilized the Bretherton's (1987) works on attachment scripts and proposed that an individual's history of secure base support is represented in memory as a secure base script. If secure base support has been consistent and coherent, the script should be complete and readily accessible in relevant situations. If secure base support has been inconsistent, incomplete, or ineffective, the script should be less well configured and less accessible. The elements of the secure base script were defined as (Waters and Cummings 2000):

1. A child (or infant) and mother (or two adult attachment partners) are constructively occupied

2. They are interrupted by an event or another actor. The infant (or adult) is distressed.

3. There is a bid for help.

4. The bid for help is detected and help is offered.

5. The offer of help is accepted.

6. The help is effective in overcoming the difficulty.

7. The help also includes effective comforting and affect regulation.

8. The pair returns to constructive interaction.

Individuals who have had consistent and coherent secure base support in infancy and childhood will have knowledge of this secure base script and access to it in all their secure base interactions. The script will be activated by secure base relevant events and goals (Bargh,1996). Script-related responses will be provoked whenever the script is accessed, and the person will expect script-consistent behavior from attachment figures (Schank & Abelson, 1977). Once established, the secure base script will support generalized expectations about close relationships, even if a specific partner does not behave as expected. And most importantly, from the point of view of assessment, they will use the script to organize attachment related narratives and selectively retrieve script consistent events (Nelson, 1986).

On the other hand, individuals who have not experienced consistent secure base support will not organize a secure base script along the lines outlined above. They will have different or less consistent expectations in secure base interactions.

In brief, knowledge and access to the secure base script should make an important contribution to the secure base interactions in childhood and should be accessible to empirical analysis in appropriate narrative production tasks.

The prompt-word outline method as a narrative production task was developed by Waters and Rodrigues (Knowledge of Secure Script-KSBS, 2001) to assesses the knowledge of secure base script. Simply, prompt-word is a task where participants are provided with 4 prompt word outlines each of which consists 12 words in order and asked to tell realistic and detailed stories that come first to their mind using the words provided. Four prompt word outlines are constructed in a way that two of them relates to mother-infant attachment and two of them relates to adult-adult attachment. All stories in the task are constructed in such a way that it taps the basic element of the secure base script and the focus is on whether passages reflect knowledge and access to the secure base script. The first few prompt words indicate the actors (parent and child or two adults). Subsequent words point to some type of constructive interaction, an interruption, distress, and resolution included in the secure base script. Single script score between one and seven is obtained representing the level of knowlegde of secure base (See Appendix B for detailed scoring instructions). Mother-infant and adult-adult stories are not evaluated seperately since attachment theory assumes one general

internal working model or script respresentation that regulates secure base behavior. The higher the score, the more organized and consolidated the secure base is; that is the more securely attached the subjects is.

Waters and Rodrigues (2001) reported that subjects with the knowledge of the secure base script construct their stories in such a way that the secure base character in the stories helps to select and implement strategies for getting things back to normal, diffuse the emotional distress, provides explanatory framework to help to understand the situation. Also, the character who provides the secure base in the stories are able focus on more positive aspects therefore, diffuse the negative emotion which might simply involve pointing out the "bright" side of a situation. Lastly, the stories constructed have an interpersonal focus meaning that there is sensitivity to and awareness of the other person's psychological/ emotional state. The content of secure base narratives focuses on the interaction between the two individuals rather than simply describing the sequence of events in the story. There is a give-and-take, in which each partner makes their own unique contribution to the situation while working collaboratively to resolve the distress. There is also give-and- take with an expressed emotion in one leading to an emotional response in the other.

A sample of adult infant prompt-word outline of KSBS is presented in the Box below along with sample narratives that differ in secure base script knowledge:

Baby's Morning		
Mother	hug	teddy bear
Baby	smile	lost
Play	story	found
Blanket	pretend	nap

Box . Sample of adult infant prompt-word outline of KSBS (Waters & Rodrigues, 2001)

Narrative with clear secure base script structure:

"A mother and baby were playing one morning. Mother would hide under a blanket and then jump out and the baby would smile and hug her and then do the same thing. Then they read a story. And then the baby wanted to play with his teddy bear but it was lost and he got upset. But Mother found it and said "Here it is. He's ok". And the baby was happy and they played some more and then the baby took a nap". (Waters & Waters, 2005, p8)

Narrative lacking secure base script structure:

"A mother was watching her baby play with a blanket in his crib. He would smile and hug the blanket. After a while, the mother wanted to read him a story. She knew he was too little to understand but she liked sitting with him and his teddy bear and pretending to read to them. But today the teddy bear was lost. And by the time she found it, the baby was already taking a nap. So they didn't have a story today". (Waters & Waters, 2005, p9)

Although both stories are of similar length and present positive interactions, only the first is organized around the secure base script. If the subject knows and has access to the secure base script it is immediately recognized in the prompt words.

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Others simply won't see the secure base implication in the outline, even across several sets of secure base scripted prompt words.

Preliminary validity studies for the Knowledge of Secure Base Script (KSBS) are satisactory. KSBS has been shown to be highly correlated with AAI coherence scores and secure versus insecure classifications (Waters & Rodrigues, 2001) and infant's Strange Situation classification (Tini, Corcoran, Rodrigues, & Waters, 2003). Detailed information about the application and psychometric properties of KSBS can be found in Section 2.2.2.3

KSBS has advantages over both interviews and self-report measures. Firstly, KSBS is easier and economical to administer and evaluate than AAI. Training of the raters lasts approximately 2 weeks as compared to the one year training of AAI. Also, application and evaluation of the narratives lasts approximately an hour as compared to ten hours of AAI. Secondly, rather than the state of mind respect to parents assessed by AAI, KSBS assesses generalized representation or internal working model of the secure base. Also with KSBS it is easy to develop secure base prompt word sets that refer to specific-attachment figures, such as "*me and my mother* or *me and my father"* just by changing the subjects in the prompt-word outlines. It is also easy to develop secure base prompt word sets involving non-parental attachment figures such as teachers, mentors, or therapists. Thirdly, KSBS has an advantage over self-report measures since it is an unobtrusive measure so it is possible to tap the unconsciouss processes. Also, preliminary results in terms of the validity of KSBS revealed more consistent and

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persistent, and stronger correlation with SS and AAI than self-report measures (See Table 1) . However, one major disadvantage of KSBS is that, it does not assess defensive processes of attachment. Thus, no classification in terms of dismissing or preoccupied style of attachment is possible with KSBS. It allows only secure-insecure classification.

1.3 Psychological Variables Related to Attachment

1.3.1 Attachment, Negative Emotionality, and Psychopathology

Bowlby (1969, 1973, 1980) as a former psychoanalyst proposed a developmental model with implications for psychopathology. Accordingly, the relationship with the attachment figure is not only critical for the development of internal working models of the self and the others but also for the development of strategies for processing attachment-related thoughts and feelings. On this basis, secure base phenomenon is an inborn affect regulation device that helps people to manage distress. Dysfunctional representation of secure base might lead to a vulnerability for both chronic negative emotionality and psychopathology.

Using different models of attachment, security of attachment has been studied both in relation to negative mood states and general psychopathology. Accordingly, secure attachment has been shown to be generally associated with positive affect (Mikulincer & Florian, 1998) while insecure attachment with negative emotion. Individuals high in attachment security are said to have an

open, flexible style of emotion regulation, which means that they have access to a wide range of emotions and are able to adjust their emotional responses (Buchheim & Mergenthaler, 2000; Cassidy, 1994). In terms of discrete emotions, Kobak and Sceery's (1988), based on the Adult Attachment Interview (AAI) and peer ratings, indicated that securely attached individuals are more cheerful than either preoccupied or dismissing individuals. Magai, Distel, and Liker (1995) found that attachment security was associated with greater joy measured by self-report and emotion decoding differences. In another study, it was reported that (Magai, Hunziker, Mesias, & Culver, 2000) attachment security, as assessed by the AAI, was associated with objectively measured facial expressions of joy and reports of low levels of anxiety, sadness, and anger.

Contrary to secure attachment, insecure attachment has been associated with an emotion regulatory style characterized either by affect 'minimization' or 'maximization' (Cassidy, 1994). Affect minimization is a tendancy to route negative emotion from consciousness and shown to be positively associated with hostility, anger, disgust, and contempt and negatively associated with joy (Kobak & Sceery, 1988; Magai et al., 2000; Mikulincer, 1998a; Mikulincer, 1998b; Mikulincer, Florian, & Weller, 1993). Affect maximization is characterized by hypervigilancy to rejection cues and distress and shown to be associated with anxiety, shame, and high levels of sadness (Kobak, Cole, Ferenz-Gillies, & Fleming, 1993; Kobak & Sceery, 1988; Magai et al., 1995).

Apart from negative mood states such as anxiety, anger, and sadness in relation to insecure attachment, numerous studies were reported pointing the relationship between attachment styles and psychopathology. Numerous studies with psychiatric patients were conducted. Rosenstein and Horowitz (1993) reported an extremely high prevalence of insecure classification (%98) in an inpatient psychiatric population of young adults. Similarly, Van IJzendoorn and Bakermans-Kranenburg (1996) found in their meta-analyses that insecure, especially unresolved classifications were clearly overrepresented in pathological samples. Allen, Hauser, and Borman-Spurell (1996) examined attachment status in a group of young adults with a history of hospitalization for nonpsychotic disorders. Overall insecurity was associated with past hospitalization, low perceived self-worth, and self-reported paranoia.

Some specific associations have also been found between adult attachment style and psychological symptoms. Dismissive individuals are more likely to be diagnosed with psychological disorders in which the distress tends to be minimized, or indirectly expressed such as substance abuse and somatic symptoms. In contrast, individuals with preoccupied attachment patterns are more likely to be diagnosed with psychological disorders reflecting high levels of subjective distress (Fonagy, Leigh, Steele, Steele, Kennedy & Mattoon, 1996; Rosenstein & Horowitz, 1996; Cole-Detke & Kobak, 1996) Moreover, there is evidence that adult attachment pattern determines the vulnerability to PTSD among victims of childhood abuse (Alexander, Anderson, Brand, Schaefer,

Grelling & Krez, 1998; Muller, Sicoli & Lemieux, 2000) and rape (Thelen,

Sherman & Borst, 1998).

Similar studies were also conducted with nonclinical samples and revealed

parallel results. Accordingly, Cooper, Shaver and Collins (1998) reported lower

levels of symptomatology in all Brief Symptom Inventory Scales (generalized

anxiety, phobic anxiety, depression, hostility, obsessive-compulsive tendencies,

paranoid ideation, psychoticism, somatization) for individual with a secure style.

Secure attachment has also been associated with lower proneness to anger

(Mikulincer, 1998), lower anxiety (Mikulincer & Orbach, 1995). Furthermore,

Pianta Egeland and Adam (1996) stated differences between attachment styles in

terms of self-reported psychiatric symptomatology as assessed by the Minnesota

Multiphasic Inventory-2 (MMPI-2). It was found that the dismissing group

reported comparatively little psychiatric distress and emphasized independence.

The preoccupied group was highest on a range of psychiatric symptoms including

psychopathic deviance, paranoia, and schizophrenia. Furthermore; Ward, Lee &

Polan (2006) reported that insecure adult women had increased likelihood of

DSM diagnosis, compared to the secure adult women. While 32% of women with

secure attachment received DSM diagnoses, 63% of women with dismissing,

100% of woman with preoccupied, and 65% of women with unresolved

transcripts received diagnoses. It was also reported that (Ward et.al., 2006)

dismissing classifications were associated with multiple Axis I diagnoses and

preoccupied classifications with affective disorders specifically.

In general, early childhood attachment seems to be the impetus in determining emotional and psychological outcome according to attachment theory. These earlier attachments are seen as the framework of how a person will construct his or her reality and perceptions, how he or she will regulate both negative and positive emotions in certain circumstances and how he or she will choose to cope with stress and change. In this perspective, early attachment variations generally are not viewed as pathology or even as directly causing pathology. Rather, varying patterns of attachment represent "initiating conditions". In this regard, they do play a dynamic role in pathological development. In this respect it is important to acknowledge the mediating role of coping strategies in relation to attachment styles.

1.3.2 Attachment in Relation With Coping Resources: Coping Strategies and Perceived Social Support

Stress is defined by Lazarus and Folkman as "a relationship between the person and the environment that is appraised by the person as relevant to his or her well-being and in which the person's resources are taxed or exceeded" (Folkman & Lazarus, 1985, p.152). According to this definition, everyone experience stress often and use their resources to resolve it in the best way they can.

In coping with stress the individual will draw on his or her coping resources to decide on coping strategies. In general, coping refers to an individual's attempts to

deal adaptively with stress; the outcome of these attempts is known as adaptation.

There is a substantial literature on stress, coping and adaptation. Currently, the

most widely employed approach to the study of coping is that of Lazarus and

Folkman (Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Lazarus &

Folkman, 1984). Accordingly, coping strategies have eight different forms. These

are; confrontive coping, distancing, self control, seeking social support, accepting

responsibility, escape/avoidance, painful problem solving and positive reappraisal.

These eight forms of coping strategies also be grouped under four main categories

according to their primary functional focus (Folkman & Lazarus,1985): Problem-

focused coping, emotion-focused coping, distancing, and support seeking.

Problem-focused strategies are directed at doing something to change (i.e., to

make less stressful) for the better the circumstances which are inducing stress.

People using this strategy cope actively with the obstacle, think about action

strategies, and avoid premature decisions. Emotion-focused strategies are directed

primarily at the regulation of distressing emotions associated with stress-inducing

circumstances. It consists of cognitive strategies such as self-preoccupation, self-

criticism, mental rumination, overt display of distress, and wishful thinking.

Distancing coping includes strategies that are directed to prevent the intrusion of

threatening thoughts into conscioussness by the repression of painful memories

and emotions. Behavioral disengagement by either ceasing problem-focused

efforts or consuming alcohol or drugs could also be defined as the distancing

strategies (Stone & Neale, 1984). Finally, support seeking strategies consist of

responses to maintain proximity to a significant other who can help in coping with stress via providing love, reassurence, affection, information, and feedback.

Literature provides extensive evidence that problem-focused coping has beneficial outcomes (Epstein & Meier, 1989; McCrae & Costa, 1986). Likewise, positive adaptive outcomes of support seeking was reported by Lazarus and Folkman (1984). Contrary to problem-focused coping and support seeking, emotion-focused coping has been shown to have destructive outcomes especially when the stressful situation can be ended by problem-focused coping i.e. controllable (McCrae & Costa, 1986). In terms of distancing strategies, result revealed beneficial outcomes in the short run but detrimental effects in the long run (Roth & Cohen, 1986).

Consistent with Folkman and Lazarus' (1985) definiton of stress, Bowlby (1969) stated three classes of stimuli (internal states, aversive caregiver behavior, and environmental events) that would be threatening, stressful for an individual thus, elicits attachment behavioral system. The attachment system, therefore, may be considered to be an important motivational system involved in the dynamics of the coping process. Particularly attachment theory may predict why some people are able to use effective strategies targeted to resolve the stress while others rely on rigid and ineffective ways of coping. Accordingly, with consistent and sensitive maternal care one can develop a sense of efficacy (Sroufe & Waters, 1977) and sense of competence (Mallinckrodt, 2000; & Tronick, 1989) both for having basic emotional needs met and for being able to deal with problems

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without even the mere presence of a supporter (caregiver). Therefore, when confronted with stress secure adults tend to cope with it by acknowledging it, freely expressing emotion, and constructively coping with distress by employing problem-focused coping strategies and by seeking support (Mikulincer & Florian, 1998, 2001). On the other hand, insecure-preoccupied adults tend to cope with distress by hyper activating strategies; that is, by exaggerating it as threatening and uncontrollable, reacting with strong emotional response and relying on other's reassurance to moderate affect although they are frightened of being criticized, misunderstood, or rejected. Insecure-dismissing adults tend to cope with distress by deactivating strategies that is, by protecting themselves against others' rejection, inhibiting emotional displays, and denying negative affect. Regardless of being dismissing or preoccupied, insecurely attached adults would be reluctant use social support and their strategies are generally ineffective and actually increase distress (Collins, 1996; Kobak & Sceery, 1988; Lopez, Mauricio, Gormley, Simko & Berger, 1998).

In order to test the predictions about the relationship between attachment styles on coping, adult attachment literature focused on stress in four major areas of life: coping with military and war-related stressors, with pregnancy and motherhood, and with separation and loss (for review, see Mikulincer & Florian, 2001).

Mikulincer, Florian and Weller (1993) made a "naturalistic" study about the effects of adult romantic attachment style on the way people reacted to the Iraqi missile attacks on Israel during the Gulf War. With respect to coping strategies

they found that, overall, secure subjects used relatively more support-seeking, avoidant (dismissing) subjects used more distancing, and ambivalent (preoccupied) subjects used more emotion-focused strategies. The results were partially replicated in another study (Mikulincer & Florian, 1995), among young Israeli soldiers who were recruited for a combat training. Different from the previous study, Mikulincer and Florian (1995) found that ambivilant (preoccupied) soldiers could also seek more support than avoidant (dismissing) ones. The results were discussed emphasizing the effects of contextual factors leading differences in coping styles. It was argued that sharing the same type of stress might reduce the fear of ambivilant (preoccupied) soldiers of being criticized, rejected or ridiculed of helplessness. Research (Kanninen, Leena Punamaki & Qouta,1995) related to military trauma also revealed that secure adults were even better in coping with physical trauma, namely torture, than insecure adults.

Mikulincer and Florian (1999) replicated the previous results of war victims with pregnant women who were considered to experience stress with episodes of worries, anxieties, and uncertainties related to their pregnancy. They assessed mothers' attachment to their fetuses in three stages of pregnancy. For all stages, secure mothers were found to rely on support seeking as a way of coping with pregnancy-related stress whereas preoccupied ones used emotion-focused coping. Also dismissing women were found to use distancing strategies. Similarly, Berant, Mikulincer and Florian (2001) showed that attachment groups differed in the way

in which mothers of sick children coped with the motherhood tasks. Accordingly, secure mothers with a child who had Congenital Heart Disease (CHD) relied on support-seeking strategies in coping with motherhood tasks but only when the severity of the CHD is mild. When the severity of the CHD is critical secure mothers were also found to rely on distancing strategies which was discussed as a protective factor for mother's mental health. Similarly, research focusing on coping with the recent loss of a loved one showed that distancing could be a strategy used by secure adults together with support seeking strategies (Unger, cited in Mikulincer & Florian, 2001).

Support seeking behaviors were also studied experimentally (Simpson, Rholes, Orina, & Grich, 2002) and results revealed that experimentally-induced stress that increased the level of anxiety triggerred support seeking behavior for secure adults. Dismissing adults on the other hand were found to seek less support as their anxiety increased.

Overall, the above studies form a coherent picture showing that attachment style has pervasive effects on how adults cope with different types of stress but that its impacts are more pronounced under increased levels of stress and influenced by various contextual factors.

Apart from seeking support as a behavioral strategy for coping with stress, attachment literature also emphasized the importance of perceived social support mediating the relationship between attachment style and adaptation to stress.

Sroufe and Waters (1977) described secure attachment as "felt security" in relationships with significant others, with the implication being that securely attached individuals go through life with the unconscious belief that there will be someone to help when they are in need. In other words, security of attachment is theoretically as well as empirically associated with a perception of available social support. In contrast, insecure adults may be more likely to fear loss of social support, such as through abandonment by important attachment figures.

Defining social support in terms of an individual's perception of social support is similar to the "felt security" component of secure attachment theorized by attachment researchers. Viewed in this way, the felt security that leads to the capacity to seek support and depend on others becomes characteristic of both secure attachment and sufficient levels of social support.

In multiple studies assessing perceptions of available social support, self-reported securely attached adults reported more available social support than insecurely attached adults (Blain, Thompson, & Whiffen, 1993; Davis, Morris, & Kraus, 1998; Florian, Mikulincer, & Bucholtz, 1995, Larose & Boivin, 1997). Also, those with a self-reported secure attachment style have been shown to be more satisfied with their social support network than those with insecure attachment styles (Priel & Shamai, 1995). In addition to this, Sarason et. al. (1991) found that dismissing and preoccupied adults were prone to encode and recall instances of helpful behaviors as less supportive.

1.4 General Aims of the Current Study

The main goal of the current study is to provide a Turkish adaptation of the KSBS. Specifically, it aims to test the reliability and the validity of the Knowledge of Secure Base Script Prompt-Word Outline Method (KSBS) for the Turkish sample. Additionally, for the assessment of construct validity of KSBS, basic premises of the attachment theory are being tested in relation to knowledge of secure base script. Namely, the relationship between the knowledge of secure base script (attachment security) and anxiety, psychological symptoms, coping strategies, and perceived social support is evaluated. For the purpose of reliability and validity, four different studies including one pilot study were conducted each of which will be presented seperately.

Specific hypothesis regarding the reliability of KSBS are as follows:

1) It is expected that all four single narratives of KSBS will reveal the whole range of script scores ranging between 1 and 7.

2) It is expected that there will be significant high correlation within adult-infant, adult–adult narratives, and between them due to attachment theory's assumption of single generalized script of the secure base phenomenon. In other words, total score of KSBS is expected to measure a single factor, that is the knowledge of secure base script.

3) Proposing that the secure base script is stable over time, significant correlation is expected between time 1 and time 2 measures of KSBS,

4) Inter rater reliability will be established. High agreement rate is expected between raters who were trained with the original manual of KSBS,

Specific hypothesis regarding the validity of KSBS are as follows:

1) Distribution of classification of secure vs. insecure attachment assessed by the categorical evaluation of KSBS is expected to be comparable to the normative data (van Ijzendoorn and Sagi, 1999),

2) Considering discriminant validity, KSBS is be expected to have no significant relation with WAIS-R,

3) Considering discriminant validity, KSBS is be expected to have no significant relation with socio-demographic factors like age, gender, education, marital status,

4) The relationship between ECR-R and KSBS will be assessed. Providing inconsistent result in the literature stating moderate correlation on one hand and no correlation on the other, no specific expectation is stated,

5)   Considering predictive validity, it is expected that among surgery patients, the level of knowledge of secure base script will significantly predict the level of state anxiety after the surgery. The participants with the higher levels of knowledge of secure base script will exhibit less state anxiety after the surgery,

6)   It is expected that psychiatric outpatients will have significantly lower levels of the knowledge of secure base script than nonpsychiatric control group.

7)   Coping strategies, perceived social support, psychological symptoms is expected to be related to KSBS.

7.1)   It is expected that as the level of knowledge of secure base script increases, level psychological symptoms in terms of depression, anxiety, hostility, somatization, and negative self decreases,

7.2)   It is expected that as the level of knowledge of secure base script increases, the use of problem solving strategies, optimistic/seeking social support as ways of coping with stress will increase.Yet, helplessness will decrease as the level of knowledge of secure base increases,

7.3)   It is expected that as the level of knowledge of secure base script increases, perceived social support will increase,

CHAPTER 2

PILOT STUDY: PRELIMINARY RESULTS ON KSBS

2.1 Rationale of the Pilot Study

The pilot study was conducted obtain preliminary results in terms of the reliability of the Knowledge of the Secure Base Script: Prompt-Word Outline Method (KSBS), to assess the meaningfulness of the prompt-words for the participants, to test whether full range of scores could be obtained for each narratives, and to obtain preliminary results on the relationship with psychological symptoms.

2.2 Hypotheses of the Pilot Study

1) It is expected that all four single narratives will reveal the whole range of script scores ranging between 1 and 7.

2) There will be significant high correlation within adult-infant, adult– adult narratives and between them due to attachment theory's assumption of single generalized script of the secure base phenomenon. In other words, total score of KSBS is expected to measure a single factor, that is the knowledge of secure base script

3) The knowledge of secure base script will be negatively correlated with psychological symptoms (Brief Symptom Inventory). Accordingly, participants with the higher levels of secure base script knowledge will exhibit less psychological symptoms including depression, anxiety, hostility, somatization and negative self than the participants with lower levels of secure base script knowledge.

2.3 Method

2.3.1   Participants of the Pilot Study

Fifty-five students from the Middle East Technical University who were enrolled to PSY 100 class were participated in the pilot study. Two of students were excluded from this study due psychiatric history and one of them were excluded due to early loss of parent. Furthermore, three participants were excluded from the analysis due to unscorable KSBS narratives. Resulting forty-nine students reported no psychiatric history or recent traumatic experience. Among participants 24 of them were males (Mean age= 21) and 25 of them were females (Mean age= 21). All participants were unmarried, 25 of them had romantic partners at the time.

2.3.2   Measures of the Pilot Study

2.3.2.1   Socio-Demographic Information

The students were asked about their age, sex, and whether they were involved in any romantic relationship at the time of the study (See Appendix E). Furthermore, they are asked about recent traumatic experiences and psychological or psychiatric treatment history (See Appendix F).

2.3.2.2   Brief Symptom Inventory (BSI)

Brief Symptom Inventory (BSI) was developed by Derogatis (1992) as a short form of Symptom Checklist-90-Revised (SCL-90-R) and aims to measure the severity of 9 separate psychological symptoms (Somatization, Obsessive Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Fobic Anxiety, Paranoid Thoughts, Psychoticism) also provides general symptoms severity score.

BSI contains 53 items that are rated on a 5-point Likert scale ranging from 0 (not at all) to 4 (Very much). Scores for 9 separate factors are obtained simply by adding the scores on each item. General symptom severity score is obtained by calculating the mean score from the whole inventory.

Adaptation of BSI into Turkish was conducted by Hisli Şahin and Durak (1994). In three different studies they established the internal consistency of the whole scale as between .95 and .96 and of the subscales as between .55 and .86. Factor analysis revealed 5 factors for the Turkish sample: Anxiety (Items: 12, 13, 28, 31, 32, 36, 38, 42, 43, 45, 46, 47,49), Depression (Items: 9, 14, 16, 17, 18, 19, 20, 25, 27, 35, 37, 39) , Somatization (Items: 2, 5, 7, 8, 11, 23, 29, 30, 33), Hostility (Items: 1, 3, 4, 6, 10, 40, 41), and Negative Self (Items: 15, 21, 22, 24, 26, 34, 44, 48, 51, 52, 53)

Criterion-related validity of the inventory was established (Hisli Şahin & Durak, 1994) by presenting the significant correlation between BSI and Social Comparison Scale, Submisiveness Scale, UCLA-Loneliness Scale, Offer Loneliness Scale, and Beck Depression Inventory. Hisli Şahin and Durak (1994) also stated that BSI significantly differentiates the groups whether they are proned to stress or not (See Appendix G for BSI).

2.3.2.3   Knowledge of Secure Base Script-Prompt Word Outline Method (KSBS)

Secure Base Script Knowledge-Prompt Word Outline Method (KSBS) (Waters & Rodrigues, 2001) is a 20-minute narrative assessment procedure that aims to tap the participants' level of knowledge about the secure base script.

During the procedure participants are presented a set of words that suggest a story line. A passage title and 12 prompt words, printed in 3 columns (3 – 4 words to a column) are presented on a single sheet of paper (See Appendix C). Although the prompt words were selected to suggest a prototypical story line, subjects are told to be free to use the words in any way they like (See Appendix B for instructions). They can either change the order of the words, change the word itself or omit some of them. The first few prompt words indicate the actors. Subsequent words point to some type of constructive interaction, an interruption, distress and resolution included in the secure base script. Subjects are asked to construct a detailed and realistic story and they are told that the prompt words are only a guide and elaborations are welcomed. Subjects responses are recorded for later transcription.

The procedure consists of 4 attachment related stories (Baby's Morning, Doctor's Office, Jane and Bob's Camping Trip and Sue's Accident) and 1 non-attachment related practice story (Going to a Movie). Two of the attachment related stories are the child-adult stories and 2 of them are adult-adult stories. Each story is rated between 1 and 7 in terms of their scriptedness. Half or quarter points could also be given for the narratives thus, narrators could also recieve 1.5 or 4.75 script scores. Higher the scriptedness, more coherent and consistent the knowledge of secure base is. Although separate script scores are obtained for child-adult and adult-adult attachments, single score is calculated (mean scriptedness score) since the attachment literature focus on the presence of a single and generalized secure base

script. Categorical evaluation as secure vs. insecure is possible with the cut of point 4. Accordingly, participants with scriptedness scores less than four are categorized as insecure and scores equal to or more than four are categorized as secure.

Script scoring is based on the criteria presented by Waters and Rodrigues (2002). Prototypical examples of four narratives including the whole range of score between 1 and 7 are presented in the Training Manual (2002). Scores are assigned by evaluating the similiarity of the narrative to the the criteria. Brief outline for scoring the narratives was presented in Appendix D.

Preliminary results (Waters & Rodrigues, 2001) on KSBS favor the presence of generalized secure base scripts showing the high correlation both within child-adult (.93 - .83) and adult- adult narratives (.90 - .61) and across child-adult and adult- adult narratives (.93 - .71). Furthermore, the narratives were found to be not correlated with general storytelling ability and mental ability.

Considering the validity of KSBS, it has been presented that knowledge of secure base is highly correlated with AAI secure vs. insecure classification and with the overall transcript coherence score (.51 - .66) (Waters & Rodrigues, 2001). In addition to this, when maternal script scores were dichotomized (above and below 4.0) as secure and insecure, %74 concordance rate with infant Strange Situation was found (Tini, Corcoran, Rodrigues, Everett, 2003). Moreover, college students who had higher script scores were found to accept invitation to a mentor program

on campus, were more goal directed in the relationship and held mentors to a higher standard of support – as if they had had good secure base in the past and expected the same of the new relationship (Steiner, Arjomand, Waters, 2003). Lastly, secure base script knowledge has been tested in terms of cross cultural generality including a Turkish sample (Switzerland, Colombia, Zimbabwe, Turkey, and the United Arab Emirates). The mean and range of the script knowledge scores were found comparable to results obtained in the US (Rodrigues, Zevallos, Turan, Green, 2003).

Turkish form of KSBS was obtained from Rodrigues et.al's (2003) study that included sample of Turkish mothers. The Turkish titles of prompt words are: Cinema, Baby's Morning, Doctor's Office, Özlem's Accident, and Berna and Emre's Camping Trip (See Appendix C).

2.3.3 Procedure of the Pilot Study

The pilot study completed in two sessions. In the first one, students volunteered for the study were given the questionnaires that include socio-demographic information, and Brief Symptom Inventory together with the informed consent form. Participants were instructed to read and complete the questionnaires at home and to bring in to the psychology lab in the Psychology Department of Middle East Technical Univeristy (METU) for the second session.

Participants got appointments for the session 2 either by marking an appointment sheet in the class or by emailing to the researcher. During the session, first brief interview was conducted to obtain information on the recent traumatic experiences and psychiatric or psychological treatment history for screening purposes. Interview lasted approximately for 10 minutes. Then participants recieved KSBS. Detailed instructions were given (See Appendix B) and participants were explained the reason of being audiotaped and asked for permission. A sample narrative for each participants were constructed together to check and correct any misunderstanding about the prompt-word outline method. For the rest of the narrative task, participants were left alone and their responses were recorded by Sony IC Recorder ICD-SX25 Digital Voice Recorder. The order of the 4 prompt word outline were randomized for each participants to control the sequence effect. Audiotaped narratives were transcribed and same narratives of all participants grouped together for rating. Narratives were rated blindly by a trained rater.

Training of the KSBS rater was scheduled by Waters in State University of New York-Stony Brook. Training was arranged as 4 sessions within 2 week period. Details of the training schedule could be seen in Appendix H.

2.3.4   Statistical Analysis of the Pilot Study

Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS) Programme (Green, Salkind, & Akey, 1997). Prior to analyses, all variables were examined for accuracy of data entry, missing values, normalcy and multivariate outliers. No cases were identified through Mahalanobis distance as multivariate outliers. Six participants with a recent trauma history, current or past psychiatric history, and with unscorable KSBS narratives were excluded from the analysis leaving 49 participants.

Although KSBS provides one general script score composed of adult-infant and adult-adult attachment scripts, for present pilot study single script scores of each four narratives were taken into consideration and presented for reliability and validity purposes. Correlation of each narrative with socio-demographic variables as sex and presence of a romantic partner was obtained first. Then, internal consistency of KSBS was tested by Cronbach's Alpha. Lastly, correlation between factors of BSI as anxiety, depression, somatization, hostility, and negative self and KSBS presented as both total script scores, single narrative scores, adult-adult and infant-adult attachment script scores was assessed.

2.4 Results of the Pilot Study

2.4.1 Descriptive Statistics and Socio-Demographic Variables Regarding KSBS

In total, 49 unmarried students, 24 males (Age Mean = 21) and 25 (Age Mean = 21) females were participated in the study. The age range of participants were betweeen 19 and 22. Among participants 45% were being involved in a romantic relationship at the time as compared to 55% who were not being involved in a romantic relationship at the time.

Mean scriptedness scores for 4 narratives can be seen in (See Table 2). Sample narratives of different scriptedness scores for each prompt word outline is presented in Appendix I.

Table 2.
Descriptive Statistics for KSBS.

	Mean	SD	Min-Max	Range
Baby's Morning	4.76	1.97	1-7	6
Doctor's Office	4.09	1.65	1-7	6
Özlem's Accident	4.34	1.87	1-7	6
Berna and Emre's Camping Trip	3.78	1.48	1-7	6
Adult – Infant	4.42	1.54	1-7	6
Adult – Adult	4.10	1.49	1-6.75	5.75
Total KSBS	4.24	1.42	1-6.63	5.63

No significant correlation between age and KSBS was found. Moreover, independent Sample t-test revealed no significant differences between male and female participants either in terms of single narratives, adult-infant and adult-adult narratives or the total KSBS (See Table 3). Considering single narratives the highest mean score was males' "Baby's Morning" (X = 4,83) narratives and the lowest mean score was males' "Berna & Emre's Camping Trip" (X = 3,43) narratives. In terms of presence of a romantic relationship independent sample – t test revealed a significant difference only for the "Berna and Emre's Camping Trip" narrative. Accordingly, participants who were being involved in a romantic relationship at the time obtained significantly higher scriptedness (X = 4, 27) score for "Berna and Emre's Camping Trip" narrative than the ones who were not being involved in a romantic relationship at the time of the study (X = 3,32), t (46) = 2,28, p < .05.

Table 3.

Mean Scores of the KSBS in Terms of Gender and the Presence of Current Romantic Relationship.

	Gender		Presence of Romantic Relationship	
Narratives	Female	Male	Yes	No
Baby's Morning	4.68	4.83	4.91	4.61
Doctor' Office	4.48	3.69	4.15	4.05
Özlem's Accident	4.46	4.27	4.34	4.44
Berna & Emre's Camping Trip	4.10	3.43	4.27	3.32
Infant – Adult	4.58	4.26	4.53	4.33
Adult – Adult	4.28	3.85	4.31	3.88
Total KSBS	4.43	4.05	4.42	4.11

2.4.2 Internal Consistency of KSBS

The Cronbach's alpha reliabilities for the 4 narratives were calculated and the reliability for the whole test was found .83. Additionally, Cronbach's alpha for the two adult-infant and two adult-adult narratives were found .61 and .72 respectively. The correlation between single narratives, adult-infant and adult-adult narratives, and total KSBS can be seen in Table 4. Briefly, the correlation between adult-infant and adult-adult narratives were found .76 (p<.01). Among narratives the correlation between "Doctor's Office" and "Berna & Emre's Camping Trip" was the lowest (r= .44, p<.01). The narrative "Özlem's Accident" was found to have the highest correlation with "Baby's Morning" (r= .62, p<.01) and "Doctor's Office" (r = .64, p<.01) narratives.

2.4.3 Relationship Between BSI and KSBS

The Pearson correlation coefficients among the KSBS and the BSI as a measure of symptoms of somatization, anxiety, depression, hostility, and negative self were presented in Table 4. Accordingly, total KSBS scores was found to be highly and negatively correlated with anxiety (r= -.56, p<.01) and depression (r= -.31, p<.05). Moderate negative correlation was also found between total KSBS and the negative self (r= -.28). Anxiety was found to have consistent negative correlation with all single narratives of KSBS. (Doctor's Office r = -. 57, p<.01 , Özlem's Accident r = -.54, p<.01, Baby's Morning r = -.36, p<.01, Berna and

Emre's Camping Trip r = -.33, p<.01). In terms of single narratives, "Berna and Emre's Camping Trip" revealed the lowest level of correlation with factors of BSI including somatization (r= .06), depression (r= -.09), hostility (r= .01), negative self (r= -.14).

2.5   Discussion of the Pilot Study

One of the aim of the pilot study was to figure out whether prompt word outlines of KSBS were meaningful for the Turkish sample or not. In other words, current study assessed whether participants were able to construct prototypical and scorable narratives and whether the full range of score between 1 and 7 could be obtained or not. Results showed that all 4 prompt word outlines titled as "Baby's Morning"," Doctor's Office","Özlem's Accident",and "Berna and Emre's Camping Trip" were understandable for the participants who provided the full range of scores. Typical examples of narratives scored as 1, 3, and 7 were presented in Appendix I. Accordingly, narratives that recieved higher script scores included characters actively and emotionally involved with each other, encountered with stress, and resolved it in various constructive ways. On the other hand, individuals who recieved lower script scores provided narratives that either lack constructive emotional engagement, awareness, or resolution of the stress. Since the key elements of secure base script is emotional involvement, awareness, and the resolution of stress, these additional characters were not considered as threat to the evaluation of the script knowledge unless characters were emotionally distant, unaware of the stress, and unsupportive.

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Table 4.

Pearson Correlations of KSBS, BSI and Socio-Demographic variables

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
01. Age																
02. Gender (1= Female, 2 Male)	.28															
03. Romantic rlt. (1=Yes, 2=No)	-.03	.21														
04. Baby's Morning	.02	.04	-.07													
05. Doctor's Office	-.20	-.24	-.03	.45**												
06. Özlem's Accident	-.03	-.05	.02	.62**	.64**											
07. Berna & Emre's Camping Trip	-.12	-.23	-.32*	.55**	.44**	.60**										
08. Adult – Adult Attachment	-.08	-.16	-.15	.66**	.62**	.91**	.86**									
09. Adult – Infant Attachment	-.10	-.11	-.06	.88**	.82**	.74**	.59**	.76**								
10. Total KSBS	-.10	-.13	-.10	.83**	.77**	.89**	.77**	.93**	.94**							
11. BSI - Somatization	-.30	-.07	-.06	-.24	-.11	-.21	.06	-.10	-.22	-.17						
12. BSI - Depression	-.09	-.13	.01	-.39**	-.19	-.30*	-.09	-.23	-.35*	-.31*	.78**					
13. BSI - Anxiety	-.11	-.02	-.03	-.36**	-.57**	-.54**	-.33*	-.50**	-.54**	-.56**	.26**	.44**				
14. BSI - Hostility	-.13	-.03	-.16	-.26	-.06	-.24	.01	-.15	-.20	-.19	.52**	.63**	.39**			
15. BSI – Negative self	-.17	.02	.01	-.27	-.18	-.29*	-.14	-.25	-.29	-28	.55**	.77**	.46**	.57**		
16. BSI - Total	.00	-.02	-.03	-.35*	-.28	-.39**	-.15	-.31**	-.38**	-.42**	.70**	.90**	.70**	.69**	.79**	

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

However, some narratives included a crowd where interaction was not clearly understandable and resulted in exclusion from the analysis. Due to the inclusion of groups of people frequently, the instructions of KSBS required to be renewed. It seemed that for Turkish participants additional instructions may be required stating that the narratives should include two main characters, three or four at the most.

Current study was also tested KSBS in relation to socio-demographic variables as age, gender, and presence of a current romantic relationship. No significant relationship was obtained between the narratives and socio-demographic variables. Accordingly, males and females were not significantly different from each other in terms of their level of knowledge of secure base script. Also, age was not significantly related to the secure base script knowledge. However, the age range (19-22) of this study was limited to draw any conclusive result. Further invesitgation is needed. Lastly, no significant relationship was obtained between the level of knowledge of secure base script and current presence of a romantic relationship. In other words, script knowledge of secure base reflected in the narratives was not significantly related to having boyfriends or girlfriends at the time of the study. One exception was "Berna and Emre's Camping Trip" which was found to be significantly correlated with romantic involvement (r= -.32, p<.05). Results revealed that participants who were involved in a romantic relationship at the time of the study obtained significantly higher script scores from "Berna and Emre's Camping Trip". This unexpected result might be interpreted as insufficiency of this prompt word outline to trigger the secure base

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script knowledge of the participants. Consistently, "Berna and Emre's Camping Trip" revealed the lowest mean score (3.78) among all prompt word outlines where approximate narratives were event-related with little commentary on the give and take between the characters, or on the psychological content of the story. Although, these results were unexpected it is not unexplainable. "Berna and Emre's Camping Trip" as a prompt word outline expected to trigger a story about a couple who goes to a tent camp in a forest where Emre got frustrated with a collapsed tent and Berna is scared of dark shadows and voices. The couple is expected to deal with Emre's frustration and Berna's fear collaboratively and enjoy their camp at the end. It is not unexpected that such camping script might not be present for Turkish samples. Some participants of the current study provided camping narratives where the story took place in a crowded summer camp or scout camp rather than a camp in a deserted forest. If not, both individuals in the narratives seemed to be upset, scared, bored and dissatisfied of the camp. Some narratives ended without the expected resolution of the problem. Couples left the camp site as soon as possible or fall asleep exhausted with fear. In short, "Berna and Emre's Camping Trip" might not be a common narrative of secure base script for Turkish culture and this might be reflected as low avarage scores. Alternative prompt word outline which is more culturally relevant might be a solution to this problem. However, before making any changes in the original procedure, validity of "Berna and Emre's Camping Trip" needs further investigation.

Another aim of the current study was to test the internal consistency of KSBS and presented that four single narratives that was grouped as adult-infant and adult-adult prompt words assesses one generalized script knowledge about the use of secure base. If looked closely, prompt word outlines were constructed in such a way that they tap qualitatively different close relationships. "Baby's Morning" prompt word outline was between a baby (0-2 years old) and his or her mother. "Doctor's Office", was between a child (4-7 years old) and his mother. "Özlem's Accident" was betwen a married couple and "Berna and Emre's Camping Trip" was about a young couple. Despite the age, gender, and characteristics of the relationships' differences it was hypothesized that there was only one general secure base script that guide emotion, cognition and behavior in times of danger. Consistent with this expectation results revealed significantly high correlation both within adult-infant and adult-adult narratives and between them.

Lastly, relationship between KSBS and psychological symptoms including somatization, anxiety, depression, hostility, and negative self were investigated. Consistent with the hypothesis, knowledge of secure base script was negatively correlated with symptoms of depression and anxiety. In other words; as participants' level of knowledge of secure base script increases or as they have more coherent picture of secure base script, their symptoms of depression and anxiety decreases. Although statistically insignificant, moderate correlation between negative self and KSBS was also obtained. When single narratives were tested in relation to psychological symptoms it was found that "Berna and Emre's

Camping Trip" revealed the lowest degree of correlation among other narratives. Especially, levels of depression which was significantly correlated with single narratives was found to be uncorrelated with "Berna and Emre's Camping Trip" . This result might also be interpreted as the insufficiency of "Berna and Emre's Camping Trip" tapping the script knowledge of secure base.

To conclude, preliminary results on KSBS showed that the prompt word outlines were meaningful, triggering expected narratives within the full range of script scores. Narratives were internally consistent revealing that four prompt word outlines were assessing one generalized script of secure base. In terms of validity of KSBS results were promising. Distribution of classification as secure vs. insecure was consistent with the normative data presented in the literature and correlation between the script knowledge and psychological symptoms were significant mainly for depression and anxiety. However, "Berna and Emre's Camping Trip" as a single narrative left a questionmark in terms of the validity due to low mean scores, insignificant and low levels of correlation with the psychological symptoms. Before deciding to change the original procedure and replace the prompt word outline, further investigation and replication of the results are needed.

CHAPTER 3

MAIN STUDY 1: RELIABILITY AND VALIDITY OF KSBS

3.1 Rationale of the Main Study 1

Main study one was conducted to reevaluate the internal consistency

of KSBS in the light of results obtained from the pilot study. Pilot study revealed

that "Berna and Emre's Camping Trip" as an adult-adult prompt word outline

might not be a culturally relevant script for the Turkish sample. Therefore, in the

present study an alternative prompt word outline "The Lost Purse" was used in

addition to "Berna and Emre's Camping Trip" to see whether this prompt word

outline will reveal better results so could be an alternative to "Berna and Emre's

Camping Trip". Also, in the present study interrater and test-retest reliability was

assessed. Considering test-retest reliability, attachment theory proposed that the

internal working models are likely to remain stable (Bowlby, 1988; Collins &

Read, 1994; Waters, et.al., 2000) and empirically 72% of stability over 20 years

was presented (Waters et.al., 2000). Therefore, test-retest reliability in the currrent

study was tested expecting that the level of knowledge of the secure base script

will remain stable over time. Furthermore, the current study tested the

discriminant validity of KSBS since the capacity to construct an imaginary story

might be based on non-attachment related cognitive abilities as IQ. Attachment

literature (Bakersman-Kranenburg & van Ijzendoorn, 1993; Crowell, et.al, 1996;

Owens, 1993; Sagi, et.al, 1994; & Treboux, 1997) presented that unobtrusive

measures of attachment like AAI and CRI were unrelated to intelligence, memory, education, gender or duration of relationship. Also, KSBS was shown to be unrelated to general story telling ability and Henman-Nelson test of mental ability (Waters & Rodrigues, 2001). Therefore, discriminant validity of KSBS was established in Turkish sample by testing its relationship with WAIS-R. At last, the present study tested the relationship between an implicit unobtrusive measure (KSBS) and self report measure (ECR-R) of adult attachment was assessed considering the current debate in the literature.

3.2 Hypotheses of the Main Study 1

1)   Internal consistency of KSBS will be reevaluated with a new prompt word outline titled "Lost Purse" as an alternative for "Berna and Emre's Camping Trip" which was questioned in terms of cultural relevancy,

2)   Proposing that the secure base script is stable over time, significant correlation is expected between time 1 and time 2 measures of KSBS,

3)   Inter rater reliability will be established. High agreement rate is expected between raters who were trained with the original manual of KSBS,

4)   Considering discriminant validity, KSBS is be expected to have no significant relation with WAIS-R,

5) The relationship between ECR-R and KSBS will be assessed. Providing inconsistent result in the literature stating moderate correlation on one hand and no correlation on the other, no specific expectation is stated,

Although information regarding psychological symptoms, coping strategies, and perceived social support were obtained from the participants of the Main Study 1, the hypothesis regarding the relationship between these variables and KSBS will be tested in Chapter 6 where samples of all main studies combined to increase the statistical power .

3.3 Method

3.3.1 Participants of the Main Study 1

Fifty students from the Middle East Technical University who were enrolled in the PSY 100 class participated in this study. Three of the participants were excluded from the Time 1 measure due to the presence of a long term psychotheraphy and psychopharmocological therapy related to anxiety and depression which resulted in a total of 47 participants. Among the 47 participants from Time 1, 40 of them were reached for Time 2 assessment. Among participants, 90% (N=42) of them were females and 10% (N=5) of them were males (Mean Age=18). Forty eight percent (N=24) of the participants were involved in a romantic relationship at the time of the study.

3.3.2 Measures of the Main Study 1

3.3.2.1 Socio-Demographic Information

The students were asked about their age, sex, and whether they were involved in any romantic relationship at the time of the study (See Appendix E). Furthermore, they were asked about recent traumatic experiences and psychological or psychiatric treatment history for screening purposes (See Appendix F).

3.3.2.2 Brief Symptom Inventory (BSI)

See Section 2.2.2.2 for the description of this scale.

3.3.2.3 Ways of Coping Inventory (WCI)

Ways of Coping Inventory, originally developed and revised by Folkman and Lazarus (1980, 1985), was designed to assess cognitive and behavioral strategies people use in stressful situations. The inventory originally included 66 items each rated on a 4 – point Likert scale ranging from 0 (not used) to 4 (used great deal). Although Folkman and Lazarus (1985), in the revised version of WCI, reported 8 subscales (Problem focused, wishful thinking, distancing, emphasizing positive, self – blame, tension reduction, self – isolation, and seeking social support), recent literature (Bourchard, Sabaurin, Kussier, Wright, & Richer, 1997; Jenkins, 1997)

agreed upon the four factor model (Problem – focused, denial, distancing/avoidance, and confrontation/seeking social support).

WCI has been adapted to Turkish by Siva (cited in Uçman, 1990). For the Turkish version, Siva added 7 more items tapping fatalism and superstition resulting in 74 items. Since then, the reliability and validity of WCI has been retested, the inventory has been modified and revised in multiple research.

Karanci, Alkan, Aksit and Sucuoglu (1999) used WCI in research with earthquake survivors and for comprehensibility they changed the response format from 4 to 3 - points Likert type (1 = never, 2 = sometimes, 3 = always). Forty nine items (Cronbach alpha = .76) were found to load on 5 factors, namely problem solving/optimistic approach, fatalistic approach, helplessness approach, seeking social support and escape.

In the current study, a 42 item version of WCI with four factors (Fatalistic approach, problem solving approach, optimistic/ seeking social support, and helplesness) was used. Cronbach alpha reliability of the whole scale has been reported in different studies (Dirik, 2006; Kesimci, 2003) ranging between .77 to .88. The results of the factor analyses of Kesimci (2003) with a sample of cancer patients were used in the present study. Kesimci (2003) obtained four factors with 38 items explaining 47.2 percent of variance. The mean scores of each factor are calculated separately. The first factor was "fatalistic coping" including items 37,

34, 16, 10, 15, 9, 24, 30,20, 14, 1, 29, 33, 2. The second factor was "optimistic/seeking social support" including items 23, 3, 7, 8, 42, 6, 27, 21, 4. The third factor was "problem solving coping" including items 19, 22, 38, 41, 28, 31, 39, 5, 25. The fourth factor was "helplessness coping" including items 36, 35, 40, 26, 12, 17 (See Appendix G).

3.3.2.4   Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) has been developed by Zimet, Dahlen, Zimet, and Forley in 1988. The scale has 12 items which assesses perceived adequacy of social support from three different sources, namely support from the friends (Items: 6, 7, 9, 12), the family (Items: 3, 4, 8, 11), and a significant other (Items: 1, 2, 5, 10). Items are rated on a 7-point Likert scale (1= very strongly disagree, to 7= very strongly agree).

MSPSS has been adapted into Turkish by Eker and Arkar (1995). Results revealed high internal consistencies both for the total score and for different sources of support ranging between .85 and .91. For the validity purposes, multi sample study (Eker & Arkar, 1995) was conducted including university students, psychiatric patients, and patients with kidney diseases. It was found that both perceived social support generally and perceived social support separately from different sources are negatively correlated with depression and anxiety. The

results revealed that MSPSS has good construct validity in Turkish samples (See Appendix G)

3.3.2.5 Experience in Close Relationship Questionnaire-Revised (ECR-R)

Experience in Close Relationship Questionnaire (ECR) was originally developed by Brennan, Clark, and Shaver (1998) and revised (ECR - R) by Fraley, Waller, and Brennan (2000). The aim of ECR-R is to assess adult attachment in close relationships by emphasizing the two dimensions of adult attachment: Avoidance ("It is difficult for me to believe and trust in my romantic partner") and Anxiety ("I am scared to loose the love of the person that I am with") (See Appendix G) .

ECR-R consists of 36 items; half of them are for attachment avoidance dimension including the items with even numbers and the other half is for anxiety dimension including the items with odd numbers. The questionnaire requires participants to reflect their thoughts and feelings about their romantic partner on a 7-point Likert scale (1 = Completely Disagree, 7 = Completely Agree). The mean score for each dimension of attachment is calculated seperately. Among 36 items, 14 of them are reversed. The higher the score, the more anxious or avoidant the person is in relation to his or her romantic partner.

ECR-R was adapted into Turkish by Selçuk, Günaydin, Sümer, and Uysal (2005). The internal consistency of attachment avoidance and anxiety subscales are found to be .90 and .86, respectively. The factor analysis revealed that 2 factor solution

could explain %38 of the variance (%21,36 for the avoidance dimension, % 16,33 for the anxiety dimension). Selçuk et.al. (2005) also reported the test-retest reliability of the ECR-R Turkish version as .81 for avoidance subscale and .82 for anxiety subscale.

In terms of construct validity (Selçuk et.al., 2005), it was found that self esteem and relationship satisfaction is negatively and fear of unapproval is positively correlated with both dimensions of ECR – R. Apart from attachment avoidance, attachment anxiety was shown to be positively correlated with seperation anxiety and pleasing others whereas attachment avoidance was found to be positively correlated with favoring loneliness.

3.3.2.6 Wechsler Adult Intelligence Scale – Revised (WAIS - R)

Wechsler Adult Intelligence Scale – Revised (WAIS - R) (Weschler, 1981) is the revised version of Wechsler Adult Intelligence Scale (WAIS) and was originally developed by Wechsler (1955). WAIS – R is individually administered, composite intelligence test in a battery format. It aims to assess areas of intellectual abilities in three different I.Q. scores: Overall I.Q., Verbal I.Q., and Performance I.Q. These scores are derived from averaged scores on 11 subtests: six are verbal (Information, Digit Span, Vocabulary, Arithmetic, Comprehension, and Similarities) which primarily measures verbal comprehension; whereas five

are performance (Picture Completion, Picture Arrangement, Block Design, Digit Symbol, and Objcet Assembly) which primarily measures visual-spatial abilities.

The Turkish standardization of WAIS-R has been started recently with multiple studies (Baştuğ, 2000; Yargıcı, 2000; Yılmaz, 2000). Preliminary standardization has been reported for 134 participants from three different socioeconomic status with the age range of 16 and 70. Internal consistency of total I.Q. score was .92, verbal I.Q. score was .86, and performance I.Q. score was. 86. For 11 subtests, internal consistencies ranges between .69 and .91. Split-half reliability was also reported for WAIS-R. Accordingly, split-half reliability score for 11 subtests ranges between .71 and .92. For total, verbal and performance I.Q. scores split-half reliability was reported as .89,.92, and .91respectively. Consistent with the original WAIS-R, raw scores were transformed into standard scores with the mean 10 and standard deviation 3. Preliminary studies revealed that SES has a significant impact on all 11 subtests of WAIS-R.

3.3.2.7   Knowledge of Secure Base Script: Prompt Word Outline Method (KSBS)

See Section 2.2.2.3 for the original procedure.

Different than the materials used in the pilot study, an additional prompt word outline titled "Lost Purse" (See Appendix C) was used. "Lost purse" was a prompt word outline used by Rodrigues, et al. (2003) with Unites Arab Emirates'

sample where "Berna and Emre's Camping Trip" was shown to be a culturally inappropriate narrative. In total participants recieved 5 prompt word outlines.

3.3.3   Procedure of the Main Study 1

To assess the test-retest reliability of KSBS, current study was designed as Time 1 and Time 2 measures. In Time 1, voluntary students were given the informed consent form together with the questionnaires that include socio-demographic information, BSI, MSPSS, and WCI together with the informed consent form to complete at home and to bring in to the psychology lab in the Psychology Department of Middle East Technical Univeristy (METU). For lab session, participants got appointments either by marking an appointment sheet in the class or by e-mailing the researcher. During the session, first brief interview was conducted to obtain information on the recent traumatic experiences and psychiatric or psychological treatment history. Interview lasted approximately 10 minutes. Then, participants recieved KSBS and WAIS-R. The sequence of materials were balanced meaning that half of the participants recieved KSBS first and then WAIS-R and the other half recieved WAIS-R first and then KSBS. In total, including the interview, the session lasted for 2,5 hours. Each participant was given a participation number to match the measure of Time 1 and Time 2.

WAIS-R was administered by a trained psychologist. For KSBS application, detailed instructions were given (See Appendix B). The additional statement added to the instructions to prevent inclusion of a group of people in the

narratives. Participants were reminded that the narratives were mainly between two people, three or four at the most. Afterwards, participants were explained the reason of being audiotaped and asked for permission. A sample narrative for each participants were constructed together to check and correct any misunderstanding about the prompt-word outline method. For the rest of the narrative task, participants were left alone and their responses were recorded on a Sony IC Recorder ICD-SX25 Digital Voice Recorder. The order of the 5 prompt word outlines were randomized for each participants to control the sequence effect. Audiotaped narratives were transcribed and same narratives of all participants grouped together for rating. Narratives were rated blindly by a trained rater.

After five months, participants were contacted through emails and were asked to get an appointment for the Time 2 measures. The second session lasted for approximately 30 minutes. For screening purposes, participants were interviewed on trauma history within the last 5 months. Then, participants were given KSBS again and asked to construct narratives that comes to their mind at that time. They were reminded that this was not a memory test therefore, they were not being asked to remember the narratives that they have constructed previously.

For the assessment of interrater reliability, two raters were trained using KBSS Training Manual (Waters & Rodrigues, 2002) which was strictly followed as 4 sessions in 2 weeks. Trainees rated 3 batches (Beginners, Advanced, and Turkish sample) of narrative during the training. Then, 50% of the randomly selected

participants' KSBS scores were evaluated by the raters. Half of the selected participants' narratives were assessed by rater 1 and the other half was rated by the rater 2. Randomly selected narratives were randomly assigned to raters.

3.3.4 Statistical Analysis of the Main Study 1

Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS) Programme (Green, Salkind, & Akey, 1997). Prior to analyses, all variables were examined for accuracy of data entry, missing values, normalcy and multivariate outliers. No cases were identified through Mahalanobis distance as multivariate outliers. Three participants reported current or past psychiatric history and thus were excluded from the analysis, leaving a total of 47 participants.

First, internal consistency of KSBS was tested by Cronbach's Alpha separately for two alternative prompt word outlines: "Lost Purse" and "Berna and Emre's Camping Trip". Then, t-test was performed to assess the differences of KSBS in terms of socio-demographic variables including gender and presence of a romantic partner.

For interrater and test-retest reliability Pearson Product Correlation Coefficient was calculated. A correlation matrix was created to evaluate the criterion-related and discriminant validity between the variables of the study including socio-demographic variables, ECR-R, WAIS-R, and the KSBS scores including single

narratives, sub domains (adult-infant & adult-adult). Although information regarding psychological symptoms, coping strategies and perceived social support were obtained from the participants, the related results regarding the validity of KSBS are evaluated by combining the sample of 3 main studies that is presented in Chapter 6. The participants of 3 studies were combined for the purpose of increasing the power of the statistical analysis.

3.4   Results of the Main Study 1

3.4.1   Descriptive Statistics and Socio-Demographic Variables Regarding KSBS

Mean scriptedness scores for 5 narratives ranged between 4.31 (SD =1,.32) and 3.95 (SD = 1.30) with the highest mean obtained from "Lost Purse" and the lowest mean from "Berna and Emre's Camping Trip" narratives. The ranges and mean scores of single narratives can be seen in See Table 5. Sample narratives of different scriptedness scores for each prompt word outline is presented in Appendix I.

The mean KSBS score for males (N=5) and females (N=42) were 4.42 and 4.03 respectively. Furthermore, participants who were in a romantic relationship at the time of the study (N=24) recieved mean KSBS score of 4.02 and participants who were not (N=23) received mean KSBS score of 3.89. No significant correlation was found between the above mentioned socio-demographic variables and KSBS (See

Table 7). Moreover, independent sample t-test revealed no significant differences of KSBS scores in terms of socio-demographic variables.

Table 5.
Descriptive Statistics & Internal Consistency of KSBS for the Main Study 1.

		Mean	SD	Range	Min-Max	Item total correlations
Internal Consistency I	α = .79					
Baby's Morning		4.23	1.86	6	1-7	.67
Doctor's Office		4.10	1.71	6	1-7	.52
Özlem's Accident		4.02	1.46	6	1-7	.84
Berna and Emre's Camping Trip		3.95	1.30	6	1-7	.49
Internal Consistency II	α = .79					
Baby's Morning		-	-			.68
Doctor's Office		-	-			.49
Özlem's Accident		-	-			.79
Lost Purse		4.31	1.32	6	2-7	.50
Adult-Infant	α = .64	4.17	1.53	6	1-7	
Adult-Adult[1]	α = .62	4.00	1.74	4.75	1-5.75	
Total KSBS[1]		4.09	1.24	5.13	1-6.13	

[1] Scores of adult-adult narratives and total KSBS calculated by using "Berna and Emre's Camping Trip"

Table 6.

Socio-Demographic Variables Regarding KSBS for the Main Study 1.

	Gender		Presence of Romantic Relationship	
	Male (N=5)	Female (N=42)	Yes (N=24)	No (N=23)
Adult-Infant	5.15	4.30	4.17	4.16
Adult-Adult[1]	3.70	3.76	3.88	3.62
Total KSBS[1]	4.42	4.03	4.02	3.89

[1] Scores of adult-adult narratives and total KSBS calculated by using "Berna and Emre's Camping Trip"

3.4.2 Reliability of KSBS

3.4.2.1 Internal Consistency of KSBS

The Cronbach's alpha reliability for 4 narratives including "Berna and Emre's Camping Trip" was calculated and the reliability for the whole test was found .79. Cronbach's alpha for the two adult-infant and two adult-adult narratives and item total correlations were presented in Table 5. The correlation between single narratives, adult-infant and adult-adult attachment subdomains, and total KSBS can be seen in Table 7. Briefly, the correlation between adult-infant and adult-adult narratives was found .67 ($p < .01$). Among narratives the correlation between "Doctor's Office" and "Berna & Emre's Camping Trip" was the lowest ($r = .32$, $p < .05$). The narrative "Özlem's Accident" was found to have the highest

correlation with "Baby's Morning" (r= .71, p<.01) and "Doctor's Office" (r= .68, p<.01) narratives.

The Cronbach's alpha reliability for 4 narratives including "Lost Purse" as an alternative prompt word outline to "Berna and Emre's Camping Trip" was calculated (See Table 5). The Cronbach's alpha for the whole test was found .79. Also, Cronbach's alpha of adult-adult attachment subdomain was found .64. The narrative "Lost Purse" was found to have the highest correlation with "Baby's Morning" (r=. 56, p<.01) and the lowest correlation with "Doctor's Appointment" (r=.20) (See Table 6)

3.4.2.2 Test-Retest Reliability

Test-retest reliability was examined by administering KSBS to 85% of the sample (49 students) over six months. Pearson product moment correlation coefficient was .81 (p<. 001) for the total KSBS score.

3.4.2.3 Interrater Reliability

Two raters were trained for interrater reliability purposes. For training sessions, Pearson product moment correlation coefficient was calculated between the raters and the criterion KSBS scores provided by Waters and Rodrigues (2002). Results revealed correlations coefficients between .80 (p<.001) and .89 (p<.001) for the 3 batches of narratives of training sessions (See Table 8).

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Table 7.

Pearson Correlations of Socio-Demographic Variable,ECR-R, WAIS-R, and KSBS for the Main Study 1.

	01	02	03	04	05	06	07	08	09	10	11	12	13	14
01. Gender (1= Female, 2 Male)														
02. Romantic rlt. (1=Yes, 2=No)	-.05													
03. Baby's Morning	.12	-.05												
04. Doctor's Office	.19	.05	.47**											
05. Özlem's Accident	-.02	-.05	.71**	.68**										
06. Berna & Emre's Camping Trip	-.00	-.14	.39**	.32*	.45**									
07. Lost Purse	-.19	-.14	.56**	.22	.57**	.42**								
08. Adult-Adult Attachment[1]	-.01	-.11	.66**	.48**	.87**	.83**	.53**							
09. Adult-Infant Attachment	.20	-.00	.87**	.84**	.82**	.35*	.48**	.67**						
10. Total KSBS[1]	.13	-.07	.85**	.75**	.92**	.58**	.55**	.89**	.94**					
11. ECR-R Anxiety	.28	.17	-.55**	-.21	-.50**	-.34*	-.33*	-.49**	-.46**	-.51**				
12. ECR-R Avoidance	.16	.27	-.11	.05	-.03	.01	-.01	-.04	-.01	-.03	.46**			
13. WAIS-R Verbal	.10	.07	.04	.14	.10	.12	.13	.09	.13	.12	-.45**	.05		
14. WAIS-R Performance	-.15	.16	.15	.01	.21	.00	.10	.14	.13	.15	-.11	-.34*	.44**	
15. WAIS-Total	-.04	.13	.10	.10	.18	.02	.12	.10	.12	.12	-.11	-.07	.74**	.66**

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
[1] Scores of adult-adult narratives and total KSBS calculated using "Berna and Emre's Camping Trip

Table 8.
Pearson Correlation Between Raters of Training Sessions and Main Study 1

| | Trainning Sessions | | | | | | Main Study 1 | |
| | Beginners' Batch | | Advanced Batch | | Turkish Batch | | | |
	Rater 2 (N=14)	Rater 3 (N=14)	Rater 2 (N=21)	Rater 3 (N=21)	Rater 2 (N=15)	Rater 3 (N=15)	Rater 2 (N=12)	Rater 3 (N=12)
Waters & Rodrigues (2002) Rater 1	.89**	.81**	.81**	.80**	.82**	.82**	.85**	.86**

** Correlation is significant at the 0.001 level (2-tailed).

For the current study 50% of the participants (N=24) were randomly selected and each rater evaluated 25% of the randomly selected narratives. Agreement with the researcher was calculated by Pearson product moment correlation coefficient and significant correlation was found as .85 (p<.001) and .86 (p<.001).

3.4.3 Validity of KSBS

3.4.3.1 Discriminant Validity

The discriminant validity was assessed by calculating the The Pearson product moment correlation coefficients between the KSBS and WAIS-R. For participants (N=47) the mean score of total WAIS-R was 126.43 (Min= 112 , Max= 137, Range=25). No significant correlation was revealed between total KSBS score and performance, verbal, and total scores of WAIS-R (See Table

7). Similarly, no correlation was found between 5 single narratives (Baby's Morning, Doctor's Office, Özlem's Accident, Berna and Emre's Camping Trip, Lost Purse) and performance, verbal, and total scores of WAIS-R.

3.4.3.2   ECR-R in Relation with KSBS

The Pearson product moment correlation coefficients among the KSBS and ECR-R was assessed. Accordingly, total KSBS was found significantly and negatively correlated with anxiety dimension of ECR-R ($r= -.51$, $p<.01$). No correlation was found between total KSBS and avoidance dimension of ECR-R ($r= -.07$).

3.5   Discussion of the Main Study 1

Current study aimed to asssess the reliability and validity of the knowledge of the secure base script-the prompt word outline method that was revised by the results obtained from the pilot study. As first, an alternative prompt word outline named "Lost Purse" which taps the adult-adult attachment script was included as an alternative to "Berna and Emre's Camping Trip". In the pilot study, "Berna and Emre's Camping Trip" revealed unexpected results thus, criticized by possible cultural irrelevancy. As a result of this, in the current study an alternative prompt word outline was added to the procedure. The "Lost Purse" is an alternative prompt word outline which was created by

Waters and Rodrigues (2002) to be used with participants from United Arab Emirates where "Berna and Emre's Camping Trip" was found to be a culturally irrelevant script. It was found that "Berna and Emre's Camping Trip"as an alternative to "Lost Purse" did not reveal better results. The "Lost Purse" narratives had a narrower range of scriptedness scores and did not contribute to internal consistency more than "Berna and Emre's Camping Trip". Also, unexpected results obtained from the pilot study showing the correlation between the scriptedness score of "Berna and Emre's Camping Trip" and the presence of a romantic relationship was not replicated in this study. Therefore, it was decided that keeping the original form of KSBS as it is would be useful especially for the future cross cultural studies where comparison of the resul ts of materials is important.

3.5.1   Reliability of KSBS

For reliability of KSBS, first, internal consistency was assessed including "Berna and Emre's Camping Trip" as the fourth narrative. It was expected that the 4 narratives which tap characteristically four different social interaction of two people would be highly correlated with each other signaling one generalized script for the knowledge of secure base script. Consistent with the expectation results revealed significant correlation both within adult-infant ($r= .47$, $p<.01$) and adult-adult ($r= .61$, $p<.01$) narratives and between them ($r= .71$, $p<.01$). High internal consistency of four narratives implies that prompt word

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outlines assess one generalized script knowledge about the knowledge of secure base script.

Second, the test-retest reliability of KSBS was calculated. As previously stated attachment theory suggests that the internal working model of attachment that develops early in life are likely to remain stable (Bowlby, 1988; Collins & Read, 1994; Waters, et.al., 2000) although they may change throughout the course of life in the light of new critical experiences. For example; Waters et. al. (2000) reported 72% of stability over 20 years in terms of the classification of attachment and the unstable participants were shown to experience dramatic changes in their life courses. Therefore, KSBS as a representative measure of attachment was expected to reveal stable results unless participants experienced dramatic changes in their lives. In the current study, test-retest reliability was examined over six months period with the participants who did not experience any traumatic experiences or dramatic changes in their lives between two assessment periods. High stability was obtained (r=.81,p<.001) was presented between Time 1 and Time 2 measures which supports the test-retest reliability of KSBS.

Third, interrater reliability of KSBS was assessed. For this purpose, two raters apart from the researcher were trained by using the original manual of KSBS (Waters and Rodrigues, 2002) and raters' degree of agreement were first obtained with the criterian scores presented in the original manual. Then raters'

agreement was calculated with the narratives obtained in the current study and

results showed a considerably high interrater agreement (r= .85 & .86,p<.001)

for both raters.

3.5.2   Discriminant Validity of KSBS

Since the capacity to construct an imaginary story may be

based on non-attachment related cognitive abilities such as intelligence the

discriminant validity of KSBS was investigated.

Attachment literature (Bakersman-Kranenburg & van Ijzendoorn, 1993;

Crowell, et.al, 1996; Owens, 1993; Sagi, et.al, 1994; & Treboux, 1997)

presented that unobtrusive measures of attachment like Adult Attachment

Interview and Current Relationship Interview were unrelated to intelligence,

memory, education, gender or duration of relationship. Knowledge of secure

base script-the prompt word outline method was also shown to be unrelated to

general story telling ability and Henman-Nelson test of mental ability (Waters

& Rodrigues, 2001). Consistent with the literature, neither single narratives nor

total score of KSBS were found to be correlated with verbal, performance, or

the total score of WAIS-R. In other words, knowledge of the secure base script

and performance on the prompt word outline method is not related to cognitive

capacity. Also, KSBS was found to be not related with the presence of a

romantic relationship at the time of the study. In other words, knowledge of

secure base script reflected in the narratives was not related to having

boyfriends or girlfriends at the time of the study. Similarly, relationship

between gender and the knowledge of secure base script was found to be

unrelated, however, this result cannot be conclusive since the number of male

paticipants were very small (N=5) in the current study. The relationship

between KSBS and certain other socio-demographic variables such as age and

education could not be assessed since the participants were students from the

first year of psychology department of Middle East Technical University, thus

homogenous in terms of these socio-demographic variables.

3.5.3 Relationship Between KSBS and ECR-R

Lastly, the relationship between KSBS and ECR-R; two different

methods of assessment that leaves the attachment literature in controversy was

assessed. No specific expectation regarding the relationship between these two

instruments were stated since the results about the relationship between self-

report and unobtrusive measures of attachment were inconsistent and

inconclusive. On one hand, self report measures were shown to be not

correlated with well established unobtrusive measures of attachment including

AAI and SS (Crowell, et. al.,1999; Waters et.al., 2002). On the other hand,

there are results stating at least moderate correlation between self report

measures of attachment and AAI and CRI (Bartholomew & Shaver, 1998;

Treboux, 1997). The most recent meta analysis which summarized the

previous results presented a trivial to small empirical overlap between self-

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report measures and AAI (Roisman et.al., 2007). Results of the meta analysis revealed that self-reported avoidance was moderately associated with AAI dismissing state of mind but self-reported anxiety did not discriminate between AAI preoccupied and dismissing state of mind. Furthermore, self-reported anxiety was found to be strongly associated with AAI unresolved status.

Regarding KSBS in relation with ECR-R, only study reported by Waters et.al. (2002) revealed no significant correlation either with anxiety (r=-.25) or avoidance (r=.-14) dimension of ECR-R.

In the present study it was found that KSBS was negatively and strongly correlated with anxiety (r= -.51, p<.01) dimension of ECR-R but not correlated with the avoidance (r= -.03) dimension. In other words, participants who reported higher levels of anxiety about rejection or abandonement in romantic relationships had lower levels of knowledge of secure base script. However, avoidance of intimacy was not related to the level of knowledge of secure base script. In other words participants who reported unwillingness to rely on others in their close relationships did not necessarily display lower levels of the knowledge of secure base script. These results were not consistent either with Waters et.al. (2002) who reported no significant association between the KSBS and ECR-R or Roisman et.al (2007) who reported moderate association between self-reported avoidance and AAI dismissing classification but no association between self-reported anxiety and AAI preoccupied classification. Since KSBS

did not provide information regarding the classification of attachment, self-reported anxiety and preoccupied style of attachment could not compared by using KSBS. However, this unexpected correlation between the self-reported anxiety and KSBS could be interpreted as the sensitivity of KSBS to differentiate unresolved classification of attachment. In other words, participants who reported higher levels of anxiety might be the adults who can be classified as unresolved and such interpretation would be consistent with Roisman et.al.'s (2007) findings showing a strong correlation between the AAI unresolved classification and self-reported anxiety. If looked closely, the lowest scores in KSBS as 1 and 2 are characterized by disoriented, disjointed narratives with odd content and this style is parallel to unresolved classification of attachment which is characterized by disoriented disjointed style of speech in AAI.

The lack of significant correlation between the KSBS and avodiance dimension of ECR-Rmight be interpreted as the inability of KSBS tapping avoidant attachment. However, ECR-R itself as a self-report measure of attachment was questioned in terms of construct validity due to some empirical results showing lack of relation with other valid assessment devices such as AAI and SS and high correlation with relationship specific factors including, marital satisfaction, marital discord, commitment, passion, and intimacy (Waters et.al., 2002). Also self-report measures including the ECR-R were questioned in terms of the validity noting that the difficulty of assessing unconsciouss processes with

conscious reports of the subjects (Crowell & Treboux, 1995). Defensive

strategies of insecurely attached adults may lead to misleading results with self-

report measures. Fear of rejection, disapproval or endorsement of the self as

strong and independent may lead subjects to use defensive reactions. Defensive

reactions may lead to biased results with self-report measures especially with

dismissing adults endorsing minimizing strategies and have an unconsciouss

tendency to present themselves as strong, normal, and independent. In the light

of these criticisms lack of relationship between KSBS and avoidance of

intimacy dimension of ECR-R may trigger questionmarks in terms of the

validity of ECR-R rather than KSBS.

To conclude, current study aimed to assess the reliability and the validity of

KSBS. In terms of reliability, significant results were established for internal

consistency, test-retest reliability, and interrater reliability. Discriminant validity

of KSBS was established by presenting the lack of correlation with general

cognitive ability and certain socio-demographic variables such as gender and

the presence of romantic relationship. Controversy in the attachment literature

considering the use of different methods of assessment was addressed.

Accordingly, the relationship between KSBS; an unobtrusive representative

measure and ECR-R; a self-report measure of romantic adult attachment was

assessed. Significant correlation was found between ECR-R and KSBS but only

for anxiety dimension. No correlation was found with avoidance dimension of

ECR-R.

Results of the current study was limited to a university sample with a limited age range, thus further investigation is needed with more heterogenous samples. Also, criterian related validity of KSBS was not established in this study. Both limits of the current study was addressed in the studies that will be presented in the next sections.

CHAPTER 4

MAIN STUDY 2: PREDICTIVE VALIDITY OF KSBS: THE LEVEL OF POSTSURGERY ANXIETY

4.1   Rationale for the Main Study 2

This study was conducted to establish the predic tive validity of KSBS by utilizing one of the basic premises of attachment theory proposing that attachment is an emotion regulatory system and helps individuals adjust their emotions especially in times of stress. Empirical studies revealed that attachment system is closely related to regulation of affect. Results showed that secure attachment is generally associated with positive affect (Kobak and Sceery, 1988; Magai, Hunziker, Mesias, & Culver, 2000; Mikulincer & Florian, 1998) while insecure attachment with negative affect characterized by hostility, anger, disgust, shame, sadness, and anxiety (e.g., Kobak, Cole, Ferenz-Gillies, & Fleming, 1993; Kobak & Sceery, 1988; Magai et al., 1995; Mikulincer, Florian, & Weller, 1993). Considering these findings, current study targeted anxiety as a negative emotional reaction to surgery and aimed to predict the post surgery anxiety by the level of knowledge of secure base.

4.2   Hypothesis of the Main Study 2

1) It is expected that among surgery patients, the level of knowledge of secure base script will significantly predict the level of state anxiety after the surgery. The participants with the higher levels of knowledge of secure base script will exhibit less state anxiety after the surgery.

Although information regarding psychological symptoms, coping strategies, and perceived social support were obtained from the participants of the Main Study 2, the hypothesis regarding the relationship between these variables and KSBS will be tested in Chapter 6 where samples of all main studies were combined in order to increase the statistical power .

4.3   Method

4.3.1   Participants of the Main Study 2

Sixty patients of Ankara University, İbn-i Sina Hospital admitted for surgery volunteered for the study. Among 60 patients, 7 of them who completed less than 3 narratives were excluded from the study. Additional 6 patients were excluded due to missing post operative measures. Also 4 patients were excluded due to incomprehensible recordings. Among the resulting 43 surgical patients 24 of them were males with the mean age of 43 and 19 of

them were females with the mean age of 44. The age range of the patients

were between 20 and 60 (See Table 9).

4.3.2   Measures of the Main Study 2

4.3.2.1 Socio-Demographic Information

The patients were asked about their age, sex, education, and marital status (See

Appendix E). Furthermore, they were briefly interviewed about the reason for

admittance to the hospital and surgery, recent traumatic experiences, and

psychological or psychiatric treatment history for screening purposes (See

Appendix F).

4.3.2.2 Brief Symptom Inventory (BSI)

See section 2.2.2.2 for the description of this scale.

4.3.2.3 Ways of Coping Inventory (WCI)

See section 3.2.2.3 for the description of this scale.

4.3.2.4   Multidimensional Scale of Perceived Social Support (MSPSS)

See section 3.2.2.4 for the description of this scale.

4.3.2.5   State-Trait Anxiety Inventory – State Form (STAI - S)

State-Trait Anxiety Questionnaire (STAI) (See Appendix G) was originally developed by Spielberger, Goursuch, and Lushene (1970) with the aim to assess either anxiety felt at the moment (state) or anxiety felt in general (trait). Two subscales (state and trait) that each consist 20 items are rated on a 4-point Likert scale ranging from 1 (Not at all) to 4 (Very much). Among 20 items, 10 of them are reversed. In each subscale, the same items are presented but in the state subscale subjects are asked to evaluate their anxiety at the moment and in the trait subscale subjects are asked to evaluate their anxiety level in general. For the purpose of this study, state anxiety subscale was used.

STAI was adapted to Turkish by Öner and Lecompte (1985). For state anxiety subscale Öner and Lecompte (1985) demonstrated a high internal consistency for the whole scale ranging between .94 and .96. Also test-retest reliability, which was assessed in 10, 15, 30, 120, and 365 days, was reported between .26 and .68. Criterion related validity was established by comparing the psychiatric patients, patients with physical illness and non patients. Psychiatric patients were found to score significantly higher than both patients with physical illness and non patients. Also university students who claimed to have some personally disturbing problems at the moment were compared with the students who claimed not to have any disturbing problems. Results revealed that

students with the problem at the moment scored significantly higher than students without any problem only on state anxiety but not for trait anxiety.

4.3.2.6 Anxiety Specific to Surgery Questionnaire (ASSQ)

Anxiety Specific to Surgery Questionnaire (ASSQ) (See Appendix G) was originally developed by Dirik (2001) with the aim to assess the sources of anxiety related specifically to surgery. The questionnaire consists of 10 items tapping the fears experienced by the patients before the surgery. Items are related to fear about pain and dying during the surgery and post surgery complications and restrictions. An additional item was added to ASSQ for the purpose of this study. The item asked about the subjective importance of the surgery for the patient. This item is not included in the total score of ASSQ but evaluated seperately as a single item measure.

Items are rated on a 5-point Likert scale ranging from 1 (do not agree at all) to 5 (completely agree). Single anxiety score is obtained simply by adding up all 10 items. The reliability and the validity study was conducted by Karancı and Dirik (2003) with emergency surgery patients. The internal consistency for the whole test is reported as .79. Also significant correlation between ASSQ and state anxiety prior to the operation was reported.

4.3.2.7 Knowledge of Secure Base Script: Prompt Word Outline Method (KSBS)

See Section 2.2.2.3 for the description of this method.

4.3.3 Procedure of the Main Study 2

Prior to the data collection, abstract, aims, and ethical guidelines (See Appendix J) of the current study were presented to Dean's Office of Faculty of Medicine of Ankara University Ibn-i Sina Hospital and permission was acquired as requested. Presurgery patients were selected from 6 different clinics including urology, orthopedy, ear nose and throat, gastroenterology, neurosurgery, and general surgery clients. With the collaboration of the doctors and the nurses, presurgery patients were screened. Accordingly patients who had life threathening conditions as cancer, who had illnesses causing physical or verbal disabilities that might interfere with the procedure, who experienced pain, and who were adminted to the hospital due to physical traumas as traffic accidents or physical assault were not included in the study. Also, patients who had at least a minimum of a day before the surgey were selected for the study.

The current study was designed as a pre and post surgery sessions. During the presurgery session, patients were provided explanation about the procedure, presented the informed consent form and were asked for permission. Patients who volunteered were interviewed about the recent traumatic experiences and

psychiatric or psychological treatment history. This procedure lasted for approximately 10 minutes. Then half of the patients were given the presurgery questionnaires in an envelope and then recieved KSBS. The sequence of the procedure were balanced for the other half of the patients who recieved KSBS first and then the presurgery questionnaires. Detailed instructions for KSBS were given (See Appendix B) and participants were explained the reason of being audiotaped and were asked for permission. A sample narrative for each participants were constructed together to check and correct any misunderstanding about the prompt-word outline method. For the rest of the narrative task, participants were left alone and their responses were recorded on a Sony IC Recorder ICD-SX25 Digital Voice Recorder. The order of the 4 prompt word outline were randomized for each participants to control for the sequence effect. Audiotaped narratives were transcribed and narratives of all participants were grouped together for rating. Narratives were rated blindly by a trained rater.

At the end of the presurgery session, questionnaires were collected in a sealed envelope and patients were informed about the post surgery session. They were given the post surgery questionnaire in an envelope and asked to complete it after their surgery and just before being discharged from the hospital. Closed envelopes were asked to be given to the nurse in charge.

4.3.4   Statistical Analysis of the Main Study 2

Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS) Programme (Green, Salkind, & Akey, 1997). Prior to analyses, all variables were examined for accuracy of data entry, normalcy, missing values and multivariate outliers. One case was identified through Mahalanobis distance as multivariate outlier and excluded from the analyses. Seventeen cases were excluded from the study due to missing data.

First, a correlation matrix was created to see the correlation between variables of the study including socio-demographic variables, ASSQ, subjective importance of the surgery, pre surgery STAI-S, post surgery STAI-S, and the total score of KSBS. Then, independent sample t-test and one way ANOVA was performed to assess the differences of KSBS scores regarding socio-demographic variables. Lastly, standard multiple regression analysis with Enter method was performed to assess the predictors of post surgery anxiety level. Accordingly, state anxiety prior to surgery, anxiety specific to surgery, subjective importance of the surgery, and the level of knowledge of secure base were the independent variables and post surgery state anxiety was the dependent variable.

In the current study, although information regarding psychological symptoms, coping strategies and perceived social support were obtained from the participants, the related results are evaluated by combining the sample of 3 main

studies which is presented in Chapter 6. The participants of 3 studies were combined for the purpose of increasing the power of the statistical analysis.

4.4 Results of the Main Study 2

4.4.1 Descriptive Statistics and Socio-Demographic Variables Regarding KSBS

Among 42 surgery patients mean KSBS score was 3.82 (Min= 1, Max= 6.25, Range= 5.06, SD= 1.41). Sample narratives of different scriptedness scores for each prompt word is outlined in Appendix I. The mean KSBS scores regarding socio-demographic variables including the age, gender, education, marital status, and recent traumatic experiences can be seen in Table 9. No significant correlation was found between above mentioned socio-demographic variables and KSBS (See Table 10). Moreover, independent sample t-test for gender, marital status, and recent traumatic experiences and one way ANOVA for education revealed no significant differences of KSBS scores in terms of socio-demographic variables.

4.4.2 Internal Consistency of KSBS

The Cronbach's alpha reliability for 4 narratives including "Baby's Morning",
"Doctor's Office", "Özlem's Accident" and "Berna and Emre's Camping Trip"
was calculated and the reliability for the whole test was found to be .78.
Additionally, Cronbach's alpha for the two adult-infant and two adult-adult
narratives were found to be .62 and .70 respectively.

Table 9.
Descriptive Statistics and KSBS Scores Regarding Socio-Demographic Variables.

		N	%	Age		KSBS	
				Mean	SD	Mean	SD
Gender	Male	24	57	43		3.83	1.41
	Female	18	43	44		3.80	1.46
Education	Secondary School (8 years)	10	24			3.55	1.61
	High School (11 years)	9	21			3.94	1.46
	University & above (13+)	23	55			4.25	1.42
Marital Status	Married	28	65			4.01	1.39
	Unmarried	14	35			3.44	1.43
	No	28	65			3.57	1.15
Department	Urology	9	21				
	ENT	9	21				
	Orthopedy	8	19				
	Neurosurgery	7	17				
	Gastroenterology	7	17				
	Other	3	5				

4.4.3 Predictors of Post Surgery Anxiety

Prior to analysis, the Pearson product moment correlation coefficients among the dependent and independent variables were calculated as presented in Table 10. Accordingly, significant negative correlation was found between KSBS and STAI-S both before ($r = -.42$, $p < .01$) and after ($r = -.49$, $p < .01$) the surgery. No significant correlation was found between socio-demographic variables, ASSQ, subjective importance of the surgery and KSBS.

A standard multiple regression analysis was performed between the post surgery state anxiety as the dependent variable and pre surgery state anxiety, anxiety specific to surgery, subjective importance of the surgery, and the knowledge of secure base script as the independent variable. Independent variables were entered in two blocks.

In the first block pre surgery state anxiety, anxiety specific to surgery, and subjective importance of the surgery were entered for control purposes. In the second block the knowledge of secure base script (KSBS) was entered. The means, standard deviations and ranges of variables that were used in the three blocks of the regression analysis are presented in Table 11.

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Table 10.

Pearson Correlations of Socio-Demographic Variables, STAI-S Pre Surger, STAI-S Post Surgery, ASSQ, Subjective Importance of Surgery, and KSBS for the Main Study 2.

	01	02	03	04	05	06	07	08	09
01. Age									
02.Gender (1= Female,2= Male)	.05								
03.Education in years	.24	-.06							
04. Marital status (1=Married,2=Unmarried)	-.14	-.22	.07						
05. STAI-S Presurgery	-.17	-.14	-.10	-.00					
06. STAI-S Postsurgery	-.16	.02	-.14	-.12	.61**				
07. ASSQ	-.29	-.42**	.04	.07	.30	.26			
08. Subjective Importance	-.30	.01	-.20	-.04	.38*	.22	.17		
09. Total KSBS	.12	.03	.12	-.14	-.42**	-.49**	-.10	-.08	

** Correlation is significant at the 0.01 level (2-tailed).
 * Correlation is significant at the 0.05 level (2-tailed).

Table 11.
Means, Standard Deviations, and Ranges of Independent Variables

Block	Predictor Variables	Method	Mean	SD	Min-Max	Range
1	Pre Surgery variables	Enter				
	ASSQ		2.42	.60	15-35	20
	Subjective Importance of the surgery		3.37	1.50	1-5	4
	STAI-S Presurgery		21.71	6.80	10-36	26
2		Enter				
	KSBS		3.82	1.40	1-6.1	5

The results of the regression analysis is presented in Table 12. Accordingly, the first block of the regression included the pre surgery state anxiety, anxiety specific to surgery, subjective importance of the surgery to control their effects on the dependent variable. The block explained 34% of the variance with significant effect [$F (3, 39) = 5.85$, $p = .00$]. STAI-Pre Surgery, in this block accounted for the 33% of the variance ($\beta= .57$, $t= 3.83$, $p= .00$). When KSBS was entered into the regression equation (block 2), the block explained 10% of the variance [$F (1, 41) = 5,72$, $p = .02$] and total KSBS score accounted for the 12% of the variance ($\beta= -.35$, $t= -2.39$, $p= .02$).

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Table 12.
Predictors of the Post Surgery State Anxiety

Block		Beta	t	R^2	df	Fchange
1				.34	3	5.85**
	STAI-S Presurgery	.57	3.83*			
	ASSQ	.06	.37			
	Subjective Importance of the Surgery	-.02	-.11			
2				.10	1	5.72*
	STAI-S Presurgery	.41	2.62*			
	ASSQ	.07	.46			
	Subjective Importance of the Surgery	.01	.05			
	KSBS	-.35	-2.39*			

Dependent Variable: Post Surgery Anxiety
** p<.01
* p<.05

4.5 Discussion of the Main Study 2

Current study aimed to assess one of the basic premises of the attachment

theory stating that attachment security is an emotional regulatory system and it

allows the adjustment of emotional responses thus, it reduces the levels of

negative emotionality especially in times of stress. Attachment literature

provided a considerable amount of data on the emotional states of secure and

insecure adults and revealed that insecure attachment is positively associated

with hostility, disgust, and contempt (Kobak & Sceery, 1988; Magai et al.,

1995; Mikulincer, 1998b; Mikulincer, Florian, & Weller, 1993) or anxiety

(Magai et al., 1995; Kobak & Sceery, 1988), shame, and high levels of sadness

(Bartholomew & Horowitz, 1991; Magai et al., 1995). The aim of the current

study was to extent the results of the previous findings in the literature and

proposed that when the condition itself is anxiety provoking, attachment representation will be related to the level of anxiety especially after the main source of stress or anxiety provoking condition is no longer present.

For this purpose, current study designed to predict post surgery anxiety by the levels of knowledge of secure base script. Forty two surgery patients with the age range between 20 to 60 gave informed consent for participating in the study and participants were assessed in terms of the level of knowledge of secure base script, their socio-demographic characteristics, level of anxiety specific to their surgery, the level of subjective importance of surgery and state anxiety prior to surgery. The participants were also questioned in terms of their levels of state anxiety after the surgery just before they were discharged from the hospital.

As expected, results of the regression analysis revealed that the level of knowledge of secure base script was a significant predictor of the level of state anxiety after the surgery In other words participants with the lower levels of knowledge of secure base script displayed higher levels of state anxiety after the surgery than participants with the higher level of knowledge of secure base script .

In terms of socio-demographic factors no relation was found with the attachment representation. This means that the attachment representation does not change depending on the age, education, being male or female, and being married or not married. Furthermore, anxiety specific to surgery which covers fear about pain and dying during the surgery and post surgery complications

and restrictions was also found to be not related with attachment representations. Similarly, participants' thoughts about the importance of the surgery was not related to attachment representation, in other words, lower level of the knowledge of secure base script did not necessarily mean that insecure participants think that their surgeries are more important than their secure counterparts. The results of the current study support the basic premise of attachment theory stating that attachment security is an emotional regulatory system and it allows the adjustment of emotional responses.

One limitation of the current study is that negative emotionality was operationalized only by anxiety; an emotion that was displayed mostly by insecure-preocuppied adults due to their endorsement of maximization strategies for emotion regulation (Cassidy, 1994). On the other hand, insecure-dismissing adults who were shown (Cassidy, 1994; Hazan & Shaver, 1987; Magai et al., 2000; Mikulincer, 1998a) to have a tendency to route negative emotions from the consicousness display hostility, disgust, and contempt (Kobak & Sceery, 1988; Magai et al., 1995; Mikulincer, 1998b; Mikulincer, Florian, & Weller, 1993) which were not the target emotions in this study. KSBS as a measure of attachment representation does not provide information regarding insecure attachment classification. Thus, participants who score low in terms of the knowledge of secure base script may either be dismissing or preoccupied. Therefore, the relationship between the level of knowledge of secure base script and postsurgery anxiety might be negatively effected by the

dismissing adults who may display lower levels of anxiety contrary to the preoccupied adult who might display high levels of anxiety.

To summarize, one of the basic premises of attachment theory stating that attachment representation is related to negative emotionality was tested in the current study. Accordingly, it was hypothesized that the low level of knowledge of secure base script might predict state anxiety after the surgery. Results supported the hypothesis showing that postsurgery anxiety was significantly predicted by the attachment representation. Obtaining results consistent with the statements of attachment theory could be regarded as a support for the predictive validity of KSBS.

CHAPTER 5

MAIN STUDY 3: PSYCHIATRIC OUTPATIENT AND CONTROL GROUP COMPARISON

5.1 Rationale of the Main Study 3

Attachment literature provided consistent results showing a relation between the attachment and psychological and/or psychiatric symptoms. Rosenstein and Horowitz (1993) reported an extremely high prevalence of insecure classification (%98) in an inpatient psychiatric population of young adults. Similarly, Van IJzendoorn and Bakermans-Kranenburg (1996) found in their meta-analyses that insecure, especially unresolved classifications were clearly overrepresented in pathological samples. Therefore, the present study is designed to compare the psychiatric outpatients with non-psychiatric control group in terms of the level of knowledge of secure base script for the purpose of validity of KSBS.

5.2 Hypothesis of the Main Study 3

1) It is expected that psychiatric outpatients will have significantly lower levels of the knowledge of secure base script than nonpsychiatric control group.

Although information regarding psychological symptoms, coping strategies, and perceived social support were obtained from the control group of the Main Study 3, the hypothesis regarding the relationship between these variables and KSBS will be tested in Chapter 6 where samples of all main studies were combined to increase the statistical power .

5.3 Method

5.3.1 Participants of the Main Study 3

Psychiatric Group. Fifty psychiatric outpatients from SSK Dışkapı Psychiatry Clinic participated in the study. Among 50 participants, 9 of them were excluded due to missing data (See Table 13 for sample characteristics).

Control Group. The sample composed of 53 participants with the age ranged between 22 and 52 (Mean age=31) (See Table 13 for sample characteristics).

5.3.2 Measures of the Main Study 3

5.3.2.1 Socio-Demographic Information

The participants were asked about their age, sex, education, and marital status (See Appendix E). Furthermore, they are asked about recent traumatic experiences (See Appendix F).

Table 13.

Descriptive Statistics for Study Variables of the Main Study 3

			Psychiatric Group					Control Group		
	N	%	Mean	SD	Range	N	%	Mean	SD	Range
Age			31	11.86	35			31	10.74	30
Education in years			11.34	2.28	7			12.54	2.18	7
Marital Status										
Married	19	46				22	42			
Unmarried	18	44				29	55			
Widowed	2	5				2	3			
Divorced	2	5				-				
Gender										
Male	17	42				16	30			
Female	24	58				37	70			
Diagnosis										
Anxiety	21	51								
Depression	13	32								
Personality Disorders	7	17								

5.3.2.2 Brief Symptom Inventory (BSI)

See section 2.2.2.2 for the description of this scale.

5.3.2.3 Ways of Coping Inventory (WCI)

See section 3.2.2.3 for the description of this scale.

5.3.2.4 Multidimensional Scale of Perceived Social Support (MSPSS)

See section 3.2.2.4 for the description of this scale.

5.3.2.5 Knowledge of Secure Base Script: Prompt Word Outline Method (KSBS)

See Section 2.2.2.3 for the description of this scale.

5.3.3 Procedure of the Main Study 3

The current study was completed in one session that lasted for approximately an hour. Both psychiatric outpatients and the control group were given explanations about the procedure, presented with the informed consent form and were asked for permission. Volunteered participants were first interviewed about the recent traumatic experiences for screening purposes. Then half of each group were given the questionnaires in an envelope and then received KSBS. The sequence of the procedure were balanced for the other half of the groups who recieved KSBS first and then the questionnaires. Detailed instructions for KSBS were given (See Appendix B) and participants were explained the reason of being audiotaped and asked for permission. A sample narrative for each participants were constructed together to check and correct any misunderstanding about the prompt-word outline method. For the rest of the narrative task, participants were left alone and their responses were recorded on a Sony IC Recorder ICD-SX25 Digital Voice Recorder. The order of the 4 prompt word outline were randomized for each participants to control the sequence effect. Audiotaped narratives were transcribed and same narratives of all participants grouped together for rating. Narratives were rated blindly by a trained rater.

Psychiatric outpatients were selected among the patients who were admitted to SSK Dışkapı Psychiatry Clinic within the last year and diagnosed with either depression, anxiety or personality disorders according to DSM-IV diagnostic

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criteria. Psychiatric patients with a history of psychosis were excluded from the study. Different than the procedure of the previous studies and control group of the current study, psychiatric outpatients were accompanied after the sample narrative untill the first narrative of KSBS was completed. Such change of procedure was required since psychiatric patients were observed to be distracted and forgot the instructions easily, felt uncertain about the instructions and needed reassurance.

5.3.4 Statistical Analysis of the Main Study 3

Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS) Programme (Green, Salkind, & Akey, 1997). Prior to analyses, all variables were examined for accuracy of data entry, normalcy, missing values and multivariate outliers separately for two samples: Psychiatric outpatients and control group.

First, two correlation matrices were created to see the correlation between variables of the study including socio-demographic variables, somatization, anxiety, depression, hostility, negative self factors of BSI, and the total score of KSBS. Then independent sample t-test was performed to evaluate the group differences in terms of psychological symptoms and total KSBS score. A Box Plot was created to visualize the differences between groups in terms of total KSBS score.

In the current study, although information regarding coping strategies and perceived social support were obtained from the control group, the related results are evaluated by combining the sample of 3 main studies which is presented in Chapter 6. Participants of 4 studies were combined for the purpose of increasing the power of the statistical analysis.

5.4 Results of the Main Study 3

5.4.2 Descriptive Statistics Regarding Socio-Demographic and Study Variables

Descriptive data for psychiatric outpatients and control group are presented in Table 14. Independent sample t-test revealed that the two groups are similar in terms of age and education.

5.4.3 Relationship Between KSBS, BSI, and Demograpic Variables

The correlation between the total KSBS score, factors of BSI and demographic variables were evaluated for the two groups seperately and are presented in Tables 15 and 16 . For psychiatric outpatients, total KSBS score was found to be uncorrelated with all factors of BSI and demographic variables. For control group, total KSBS score was found to be negatively and significantly correlated with factors of BSI including depression ($r= -.29$, $p<.05$), anxiety ($r= -.31$, $p<.05$), hostility ($r= -.37$, $p<.01$), and negative self ($r= -.35$, $p<.05$). No correlation was found with demographic variables.

5.4.4 Between Group Differences Regarding BSI and KSBS

Independent sample t-test showed that psychiatric outpatients reported significantly more symptoms of somatization (t[92] = -4.58, p = .000), depression (t[92] = -5.83, p = .000), anxiety (t[92] = -4.28, p = .000), hostility (t[92] = -1.96, p = .050), and negative self (t[92] = -3.44, p = .001) than the control group. The mean scores of each group can be seen in Table 14.

Table 14.
Descriptive Statistics in terms of BSI and KSBS both for Psychiatric and Control Group

	Psychiatric Group				Control Group			
BSI	Mean	SD	Range	Min-Max	Mean	SD	Range	Min-Max
Somatization	12.95	7.36	27	0-27	6.66	5.95	23	0-23
Depression	26.02	6.43	44	2-46	14.23	6.97	28	2-30
Anxiety	21.97	11.63	42	1-43	13.15	8.35	30	1-31
Hostility	12.34	6.91	26	2-28	9.87	5.21	20	1-21
Negative Self	17.09	11.63	41	0-41	10.35	7.28	26	0-26
Total BSI	92.14	44.81	161	12-173	55.17	31.10	114	5-119
KSBS	2.62	.68	3.18	1.38-4.21	3.99	1.18	5.10	1.88-6.13

Moreover, psychiatric outpatients were found to have significantly lower scores on KSBS (t[92] = -4.02, p = .000). Psychiatric outpatient group and control group differences is presented by Box Plot in Figure 1. Accordingly, the mean score of KSBS for the psychiatric outpatient group was 2.62 with a range of 3.18. Yet, the mean score of KSBS for the control group was 3.99 with a range of 5.10.
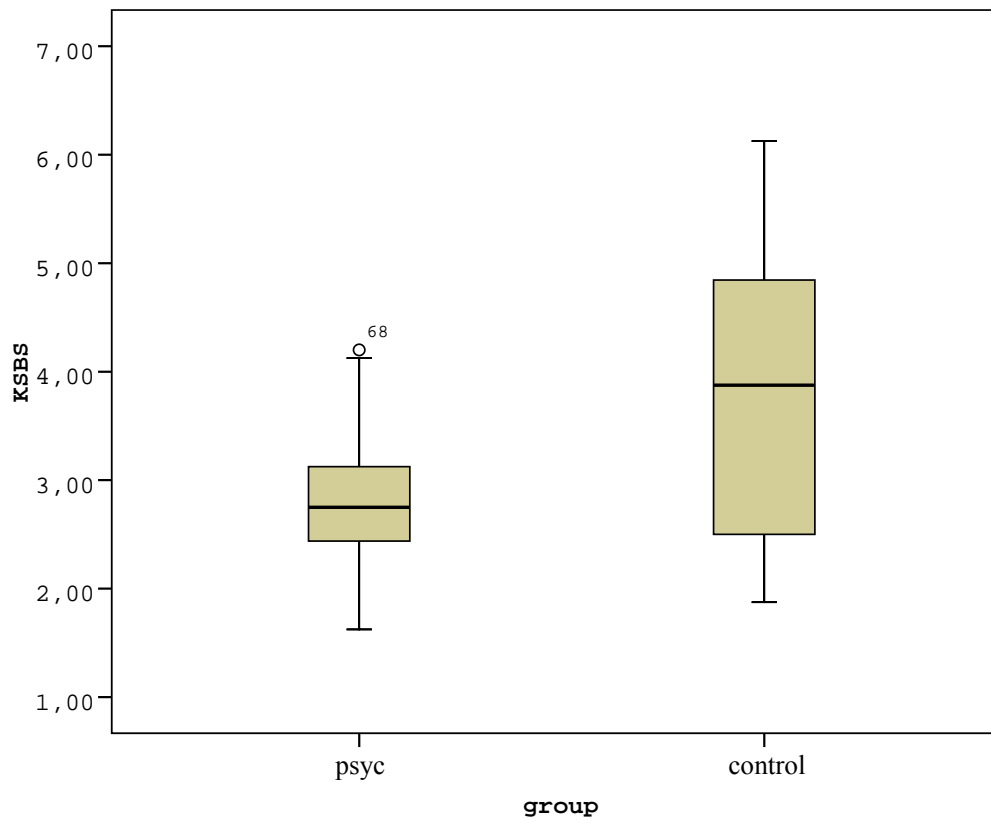
Figure 1. Box Plot for group differences in terms of KSBS score

Table 15.

Pearson Correlations of Socio-Demographic Variables, BSI and KSBS for the Psychiatric Group of the Main Study 3.

	01	02	03	04	05	06	07	08	09	10	11
01. Age											
02.Gender (1= Female,2= Male)	.40**										
03. Education in years	-.26	-.06									
04. Marital Status (1= Married, 2=Unmarried)	-.42**	-.34*	.31*								
05. KSBS	.00	-.06	.15	.16							
06. BSI-Somatization	-.03	-.30	-.39*	.01	.06						
07. BSI-Depression	-.11	-.14	-.16	.11	.07	.68**					
08. BSI-Anxiety	-.09	-.10	-.18	.09	.13	.69**	.81**				
09. BSI-Hostility	-.25	.06	-.01	.17	.10	.47**	.74**	.65**			
10. BSI-Negativeself	-.19	-.06	-.08	.06	-.04	.56**	.71**	.79**	.72**		
11. Total BSI	-.15	-.13	-.19	.10	.08	.77**	.92**	.92**	.81**	.88**	

** Correlation is significant at the 0.01 level (2-tailed).
 * Correlation is significant at the 0.05 level (2-tailed).

Table 16.

Pearson Correlations of Socio-Demographic Variables, BSI and KSBS for the Control Group of the Main Study 3.

	01	02	03	04	05	06	07	08	09	10	11
01. Age											
02.Gender (1= Female,2= Male)	.34*										
03. Education in years	-.58**	-.03									
04. Marital Status (1= Married, 2=Unmarried)	-.62**	-.32*	.50**								
05. KSBS	-.22	.05	.17	.16							
06. BSI-Somatization	-.15	-.22	.07	.05	-.21						
07. BSI-Depression	.14	-.03	-.01	-.13	-.29*	.67**					
08. BSI-Anxiety	-.07	-.09	.04	.04	-.31*	.83**	.75**				
09. BSI-Hostility	.10	.00	-.03	-.16	-.37**	.72**	.64**	.81**			
10. BSI-Negativeself	-.06	-.15	.02	.07	-.35*	.78**	.70**	.83**	.78**		
11. Total BSI	-.01	-.12	.02	-.02	-.30*	.89**	.85**	.95**	.87**	.92**	

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

5.5 Discussion of the Main Study 3

The aim of the current study was to compare the psychiatric group and the control group in terms of the level of knowledge of secure base script. It is expected that the psychiatric group will have significantly lower levels of the knowledge of secure base script than the control group. To test the hypothesis two groups of participants similar to each other in terms of socio-demographic characteristics were selected. The participants of the two groups were also compared in terms of psychological symptoms assessed by BSI and psychiatric outpatients displayed significantly higher levels of psychological symptoms including somatization, depression, anxiety, hostility, and negative self than the control group. This result is support for the validity of the selected control group. The results of the current study support the hypothesis showing that psychiatric outpatients' level of knowledge of secure base script were significantly lower than the control group. The mean score of KSBS for psychiatric group was 2.62 as compared to the control group that recieved a mean score of 3,99. It could be stated that the difference between the two group is marked and this difference could be best visualized in the Box Plot presented in Figure 2. In the figure, it was shown that among psychiatric group there was only one participant who recieved total score of KSBS above 4 and could be classified as securely attached yet this participant was statistically considered outlier for the psychiatric group. By refering to the scale descriptions provided in the manual (Waters & Rodrigues, 2002) it could be said that, on avarage, the

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narratives of the psychiatric group were event-related and so brief as to seem disjointed and disoriented. These narratives of the psychiatric group included some odd content that was inconsistent with a secure base script. Examples of the scripts can be seen in Appendix I.

Results were consistent with the literature showing an extremely high prevalence (%98) of insecure classification among psychiatric inpatient population (Rosenstein & Horowitz, 1993). Also, Van IJzendoorn and Bakermans-Kranenburg (1996) presented a meta-analysis showing the overrepresentation of unresolved and "cannot classify (CC)" categorisation of attachment among non psychotic psychiatric patients. As presented before, unresolved and CC categorisation of attachment has been described by lacking stable defensive strategies and being disoriented especially when discussing traumatic issues. Such description of being disoriented and unstable could be interpreted in the way that unresolved and CC classification of attachment might be overrepresented in the psychiatric outpatients of the current study considering that the majority of the narratives received scale scores representing disoriented or disjointed style of narration.

In addition to between group differences, the current study also assessed the relationship between the knowledge of secure base script and socio-demographic variables for both groups of participants and results were consistent with previous findings revealing no significant correlation with socio-demographic variables. In other words the knowledge of secure base

script is not related to age, level of education, being male or female, being married or not, and experienceing any recent trauma or not.

One finding of the study that was unexpected was the lack of correlation between factors of BSI and KSBS only for the psychiatric group. This result might be due to the homogeneity of the sample in terms of KSBS score. The range of scores for KSBS was narrow with a little variance for the psychiatric outpatients (SD=.68) which might statistically and negatively effect the relation between KSBS and BSI. Besides, significantly lower levels of KSBS scores for psychiatric outpatients who were diagnosed by either depression, anxiety, or personality disorders support the hypothesis that psychological symptoms are related to the knowledge of secure base script.

To conclude, the main study 3 tested the hypothesis that knowledge of secure base script will be significantly lower for psychiatric outpatients than a control group. Hypothesis was supported by the findings showing that psychiatric outpatients diagnosed with depression, anxiety, and personality disorders have low level of knowledge of secure base script. Obtaining results consistent with the statements of attachment theory could be regarded as a support for the validity of KSBS.

CHAPTER 6

RESULTS OF ANALYSIS INCLUDING RELATED SAMPLES: CONVERGENT AND DISCRIMINANT VALIDITY OF KSBS

6.1   Rationale of the Analyses Including Related Samples

This chapter combines the 3 samples of the main studies; university sample of the main study 1 (Time 1), surgery patients of the main study 2, and the control group of the main study 3. The reason to combine these samples was to incease the number of participants thus, to increase the statistical power for testing some hypotheses regarding the reliability and the validity of KSBS. With the combined sample first, internal consistency of KSBS was reevaluated to provide that four single narratives tap one general script knowledge of secure base. Second, distribution of classification of secure vs. insecure attachment assessed by the categorical evaluation of KSBS was compared with the normative data presented by van Ijzendoorn and Sagi (1999). The reason for such comparison was that adult attachment literature utilized these normative data as a base to validate assessment devices as AAI (Bakersman-Kranenburg & van Ijzendoorn, 1993) and CRI (Crowell & Waters, 1997). Third, the discriminant validity of KSBS with certain demographic variables as gender, age, education, and marital status was tested since attachment literature on implicit measure of attachment provided that implicit/unobtrusive measures are

not correlated with those socio-demographic variables (Bakersman-Kranenburg & van Ijzendoorn, 1993; Crowell, et.al, 1996; Owens, 1993; Sagi, et.al, 1994; & Treboux, 1997). Lastly, the basic premise of attachment theory emphasizing the relationship between psychological symptoms, coping strategies, perceived social support, and attachment representation was tested. Considering psychological symptoms in nonclinical population studies revealed that secure individuals reported lower levels of symptomatology reported both in Brief Symptom Inventory and Minnesota Multiphasic Inventory-2 (Cooper, Shaver and Collins, 1998 & Pianta Egeland and Adam, 1996). Moreover, attachment litertaure showed that securely attached adults reported more available social support (e.g., Davis, Morris, & Kraus, 1998; Florian, Mikulincer, & Bucholtz, 1995, Larose & Boivin, 1997) and be more satisfied with their social support network than those with insecure attachment styles (Priel & Shamai, 1995). Lastly, attachment literature provided results revealing that securely attached adults cope with stress by effective strategies as problem solving and seeking social support (Mikulincer & Florian, 1998, 2001) whereas insecurely attached adults endorse ineffective strategies as emotion focused and distancing coping (Collins, 1996; Kobak & Sceery, 1988; Lopez, Mauricio, Gormley, Simko & Berger, 1998). Due to these findings in the literature providing a consistent relationship between attachment representation and psychological symptoms, perceived social support, and coping strategies, current study focused on these variables to establish the convergent validity of KSBS.

6.2 Hypotheses

1) Internal consistency of KSBS is reevaluated. It is expected that there will be significant correlation between adult-infant and adult–adult narratives due to attachment theory's assumption of single generalized script of the secure base phenomenon. In other words, total score of KSBS is expected to measure a single factor, that is scriptedness of secure base script.

2) Distribution of classification of secure vs. insecure attachment assessed by the categorical evaluation of KSBS is expected to be comparable to the normative data (van Ijzendoorn and Sagi, 1999),

3) Considering discriminant validity, KSBS is expected to have no significant relation with socio-demographic factors like age, gender, education, marital status,

4) Coping strategies, perceived social support, psychological symptoms are expected to be related to KSBS.

> 4.1)   It is expected that as the level of knowledge of secure base script increases, level psychological symptoms in terms of depression, anxiety, hostility, somatization, and negative self decreases,

4.2)   It is expected that as the level of knowledge of secure base

script increases, the use of problem solving strategies,

optimistic/seeking social support as ways of coping with stress will

increase.Yet, helplessness will decrease as the level of knowledge of

secure base increases and this relationship will remain significant

when the effects of psychological symptoms are controlled,

4.3)   It is expected that as the level of knowledge of secure base

script increases, perceived social support will increase and this

relationship will remain significant when the effects of

psychological symptoms are controlled,

6.3 Statistical Analysis

Statistical analysis was performed with Statistical Package for the Social Sciences

(SPSS) Programme (Green, Salkind, & Akey, 1997). Analyses included the

samples of 3 main studies excluding the psychiatric sample of the 3rd main study.

Prior to analyses, all variables were examined for accuracy of data entry, normalcy,

missing values and multivariate outliers. Two cases were identified through

Mahalanobis distance as multivariate outliers and excluded from the analyses.

First, internal consistency of KSBS was tested by Cronbach's Alpha. Second, the

KSBS scores were categorised by secure vs. insecure by using the

scale score 4.00 as a cut of point. Accordingly, paticipants who score between 1.00 and 3.99 were classified as insecure and participants who score between 4.00 and 7.00 were classified as secure. Percentage of secure and insecure classification was calculated. Third, a correlation matrix was created to see the correlation between variables of the study including socio-demographic variables, somatization, anxiety, depression, hostility, negative self factors of BSI, problem solving, optimistic/seeking social support, helplessness, fatalistic coping factors of WCI, perceived social support from friends, family, and significant others, and the total score of KSBS.

Finally, standard multiple regression analysis with Enter method was performed to assess the relationship between the level knowledge of secure base script, coping strategies, and perceived social support by psychological symptoms being the covariate. Accordingly, knowledge of secure base was the dependent variable and gender, age, marital status, education, recent traumatic experiences, factors of BSI, MSPSS, and WCI were the independent variables.

6.4 Results Including Related Samples

6.4.1 Descriptive Statistics

Descriptive data is presented in Table 17. In total, 143 participants included in the analyses with the mean age of 28.57 (SD= 13.14, Range= 42, Min= 18, Max= 60). The mean level of education was 12.94 (SD= 2.23,

Range= 9 Min= 8, Max= 17). Thirty two percent (N= 45) of the participants

were male and 68% (N=98) of the participants were female. Moreover, 38%

(N= 50) of the participants were married and 62% were not (N= 83). Finally,

the mean score of KSBS was found 3.95 (SD= 1.35, Range= 5.63 Min= 1,

Max= 6.63).

Table 17.
Descriptive Statistics of Inclusive Sample

		N	%	Mean	SD	Range	Min-Max
Age				28.57	13.14	42	18-60
Education in years				12.94	2.23	9	8-17
Gender							
	Male	45	32				
	Female	98	68				
Marital Status							
	Married	50	38				
	Unmarried	83	62				
KSBS				3.95	1.35	5.63	1-6.63

6.4.2   Internal Consistency of KSBS

The Cronbach's alpha reliability for 4 narratives including "Baby's Morning",

"Doctor's Office", "Özlem's Accident", and "Berna and Emre's Camping Trip"

was calculated and the reliability for the whole test was found to be .83.

Additionally, Cronbach's alpha for the two adult-infant and two adult-adult

narratives were found to be .73 and .78 respectively. Corrected item total

correlations for "Baby's Morning", "Doctor's Office", "Özlem's Accident",

and "Berna and Emre's Camping Trip" were .66, .56, .72, and .56 respectively.

The correlation between single narratives, adult-infant and adult-adult

attachment subdomains, and total KSBS can be seen in Table 18. Among

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narratives the correlation between "Doctor's Office" and "Baby's Morning" was the highest (r = .75, p<.01). The lowest correlation was found between "Doctor's Office" and "Berna and Emre's Camping Trip" (r= .50, p<.01).

Table 18.
Inter-item Correlation Matrix

	01	02	03	04	05	06	07
01. Baby's Morning							
02. Doctor's Office	.75**						
03. Özlem's Accident	.61**	.63**					
04. Berna and Emre's Camping Trip	.55**	.50**	.70**				
05. Adult-Infant **α= .73**	.86**	.83**	.66**	.47**			
06. Adult-Adult **α= .78**	.64**	.63**	.89**	.87**	.78**		
07. Total KSBS **α= .83**	.81**	.73**	.85**	.73**	.90**	.92**	

** Correlation is significant at the 0.01 level (2-tailed).

6.4.3   Categorical Evaluation of KSBS

Applying Waters and Rodrigues's (2001) criteria to categorize narratives, total KSBS scores equal and above 4.00 was recoded as secure attachment and 3.99 and below as insecure attachment. Pecentage of secure and insecure classification was calculated (See Figure 2). Accordingly, 53.5% of participants were classified as secure and %46.5 were insecure.
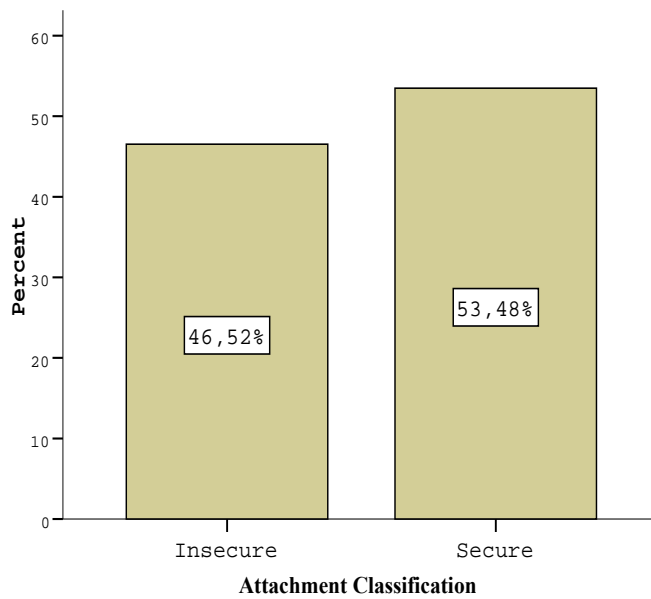
Figure 2. Percentage of secure and insecure style of attachment for the total
KSBS score.

6.4.4 Relationship Between KSBS and Socio-Demographic Variables

The Pearson product moment correlation coefficients among the KSBS score

and scoio-demographic variables including age, gender, education, and marital

status is not significant (See Table 19).

6.4.5 Relationship Between WCI, MSPSS, BSI and KSBS

The Pearson product moment correlation coefficients among the dependent

and independent variables were calculated, as presented in Table 19.

Accordingly, significant negative correlation was found between KSBS and

total BSI ($r = -.39$, $p < .01$) and its factors including somatization ($r = -.28$,

$p < .01$), depression ($r = -.27$, $p < .01$), anxiety ($r = -.33$, $p < .01$), hostility ($r = -.40$,

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p<.01), and negative self (r= -.42, p<.01). Significant positive correlation was also found between KSBS and perceived social support (r= .41, p<.01). Furthermore, significant negative correlation for fatalistic coping (r= -.29, p<.01), and helplesness (r= -.22, p<.01) and positive correlation for problem solving (r= .34, p<.01) coping strategies and KSBS was revealed.

A standard multiple regression analyses was performed between the knowledge of secure base script as the dependent variable and socio-demographic variables (age and education in years), psychological symptoms, perceived social support, and coping strategies as the independent variables. Independent variables were entered in two blocks. In the first block, socio-demographic variables, namely, age and years of education were entered to control their effects. In the second block, total BSI, total MSPSS, fatalistic coping, helplessness, problem solving, and optimistic/seeking social support factors of WCI were entered. The results of the regression analysis are presented in Table 20.

Table 19.

Pearson Correlations of Socio-Demographic Variables, BSI, MSPSS, WCI, and KSBS Inclusive Sample.

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
01. Age																
02. Gender (1=Female, 2=Male)	.29**															
03. Marital Status (1=Married, 2=Unmarried)	-77**	-46**														
04. Education in years	-.02	.21*	.06													
05. BSI - Somatization	-.04	-.17*	.07	-.04												
06. BSI - Depression	-.12	-.22**	.09	-.05	.66**											
07. BSI - Anxiety	-.10	-.08	.03	.06	.63**	.68**										
08. BSI - Hostility	-.06	-.10	-.05	-.04	.60**	.63**	.65**									
09. BSI – Negative self	-.11	-.08	.07	-.07	.63**	.73**	.68**	.70**								
10. Total BSI	-.14	-.22**	-.05	-.11	.83**	.88**	.95**	.84**	.89**							
11. MSPSS - Total	-.02	.00	-.07	.07	-.20*	-.37**	-.38**	-.32**	-.41**	-.38**						
12. WCI - Fatalistic	.27**	.07	-.20*	-.10	.24**	.31**	.32**	.33**	.38**	.35**	-.13					
13. WCI - Helplessness	-.08	-.15	.04	-.20*	.31**	.60**	.47**	.43**	.61**	.57**	-.18*	.26**				
14. WCI - Problemsolving	.16	.28**	-.09	.25**	-.15	-.35**	-.25**	-.23**	-.29**	-.32**	.34**	.03	-.29**			
15. WCI - Optimistic/ Seeking support	.16	.23**	-.09	.15	-.15	-.41**	-.33**	-.36**	-.32**	-.37**	.42**	-.00	-.30**	.65**		
16. KSBS	-.05	.03	-.02	.12	-.28**	-.27**	-.33**	-.40**	-.42**	-.39**	.41**	-.29**	-.22**	.34**	-.16	

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Accordingly, the first block of the regression included the demographic variables to control for their effects on the dependent variable. The block had no significant effect on KSBS. When the effectes of socio-demographic variables were controlled, the second block of the regression explained 27% of the variance [F (6, 137) = 7.58, p = .00] in total. In this block, psychological symptoms explained the 5% of the variance (β= -.23, t= -2.24, p= .03), perceived social support explained the 4% of the variance (β= .19, t= 1.97, p= .04), helplesness factor of WCI explained the 3% of the variance (β= -.18, t= -2.13, p= .03), and problem solving explained the 8% of the variance (β= .28, t= 2.57, p= .01)

Table 20.
Predictors of the Knowledge of Secure Base Script

Block		Beta	t	R^2	df	Fchange
1				.01	2	.96
	Age	-.10	-1.02			
	Years of education	.11	1.15			
2				.27	6	7.58**
	Age	-.04	-.49			
	Years of education	.01	.16			
	Total BSI	-.23	-2.24*			
	Total MSPSS	.19	1.97*			
	WCI – Fatalistic Coping	.05	.50			
	WCI – Helplesness	-.18	-2.13*			
	WCI – Problem Solving	.28	2.59*			
	WCI – Optimistic/ Seeking Support	.14	1.41			

6.5 Discussion Including Related Samples

As mentioned previously, in order to increase the statistical power to test the basic hypotheses regarding the validity and reliability of the KSBS, three samples of the main study 1,2, and 3 excluding the psychiatric outpatients were combined. The larger sample (N= 143) was heterogeonus in terms of age ranging between 18 and 60 and education ranging between 8 and 17 years of education. With the larger sample, internal consistency of KSBS and its relation with socio-demographic variables, psychological symptoms, perceived social support, and coping strategies were evaluated.

Firstly, the hypothesis about KSBS's assessing one generalized script knowledge about the secure base was reevaluated. Results were replicated and a significant correlation both within adult-infant (r= .75, p<.01) and adult-adult (r= .70, p<.01) narratives and between them (r= .78, p<.01) were found which was consistent with the expectation. Results showed that four prompt word outlines including two adult-infant (Baby's Morning & Doctor's Office) and two adult-adult (Özlem's Accident & Beran and Emre's Camping Trip) narratives are tapping one generalized script knowledge of secure base.

Secondly, distribution of secure vs. insecure classification of attachment was compared with the normative data presented by van Izjendoorn and Sagi (1999). Authors reviewed studies that presented the distribution of infant-

mother attachment classifications in Africa, Japan, China, Israel, Western Europe, and US (Ainsworth, 1967; Hu & Meng, 1996; Sagi et.al, 1985; Takahasi, 1986; van Izjendoorn & Kronenberg, 1988; vanIzjendoorn et. al., 1992; cited in vanIzjendoorn and Sagi, 1999). Accordingly, the rate of secure attachment in different cultures was ranging between 56% and 69%. Adult attachment literature utilized these normative data established from various studies as a base to validate new assessment devices. Accordingly, distribution of AAI classification in nonclinical samples of women, men, and adolescents was reported to be 58% secure and 42% insecure attachment (Bakersman-Kranenburg & van Ijzendoorn, 1993). Similiarly, distribution of CRI classification in a sample of engaged couples was 46% secure and 54% insecure (Crowell & Waters, 1997). Consistent with the literature, current study found that the distribution of classification of KSBS for the Turkish sample is 54% secure and %47 insecure.

Thirdly, the relationship between KSBS and socio-demographic variables were assessed in order to evaluate the discriminant validity of KSBS. Attachment literature presented that unobtrusive measures of attachment like Adult Attachment Interview and Current Relationship Interview were unrelated to certain socio-demographic variables including, education, age, and gender (Bakersman-Kranenburg & van Ijzendoorn, 1993; Crowell, et.al, 1996; Owens, 1993; Sagi, et.al, 1994; & Treboux, 1997). Consistent with the literature no relation was found between age, gender, and education in the current study.

At last, the relationship between coping strategies, and perceived social support with KSBS was tested when the effects of socio-demographic variables were controlled. It was hypothesized that the level of secure base script knowledge, i.e. attachment is significantly correlated with psychological symptoms, perceived social support and coping strategies and this relationship cannot be explained by the certain socio-demographic variables.

In terms of psychological symptoms, the results were as expected showing a negative relation between the level of knowledge of secure base and overall psychological symptoms in the nonclinical sample. Attachment literature provided consistent empirical support showing that psychological symptoms are related to attachment. Studies with psychiatric patients were dramatic in the sense that extremely high prevalance of insecure classification was presented (Rosenstein & Horowitz, 1993; van IJzendoorn &Bakermans-Kranenburg, 1996) and this finding was replicated in the main study 3. In addition to psychiatric patients, similar results were obtained with nonclinical samplesin the literature presenting that self reported symptoms of psychopathology is related to attachment. Accordingly, Cooper, Shaver and Collins (1998) reported lower levels of symptomatology in all Brief Symptom Inventory Scales for individual with a secure style. Furthermore, Pianta Egeland and Adam (1996) stated differences between attachment styles in terms of self-reported psychiatric symptomatology as assessed by the Minnesota Multiphasic Inventory-2 (MMPI-2). Consistently, the present study revealed that as the

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levels of knowledge of secure base script increase the level of psychological symptoms as somatization, depression, anxiety, hostility, and negative self decreases.

In terms of perceived social support, results were consistent with literature and provided full support for the hypothesis. Security of attachment is theoretically as well as empirically associated with the perception of available social support. Sroufe and Waters (1977) described secure attachment as "felt security" in relationships with significant others, with the implication being that securely attached individuals go through life with the unconscious belief that there will be someone to help when they are in need. Also, empirical studies support this notion showing that securely attached adults reported more available social support (Blain, Thompson, & Whiffen, 1993; Davis, Morris, & Kraus, 1998; Florian, Mikulincer, & Bucholtz, 1995, Larose & Boivin, 1997) and more satisfied with their social support network than insecurely attached adults (Priel & Shamai, 1995). Current study provided consistent results with the literature showing that higher levels of perceived social support from different sources including family, friends, and significant others related positively to the knowledge of secure base script. Also this relationship between the level of knowledge of secure base script.

In terms of the relationship between coping strategies and the level of knowledge of secure base script, the hypothesis was partially supported.

Results showed that helplessness related negatively, whereas problem solving strategies related positively to the level of knowledge of the secure base script. Helplessness which was itemized in WCI as feeling trapped, inability to stop ruminating about the events, wishful thinking, and self-blame can also be defined as a dimension of emotion-focused coping and hyperactivating strategies which was shown to be negatively correlated with secure attachment (Mikulincer, Florian & Weller, 1993; Mikulincer & Florian, 1995). Consistently, current study revealed that participants with low levels of knowledge of secure base script reported using strategies associated with helplessness. Furthermore, participants with high levels of knowledge of secure base script were found to use more problem solving coping strategies which also recieved support from the literature (Mikulincer & Florian, 1998, 2001). However, considering optimistic/seeking social support factor of coping strategies, positive yet not significant correlation was found. Empirical and experimental studies presented that when confronted with stress they are the secure adults who tend to cope with it by acknowledging it and constructively coping with it either by problem solving or support seeking strategies or both (Mikulincer & Florian, 1998, 2001; Simpson, Rholes, Orina, & Grich, 2002). However, Mikulincer and Florian (1995) also reported a study with Israeli soldiers and reported that in certain circumstances insecure-preoccupied adults could also seek support to cope with stress. In that case insignificant correlation found in the current study could be explained by the use of support seeking strategies by insecure-preoccupied adults.

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CHAPTER 7

GENERAL DISCUSSION AND CONCLUSION

The Knowledge of Secure Base Script-The Prompt Word Outline Method

(KSBS) is a recently developed measure of adult attachment which is based on

the proposition that individual's history of secure base support is represented in

memory as a secure base script and it is possible to activate this script by a

narrative task. KSBS has been developed as an answer to criticisms directed at

self-report measures of adult attachment which were questioned in terms of

construct validity and ability to detect defensive strategies of attachment in an

unbiased manner. KSBS has also been developed as an answer to criticism

directed at adult attachment interviews which assesses adult attachment

representation. However, it is time consuming to learn, to administer, and to

score. In other words, KSBS has advantages over both interviews and self-

report measures as being easy and economical in administration and scoring

and being unobtrusive thus, assumed to tap the unconsciouss processeses

underlying the defensive processes. Preliminary reliability and validity studies

for KSBS are satisfactory presenting high levels of internal consistency and

high correlation with both AAI and SS classification (Tini, Corcoran,

Rodrigues, & Everett, 2003; Waters & Rodrigues, 2001).

Accordingly, the current study aimed to provide a Turkish adaptation of KSBS.

Specifically, the aim was to test the reliability and the validity of the

Knowledge of Secure Base Script-The Prompt-Word Outline Method (KSBS) for Turkish samples. For this purpose four studies including one pilot were conducted and the results in general were promising.

7.1   Reliability of KSBS

In the present study KSBS was tested for internal consistency, test-retest, and interrater reliability. Specific hypotheses and findings regarding the reliability of KSBS were as follows:

1)   It was expected that all four single narratives of KSBS will reveal the whole range of script scores ranging between 1 and 7.

This hypothesis was tested in the pilot study and results showed that for the Turkish sample, KSBS including two adult-infant (Baby's Morning & Doctor's Office) and two adult-adult (Özlem's Accident & Berna and Emre's Camping Trip) prompt word outlines were meaningful and understandable. In other words, all single prompt word outlines triggered the whole range of script scores between 1 and 7.

Results of the pilot study also revealed that the Turkish participants may include additional characters to the narratives they have constucted such as neighbours in "Özlem's Accident" or "Doctor's Office" narratives and group of friends in "Berna and Emre's Camping Trip" narratives. This inclusion of a

crowd, in some cases, made it difficult to assess the emotional involvement of

the two characters which may cause misleading results or unscorable

narratives. To resolve the issue additional instruction was added stating that the

narratives should include only the two main characters, and three or four others

at the most. Additional instructions resolved the problem in the way that no

unscorable narratives due to inclusion of crowd were obtained in the main

studies.

2)   It was expected that there will be a significant high correlation within

adult-infant, adult–adult narratives and between them due to attachment

theory's assumption of a single generalized script of the secure base

phenomenon. In other words, the total score of KSBS is expected to measure a

single factor, that is the knowledge of secure base script.

Correlational results obtained in the present study were relatively lower than

the results of the original form of KSBS yet were still comparable.

Accordingly, studies related to the original form of KSBS support the notion

about the presence of one generalized script of secure base showing high

correlation within adult-infant narratives (r= .83 - .93), within adult-adult

narratives (r= .61 - .90), and between adult-adult and adult-infant narratives (r=

.71 - .93) (Waters & Rodrigues, 2001). In the present study, the correlation for

adult-infant narratives ranged between .45 and .75, the correlation for adult-

adult narratives ranges between .59 and .70, and the correlation between adult-

infant and adult-adult narratives ranges between .67 and .78. Moreover, internal consistency was between .61 and. 73 for adult-infant narratives, between .62 and .78 for adult-adult narratives, and between .78 and .83 for the whole KSBS score. High rate of internal consistency and significantly high positive correlation between the narratives implied that Turkish KSBS also assesses as one generalized knowledge about the secure base script.

3) Proposing that the secure base script is stable over time, significant correlation is expected between time 1 and time 2 measures of KSBS,

In the current study, test-retest reliability was examined over six months period with the participants who did not experience any traumatic experiences or dramatic changes in their lives between two assessment periods. High stability $(r=.81, p<.001)$ was found between Time 1 and Time 2 measures which supports the test-retest reliability of KSBS and leads support to the stability of the script knowledge of secure base for 6 months.

4) High agreement rate is expected between raters who were trained with the original manual of KSBS,

For the purpose of interrater relaibility, two raters were trained using the original manual of KSBS (Waters and Rodrigues, 2002). Trained raters rated randomly selected 50% of the narratives and considerably high interrater agreement $(r= .85 \& .86, p<.001)$ for both raters were obtained.

7.2 Validity of KSBS

In the present study specific hypotheses and findings regarding the validity of KSBS were as follows:

1) Distribution of classification of secure vs. insecure attachment assessed by the categorical evaluation of KSBS is expected to be comparable to the normative data (van Ijzendoorn and Sagi, 1999).

Adult attachment literature were shown to utilize the cross cultural normative data presented for the percentage of secure vs. insecure classification of attachment (van Izjendoorn and Sagi, 1999) to validate new assessment devices. Accordingly, distribution of AAI classification in nonclinical samples of women, men, and adolescents was reported to be 58% secure and 42% insecure attachment (Bakersman-Kranenburg & van Ijzendoorn, 1993). Similiarly, distribution of CRI classification in a sample of engaged couples was 46% secure and 54% insecure (Crowell & Waters, 1997). Therefore, the present study also assessed the distribution of classification of attachment as secure vs. insecure by using KSBS score of 4 as a cut off point as presented by Waters and Rodrigues (2002). Consistent with the literature, current study found that distribution of classification of KSBS for the Turkish sample was 53,48 % secure and 46, 52% insecure

2) Considering discriminant validity, KSBS was expected to have no significant relation with WAIS-R.

Attachment literature (Bakersman-Kranenburg & van Ijzendoorn, 1993; Crowell, et.al, 1996; Owens, 1993; Sagi, et.al, 1994; & Treboux, 1997; Waters & Rodrigues, 2002) presented that unobtrusive adult attachment measures including AAI, CRI, and the original form of KSBS were not correlated with intelligence. Adult attachment measures all of which are some sort of cognitive tasks are expected to assess attachment-related cognitive abilities but not non-attachment related cognitive abilities as intelligence. Since the capacity to construct an imaginary story in KSBS the discriminant validity of the procedure needed to be investigated. As expected, the knowledge of the secure base script or the performance on the prompt word outline method was not related to the cognitive capacity assessed by WAIS-R.

3) Considering discriminant validity, KSBS was expected to have no significant relationship with socio-demographic variables like age, gender, education, and marital status.

Similar to the relationship with general cognitive ability, adult attachment literature also provided results revealing that attachment security assessed by AAI and CRI is not correlated with certain socio-demographic variables such as gender, age, education, and the duration of the marriage

(Bakersman-Kranenburg & van Ijzendoorn, 1993; Crowell, et.al, 1996; Owens, 1993; Sagi, et.al, 1994; & Treboux, 1997). Thus, the present study assessed the relationship between KSBS and socio-demographic variables including gender, age, education, marital status, and the presence of a romantic relationship if unmarried. Results were consistent with the literature revealing no correlation between the level of knowledge of secure base script and socio-demographic variables.

4) The relationship between ECR-R and KSBS will be assessed. Providing inconsistent result in the literature stating moderate correlation on one hand and no correlation on the other, no specific expectation is stated.

Result of the current study showed that KSBS was negatively correlated with the anxiety dimension of ECR-R but not correlated with the avoidance dimension. In other words, participants who reported higher levels of anxiety about rejection or abandonement in adult romantic relationship had lower levels of knowledge of secure base script. However, avoidance of intimacy was not related to the level of knowledge of secure base script. This result is open to different interpretations depending on which side of the argument about the validity of adult attachment assessment methods one takes. Social psychology which mostly depends on the self-report measures of adult romantic attachment would argue that KSBS is unable to differentiate insecure-dismissing adults from secure adults. In others words, they may claim that insecure-dismissing

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adults cannot be detected by KSBS. However, cognitive/developmental psychology which mostly defends the use of unobtrusive measures of attachment and criticizes self-report measures in terms of construct validity would claim that avoidance strategies of attachment cannot be detected by self-report measures. Also, significant correlation between KSBS and self-reported anxiety might be interpreted as the possible sensitivity of KSBS for detecting unresolved attachment since meta analysis (Roisman et.al.,2007) revelaed that self-reported anxiety was strongly associated with AAI unresolved attachment classification. This issue needs to be explored further in future research.

5) It was expected that among surgery patients, the level of knowledge of secure base script will significantly predict the level of state anxiety after the surgery. The participants with the higher levels of knowledge of secure base script will exhibit less state anxiety after the surgery,

One of the basic premise of attachment theory stating that attachment security is an emotional regulatory system and it allows the adjustment of emotional responses thus, lower the levels of negative emotionality was tested in the present study (Bowlby, 1969, 1973, 1980). The hypothesis was supported showing that the level of knowledge of secure base script is significantly related to state anxiety level after the surgery when the effects of anxiety specific to surgey, subjective importance of the surgery, and pre surgery state anxiety were controlled.

6) It was expected that psychiatric outpatients will have significantly lower levels of the knowledge of secure base script than nonpsychiatric control group.

This hypothesis was supported by showing that the psychiatric patients had significantly and considerably lower levels of KSBS than the control group who had no psychiatric history. Unexpectedly no significant relationship between the psychological symptoms and KSBS was obtained for the psychiatric group. This result might be due to the homogeneity of the psychiatric sample in terms of KSBS score. The range of scores for KSBS was narrow with a little variance for the psychiatric outpatients which might statistically and negatively effect the relation between KSBS and BSI.

7) It was expected that as the level of knowledge of secure base script increases, level of psychological symptoms in terms of depression, anxiety, hostility, somatization, and negative self decreases,

This hypothesis was based on one of the basic premises of attachment theory proposing that earlier attachments are the framework of how a person will regulate both negative and positive emotions in certain circumstances (Bowlby, 1969, 1973, 1980). Therefore, early childhood attachment and representations of attachment later in life is impetus in determining emotional and psychological outcome. This hypothesis was supported and KSBS was

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shown to be correlated with overall psychological symptoms including somatization, depression, anxiety, hostility, and negative self. This relationship was found to be significant when the effects of socio-demographic variables were contrrolled. Similarly, psychiatric outpatients diagnosed by depression, anxiety, and personality disorders were found to have significantly lower levels of knowledge of secure base script than control groups.

8) It was expected that as the level of knowledge of secure base script increases, the use of problem solving strategies, optimistic/seeking social support as ways of coping with stress will increase.Yet, helplessness will decrease as the level of knowledge of secure base increases

This hypothesis was based on the proposition of the attachment theory stating that the attachment system is a motivational system involved in the dynamics of the coping process (Bowlby, 1969, 1973, 1980). The hypothesis was partially supported revealing that the level of knowledge of secure base is positively correlated with the problem solving coping strategies and negatively correlated with helplessness as an emotion-focused coping characterized by feeling trapped, inability to stop ruminating about the events, wishful thinking, and self-blame. However, unexpected result was obtained with optimistic/seeking social support dimension of coping strategies. Optimistic/seeking social support as a way of coping with stress did not appear as a significant predictor of KSBS.

9) It was expected that as the level of knowledge of secure base script increases, perceived social support will increase.

This hypothesis was based on the proposition stating the similarity between "felt security" component of secure attachment and individual's perception of social support (Sroufe & Waters, 1977) and consistent empirical findings showing a positive correlation between secure attachment and percieved social support (Blain, Thompson, & Whiffen, 1993; Davis, Morris, & Kraus, 1998; Florian, Mikulincer, & Bucholtz, 1995, Larose & Boivin, 1997; Priel & Shamai, 1995; (Sarason et. al., 1991). The hypothesis was fully supported by the current study revealing that percieved social support from both friends, family, and significant others were significantly and positively related to the knowledge of secure base script. Accordingly, the higher the level of knowledge of secure base script, the higher the level of perceived social support from different sources.

To conclude, the present study aimed to establish the Turkish adaptation of KSBS. Reliability and validity of the method was asssessed in four different studies. Accordingly internal consistency, stability, and interrater reliability of KSBS were established. Basic premises of attachment theory including its relationship with psychological symptoms, negative affectivity, coping strategies, perceived social support, intelligence, and certain socio-

demographic characteristics were tested and the results were satisfactory

supporting the validity of KSBS.

7.3   Shortcomings of the Present Study

The major shortcoming of the present study was the number of

participants in each seperate study. Due to the low number of participants some

of the hypotheses regarding the relationship between KSBS, psychological

symptoms, coping strategies, and perceived social support could not be tested

seperately for the samples. However, this shortcoming was overcome by

combining the related samples to increase the statistical power and to test the

hypotheses regarding the validity of KSBS.

Another shortcoming of the present study was the use of only self-report

measures to correlate with KSBS. Attachment literature that utilise the

unobtrusive measures of attachment mostly prefer to use similar methods to

assess the correlated variables. For instance, teacher's or friend's ratings,

diagnostic interviews, observational methods, objective records were among

the most frequently used methods of assessment that were used in attachment

research. Such similarity between the methodologies might be critical to obtain

valid results since unobtrusive measures of attachment assumed to tap the

unconsciouss processes but self-report measures assess the conscious processes

that is blended with the defensive strategies. Such dissimilarity might have led

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to inconsistent and unexpected results as obtained in this study regarding the relationship between the psychological symptoms in the nonclinical samples and KSBS. The solution to this shortcoming might be the use of some sort of diagnostic interviews to assess the psychological symptoms, or to assess galvanic skin responses to assess anxiety of the surgery patients, or to use behavioral observational methods or experimental methods to observe the coping strategies people prefer to use in times of stress. However, use of such methodologies were both expensive and time consuming thus, not practical solution for the present study.

The last shortcoming of the study which might need attention was not directly a shortcoming of the study but of KSBS. The knowledge of secure base script-The prompt word outline method was presented to have many advantages over both interviews and self-report measures. However, one of the disadvantage of KSBS is that the defensive strategies i.e., dismissing and preoccupied attachment styles cannot be differentiated. Unresolved classification of attachment cannot be differentiated as well. Only secure vs. insecure classification of attachment is possible with KSBS. Therefore, differential relationships of dismissing, preoccuppied and unresolved attachment with the psychological symptoms, coping strategies, and perceived social support could not be assessed in the present study with KSBS.

7.4 Directions for the Future Research

As stated previously, the present study utilized only self-report measures to assess the relationship between KSBS and psychological symptoms, negative affectivity, coping strategies, and perceived social support. Future research with methodologies other than self-report is needed to replicate the validity of KSBS. Also, research with lager and more heterogenous sample is needed.

More importantly, the differentiation of dismissing, preoccupied, and unresolved classification of attachment is needed for KSBS. For this purpose, narratives could be scanned for certain minimizing or maximizing strategies. Accordingly, preoccupied adults may use maximizing or hyperactivating strategies which might result in longer narratives with overanxious characters and role reversal of the characters (e.g.: mother cries and panics when the baby lost the teddy bear, mother cries and yell when the child injured in a bike accident). Similarly, dismissing adults might use minimizing strategies which might result in short narratives, materialistic cold style, omission of the words that induces stress. Therefore, it would be beneficial to study the narratives in detail to see whether it is possible to differentiate the insecure styles of attachment.

KSBS was shown to assess the general script knowledge of secure base that was proposed to regulate emotion, cognition, and behavior in various context

throughout the life. However, it was always a question in the attachment literature whether attachment behavior could be relationship specific and changed according to the attachment style of the partner. With KSBS, it is possible to assess such hypothesis by constructing relationship specific prompt word outlines or by simply changing the subjects of the already constructed prompt word outlines. For instance; rather than using Özlem and Mustafa, subjects can be changed to My husband and I, My girlfriend and I. Therefore, it will be possible to assess the relationship specific attachment and its relation with generalized attachment.

Furthermore, how therapy affects KSBS can be evaluated to assess possible changes in the script knowledge, especially for patients with specific diagnostic groups such as personality disorders, mood, and anxiety disorders.

7.5 Clinical Implications and Applications

Although attachment theory was mostly pronounced by developmental and social psychologists it was proposed as a developmental model with the implications for psychopathology, general affectivity, and coping strategies (Bowlby, 1980). As attachment theory gains importance in the clinical domain the use of related assessment methods in the domain gain importance as well. KSBS as an unobtrusive measure of attachment might serve for multiple

purposes for clinical psychologists. First, KSBS could be used for diagnostic purposes, not to diagnose the psychological symptoms but to diagnose the schema or the script that an individual endorses regarding attachment security, emotion regulation strategies, and the level of emotional involvement with others. Second, providing that each narrative of KSBS includes rich sources of information about the social emotional life of an individual, they can be a good source of therapy material. For instance; if encountered with role reversal of the characters, anger, anxiety or panic like emotions that is displayed by the support provider and guilt or anger that is displayed by the support seeker, such narratives can be used in therapy sessions to target these emotion regulation strategies that might be either used or encountered by the narrator. At last, KSBS can be used to assess possible schematic changes during and after the therapy.

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APPENDICES

APPENDIX A: INFORMED CONSENT FORMS

INFORMED CONSENT FORM FOR THE PILOT STUDY

Sayın katılımcı ,

Bu çalışma Orta Doğu Teknik Üniversitesi – Psikoloji Bölümü' nde yürütülen doktora çalışmasının bir kısmını oluşturmaktadır. Bu çalışmanın amacı; kişilerarası ilişkiler ile ilgili olan fikirlerin psikolojik belirtiler ve stresle başa çıkma üzerine etkisini incelemektir. Çalışma 2 kısımdan oluşmaktadır. Birinci kısım, bir dizi anketten oluşmaktadır ve yaklaşık 15 dakikanızı alacaktır. İkinci kısım ise; sizlerin oluşturacağı, anlatacağı bazı hikayelerden oluşmaktadır ve yaklaşık 30 dakika sürmektedir.

Birinci kısım için sizlere bir grup anket dağıtılacaktır. Sorulara samimi cevap vermeniz araştırmanın geçerlik ve güvenirliği açısından çok önemlidir. Soruların doğru ve yanlış cevapları bulunmamaktadır. Sizler için doğru olan cevap en uygun cevap olacaktır.

Çalışmanın ikinci kısmı için araştırmacıdan randevu almanız gerekmektedir. Bunun için sizlere dağıtılacak zaman çizelgesinin üzerine uygun bir gün ve saati işaretleyebilir veya aşağıdaki email adresinden randevu alabilirsiniz. Yaklaşık yarım saat sürecek olan bu kısım Psikoloji Bölümü'nün bodrum katında bulunan Psikoloji Laboratuvarı'nda gerçekleşecektir. Randevunuza gelirken anketinizi cevaplanmış olarak yanınızda getirmeniz çok önemlidir.

Çalışmaya katılmak gönüllülük esasına dayalıdır. Ayrıca, çalışmanın herhangi bir kısmında devam etmek istememeniz durumunda araştırmacıya haber vermeniz yeterlidir. Araştırmada vereceğiniz tüm bilgiler hiçbir kimlik bilgisi belirtilmeksizin saklanacak ve bilgiler isimsiz olarak sadece bilimsel çalışmalarda veri olarak kullanılacaktır. Şimdiden katılımınız için teşekkür ediyoruz.

Uzman Psikolog Meltem Anafarta
Randevu için: e-mail: **meltema@metu.edu.tr**

INFORMED CONSENT FORM FOR THE MAIN STUDY 1

Sayın katılımcı ,

Bu çalışma Orta Doğu Teknik Üniversitesi – Psikoloji Bölümü' nde yürütülen doktora çalışmasının bir kısmını oluşturmaktadır. Bu çalışmanın amacı; kişilerarası ilişkiler ile ilgili olan fikirlerin psikolojik belirtiler, stresle başa çıkma ve zeka ile ilişkisini incelemektir. Çalışma 2 kısımdan oluşmaktadır. Birinci kısım, bir dizi anketten oluşmaktadır ve yaklaşık 45 dakikanızı alacaktır. İkinci kısım ise; standart zeka testi uygulaması ve sizlerin oluşturacağı, anlatacağı bazı hikayelerden oluşmaktadır ve yaklaşık 2,5 saat sürmektedir.

Birinci kısım için sizlere bir grup anket dağıtılacaktır. Sorulara samimi cevap vermeniz araştırmanın geçerlik ve güvenirliği açısından çok önemlidir. Soruların doğru ve yanlış cevapları bulunmamaktadır. Sizler için doğru olan cevap en uygun cevap olacaktır.

Çalışmanın ikinci kısmı için araştırmacıdan randevu almanız gerekmektedir. Bunun için sizlere dağıtılacak zaman çizelgesinin üzerine uygun bir gün ve saati işaretleyebilir veya aşağıdaki email adresinden randevu alabilirsiniz. Yaklaşık 2,5 saat sürecek olan bu kısım Psikoloji Bölümü'nün bodrum katında bulunan Psikoloji Laboratuvarı'nda gerçekleşecektir. Randevunuza gelirken anketinizi cevaplanmış olarak yanınızda getirmeniz çok önemlidir.

Çalışmaya katılmak gönüllülük esasına dayalıdır. Ayrıca, çalışmanın herhangi bir kısmında devam etmek istememeniz durumunda araştırmacıya haber vermeniz yeterlidir. Araştırmada vereceğiniz tüm bilgiler hiçbir kimlik bilgisi belirtilmeksizin saklanacak ve bilgiler isimsiz olarak sadece bilimsel çalışmalarda veri olarak kullanılacaktır.

Şimdiden katılımınız için teşekkür ediyoruz.

Uzman Psikolog Meltem Anafarta

Sorularınız için: e-mail: **meltema@metu.edu.tr**

INFORMED CONSENT FORM FOR MAIN STUDY 2

Sayın katılımcı ,

Bu çalışma Orta Doğu Teknik Üniversitesi – Psikoloji Bölümü' nde yürütülen doktora araştırmasının bir kısmını oluşturmaktadır. Bu çalışmanın amacı; ameliyat geçirmek üzere olan kişilerin ameliyat öncesi ve sonrasındaki kaygılarını etkileyen psikolojik faktörleri incelemektir.

Bu amaç doğrultusunda hem ameliyat öncesinde hem de ameliyat sonrasında sizlerden bazı anketler doldurmanızı isteyeceğiz. Ayrıca yine ameliyat öncesinde sizlerden bazı hikayeler anlatmanızı da isteyeceğiz. Bu uygulamada yaklaşık 20 dakika sürmektedir.

Sorulara samimi şekilde cevap vermeniz araştırmanın geçerliği ve güvenirliği açısından çok önemlidir. Soruların ve oluşturacağınız hikayelerin doğru ve yanlış cevapları bulunmamaktadır. Sizler için doğru olan en uygun cevap olacaktır.

Çalışmaya katılmak gönüllülük esasına dayalıdır. Ayrıca, çalışmanın herhangi bir kısmında devam etmek istememeniz durumunda araştırmacıya haber vermeniz yeterlidir. Araştırmada vereceğiniz tüm bilgiler hiçbir kimlik bilgisi belirtilmeksizin saklanacak ve bilgiler isimsiz olarak sadece bilimsel çalışmalarda veri olarak kullanılacaktır.

Şimdiden katılımınız için teşekkür ediyoruz.

Uzman Psikolog Meltem Anafarta

Sorularınız için: e-mail: **meltema@metu.edu.tr**

INFORMED CONSENT FORM FOR MAIN STUDY 3

Sayın katılımcı ,

Bu çalışma Orta Doğu Teknik Üniversitesi – Psikoloji Bölümü' nde yürütülen doktora araştırmasının bir kısmını oluşturmaktadır. Çalışmanın amacı; kişilerin yaşadıkları psikolojik sıkıntılarla ilişkili olabilecek diğer faktörleri incelemektir.

Öncelikle sizlerden bir grup anket doldurmanızı isteyeceğiz. Yaklaşık 30 dakika sürecek olan bu kısımda sorulara samimi cevap vermeniz araştırmanın geçerliği açısından çok önemlidir. Soruların doğru ve yanlış cevapları bulunmamaktadır. Sizler için doğru olan cevap en uygun cevap olacaktır. Daha sonra da sizlerden yaklaşık 20 dakika sürecek olan bir dizi hikaye anlatmanızı isteceğiz.

Çalışmaya katılmak gönüllülük esasına dayalıdır. Ayrıca, çalışmanın herhangi bir kısmında devam etmek istememeniz durumunda araştırmacıya haber vermeniz yeterlidir. Araştırmada vereceğiniz tüm bilgiler hiçbir kimlik bilgisi belirtilmeksizin saklanacak ve bilgiler isimsiz olarak sadece bilimsel çalışmalarda veri olarak kullanılacaktır.

Şimdiden katılımınız için teşekkür ediyoruz.

Uzman Psikolog Meltem Anafarta

APPENDIX B: KNOWLEDGE OF SECURE BASE SCRIPT -PROMPT

WORD OUTLINE METHOD (KSBS) INSTRUCTIONS

"Sizden toplamda 5 tane hikaye anlatmanızı isteyeceğim. Bunlardan ilkini örnek olarak birlikte yapacağız. Diğer 4 tanesini de yalnız başınıza teybe kaydetmenizi isteyeceğim. Hikayeleri teybe kaydediyoruz çünkü bu hikayeleri daha sonradan yazılı olarak değerlendiriyor ve saklıyoruz. Ancak, sizin ya da benim siz anlatırken hikayeleri yazmaya çalışmamız anlatımdaki rahatlığınızı etkilemektedir. Bu sebeple teybe kaydetmenin en etkili yöntem olduğunu düşünüyoruz. Böylece, siz hikayeleri anlatırken ben yanınızdan ayrılacağım. Kasette sizin kimliğinizi belirtir hiçbir ifade olmayacak ve kasetler başka bir araştırmacı tarafından kağıda dökülecek. Bunu yapmamızın sebebi kişisel bilgileri herhangi bir erişimden uzak tutarak çalışmaya katılan kişinin rahat ve samimi olmasını sağlayabilmek.

Şimdi hikayelere biz göz atalım. Örnek dışında 4 hikayeden 2 tanesi anne ve çocuğu arasında, diğer ikisi ise iki yetiskin arasında geçiyor.

Her hikayenin neyle ilgili olacağını gösteren bir başlık var mutlaka okuyun.

Her sayfadaki kelimleri yukardan aşağıya takip ettiğinizde, kelimeler size hikayenin genel gidişatını ve ne ile ilgili olması gerektiğini gösteriyor. Örneğin

"Bebeğin Sabahı" isimli öykü bir bebeğin sabahının nasıl geçtiğini anlatıyor ve annesi ile bebeği arasında geçiyor.

Burada sadece genel gidişat ile ilgili kelimeler var siz bu kelimeleri de kullanarak daha detaylı ve yazıya döküldüğünde en az yarım sayfa olacak kadar uzunlukta bir hikaye oluşturmanızı istiyorum. Sizin için uygun olan, en gerçekçi hikayeyi ve aklınıza ilk gelen hikayeyi anlatmanızı istiyorum. Kelimeleri size verilen sırada takip edin ancak, kafanızdaki hikayeye hiç uymuyorsa yerlerini ve bazı kelimeleri de değiştirebilirsiniz. Örneğin; sinema yerine tiyatro, araba yerine taksi veya dolmuş kelimelerini kullanabilirsiniz. Başlamadan önce tüm kelimleri gözden geçirin hikayeyi düşünüp kafanızda oluşturun. Ancak, hikaye kafanızda oluştuktan sonra anlatamaya başlayın. Eğer takılırsanız ve hikayeyi değiştirmek isterseniz durup baştan başlayabilirsiniz. Anlatacağınız hikayeler temelde iki kişi arasında geçmektedir. Bir üçüncü veya size verilen kelimeler arasında adı geçmeyen bir dördüncü kişiyi hikayenize katabilirsiniz. Ancak, kalabalık bir grubu hikayenize dahil etmemeye özen gösterin.

Şimdi ilk örnek olan "Sinema" isimli hikayeyi ben yanınızda iken birlikte yapalım, bir sorunuz varsa cevap vereyim. Sonra sizi yalnız bırakacağım".

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SİNEMA

Elif ve Oya	biletler	çıkış
film seçmek	mısır	kahve
araba	koltuk	sohbet
sinema	aksiyon	ev

BEBEĞİN SABAHI

Anne	gülümseme	kayıp
bebek	hikaye	ağlamak
kucaklamak	taklit	bulmak
oyun	oyuncak ayı	öğle uykusu

DOKTORUN MUYANEHANESİ

Memo	acele	anne
bisiklet	doktor	tutmak
incitmek	ağlamak	oyuncak
anne	İğne vurmak	sarılmak

ÖZLEM'İN KAZASI

Özlem	beklemek	ev
yol	Mustafa	akşam yemeği
kaza	gözyaşı	yatak
hastane	doktor	sarılmak

BERNA İLE EMRE'NİN KAMP GEZİSİ

Berna	çadır	kamp ateşi
Emre	rüzgar	gölge/sesler
bavullar	yıkılmak	korkmak
acele	keyfi kaçmak	sarılmak

KAYIP ÇANTA

Elif	polis	yardım
alışveriş	sıkıntı	rapor
çanta	Mehmet	ev
kayıp	telefon	rahatlama

APPENDIX D: KSBS SCORING SYSTEM

BRIEF VERSION

(Waters & Rodrigues, 2002)

I. Secure Base Script Content (Adult attachment narratives):

A prototypic secure script is described as one in which the secure base (mom/partner) helps the individual (character in story) deal with some distress and helps to get things back to normal. In more positive scenarios, the goal of the secure base is to facilitate exploration, promoting positive experiences.

Stories organized around a secure base script will have:

1) the secure base helping to select and implement strategies for getting things back to normal and defusing the emotional distress, when that is possible, or avoiding distress altogether by facilitating transitions to other activities (for a baby or child) and providing explanatory frameworks to help understand the situation (for young child)

2) the secure base reconfiguring the person's representation to focus on more positive aspects, thereby diffusing the negative emotion. This often involves pointing out the "bright" side of a situation, e.g., we'll certainly talk about this trip for years to come.

3) an interpersonal focus, that is, a sensitivity to and awareness of the other person's psychological/emotional state. The content of secure base narratives focuses on the interaction between the two individuals rather than simply describing the sequence of events in the story. The secure base responds to requests, cues from child/partner, modifying their own behavior as a consequence. There is give-and-take, with each partner making their own unique contribution to the situation, activity, but working together "as a team." There is also emotional give-and-take with an expressed emotion in one leading to an emotional response in the other.

II. Scriptedness Scoring System:

Highest ranked stories are those with extensive secure base content and a strong interpersonal framework. Stories lower in rankings would have less and less of the secure base content. At some point low ranked stories would begin to contain "odd" content, i.e., content inconsistent with a secure base script. There would also begin to be breaks in the coherence of story events, with emotional content just there, with no follow-up or reaction from the secure base character. The worst stories essentially eliminate the partner in the secure base pairing (child or adult partner) as an active participant in the story, even going so far as to redirect the focus of the story onto the self (e.g., Baby's Morning focuses solely on mother's experiences). In order to capture the full

range of secure base scriptedness in the stories, a seven point scale was developed (described below).

7.

These are the very best examples of secure base content in the narrative. There is a rich interplay between the two principle characters. There is a great deal of attention to the psychological state of the other, and the «secure base" is very responsive to that psychological state. Important to the secure base script is the resolution of the problem/distress with a return to normalcy.

6.

These narratives fall short of the richness of secure base content that is evidenced in stories ranked "7". Nonetheless, these stories to contain a reasonable amount of secure base content.

5.

These narratives have a medium amount of secure base content, but not as much elaboration as those that are ranked "7" or "6".

4.

These narratives have some secure base content, but not very much. Thus, they are weak on secure base content, but there is no odd content contained in the story either.

3.

These narratives seem mostly event-related stories, in which what is happening is presented, with very little commentary on the give and take between with the characters, or on the psychological content of the story.

2.

These are event-related as well, but so brief as to seem disjointed. Also included in this category are narratives that contain some odd content that is inconsistent with a secure base script. The intrusion of this content however is not as consistent or pervasive as the narratives that are scored

1.

These narratives are theme-based variations that come across as quite peculiar interpretations of the implied story line. Not only is the secure base script not recognized, but a quite different script is in its place. The narratives can be quite detailed, with content generated consistent with the odd interpretation of the story line. These are not that common. Narratives that have significant "odd" content, but fall short of a complete theme-based variation also receive a"1".

APPENDIX E: DEMOGRAPHIC INFORMATION

Katılımcı no:

Yaş: _____

Cinsiyet:

Kadın ☐

Erkek ☐

Eğitim:

☐ İlköğretim   ☐ 4 senelik üniversite

☐ Lise   ☐ Yüksek Lisans (Master)

☐ 2 senelik üniversite   ☐ Doktora

Medeni Durumunuz:

☐ Evli   ☐ Dul   ☐ Bekar   ☐

Boşanmış

Şayet evli değil iseniz;

Şu anda bir ilişkiniz var mı (romantik kız/erkek arkadaşınız)?

☐ Evet   ☐ Hayır

APPENDIX F: TRAUMATIC HISTORY INTERVIEW QUESTIONS

1. Son 5 sene içerisinde hayatınızda günlük rutininizi bozan, ani ve beklenmedik bir şekilde gelişen, dehşet, kaygı ve panik yaratan bir yaşantıyla karşılaştınız mı veya bununla karşılaşan birine birine şahit oldunuz mu? (Örn; Deprem, sel, cinsel veya fiziksel istismar, ölüm, trafik kazası, ağır hastalık, kapkaç gibi)

2. Hiç psikolojik veya psikiatrik bir tedavi gördünüz mü? (Evet ise, sebebi ve süresi ile ilgili bilgi alın)

MULTIDIMENSIONAL SCALE OF PERCIEVED SOCIAL SUPPORT

(MSPSS)

Aşağıda 12 cümle ve her birinde cevaplarınızı işaretlemeniz için 1 den 7 ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle yanındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Bu şekilde 12 cümlenin her birinde bir işaret koyarak cevaplarınızı veriniz.

01. İhtiyacım olduğunda yanımda olan özel bir insan var.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
02. Sevinç ve kederlerimi paylaşabileceğim özel bir insan var.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
03. Ailem bana gerçekten yardımcı olmaya çalışır.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
04. İhtiyacım olan duygusal yardımı ve desteği ailemden alırım.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
05. Beni gerçekten rahatlatan özel bir insan var.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
06. Arkadaşlarım bana yardımcı olmaya çalışır.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
07. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
08. Sorunlarımı ailemle konuşabilirim.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
09. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
10. Yaşamımda duygularıma önem veren özel bir insan var.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
11. Kararlarımı vermede ailem bana yardımcı olmaya isteklidir.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
12. Sorunlarımı arkadaşlarımla konuşabilirim.	Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet

WAYS OF COPING INVENTORY (WCI)

Aşağıda insanların stresli olaylar karşısında gösterdikleri değişik tepkiler, başa çıkma yolları birer cümle ile belirtilmektedir. Lütfen listedeki her maddeyi dikkatlice okuyun ve sizi için en geçerli olan maddeyi işaretleyin.

	Hiçbir zaman	Bazen	Her zaman
01. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım.	1	2	3
02. Bir mucize olmasını beklerim.	1	2	3
03. İyimser olmaya çalışırım.	1	2	3
04. Çevremdeki insanlardan sorunlarımı çözmemde bana yardımcı olmalarını beklerim.	1	2	3
05. Bazı şeyleri büyütmeyip üzerinde durmamaya çalışırım.	1	2	3
06. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım.	1	2	3
07. Durumun değerlendirmesini yaparak en iyi kararı vermeye çalışırım.	1	2	3
08. Ne olursa olsun direnme ve mücadele etme gücünü kendimde hissederim.	1	2	3
09. Olanları unutmaya çalışırım.	1	2	3
10. Başa gelen çekilir diye düşünürüm.	1	2	3
11. Durumun ciddiyetini anlamaya çalışırım.	1	2	3
12. Kendimi kapana sıkışmış gibi hissederim.	1	2	3
13. Duygularımı paylaştığım kişilerin bana hak vermesini isterim.	1	2	3
14. "Her işte bir hayır vardır" diye düşünürüm.	1	2	3
15. Dua ederek Allah'tan yardım dilerim.	1	2	3
16. Elimde olanlarla yetinmeye çalışırım.	1	2	3
17. Olanları kafama takıp sürekli düşünmekten kendimi alamam.	1	2	3
18. Sıkıntılarımı içimde tutmaktansa paylaşmayı tercih ederim.	1	2	3
19. Mutlaka bir çözüm yolu bulabileceğime inanıp bu yolda uğraşırım.	1	2	3
20. "İş olacağına varır" diye düşünrüm.	1	2	3

	Hiçbir zaman	Bazen	Her zaman
21. Ne yapacağıma karar vermeden önce arkadaşlarımın fikrini alırım.	1	2	3
22. Kendimde herşeye yeniden başlayacak gücü bulurum.	1	2	3
23. Olanlardan olumlu birşeyler çıkarmaya çalışırım.	1	2	3
24. Bunun alın yazım olduğunu değişmeyeceğini düşünürüm.	1	2	3
25. Sorunlarıma farklı çözüm yolları ararım.	1	2	3
26. "Olanları keşke değiştirebilseydim" diye düşünürüm.	1	2	3
27. Hayatla ilgili yeni bir bakış açısı geliştirmeye çalışırım.	1	2	3
28. Sorunlarımı adım adım çözmeye çalışırım.	1	2	3
29. Herşeyin istediğim gibi olamayacağını düşünürüm.	1	2	3
30. Dertlerimden kurtulayım diye fakir fukaraya sadaka veririm.	1	2	3
31. Ne yapacağımı planlayıp ona göre davranırım.	1	2	3
32. Mücadele etmekten vazgeçerim.	1	2	3
33. Sıkıntılarımın kendimden kaynaklandığını düşünürüm.	1	2	3
34. Olanlar karşısında "Kaderim buymuş" derim.	1	2	3
35. "Keşke daha güçlü bir insan olsaydım" diye düşünürüm.	1	2	3
36. "Benim suçum ne" diye düşünürüm.	1	2	3
37. "Allah'ın takdiri buymuş" deyip kendi kendimi teselli etmeye çalışırım.	1	2	3
38. Temkinli olmaya ve yanlış yapmamaya çalışırım.	1	2	3
39. Çözüm için kendim birşeyler yapmak isterim.	1	2	3
40. "Hep benim yüzümden oldu" diye düşünürüm.	1	2	3
41. Hakkımı savunmaya çalışırım.	1	2	3
42. Bir kişi olarak olgunlaştığımı ve iyi yönde değiştiğimi hissederim.	1	2	3

BRIEF SYMPTOM INVENTORY (BSI)

Aşağıda insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi vardır. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin sizde BUGÜN DAHİL, SON BİR HAFTADIR ne kadar varolduğunu yandaki bölmede uygun yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin.

	Hiç	Biraz	Orta Derece	Epey	Çok Fazla
01. İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
02. Baygınlık, baş dönmesi	0	1	2	3	4
03. Bir başka kişinin sizin düşüncelerinizi kontroledeceği fikri	0	1	2	3	4
04. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
05. Olayları hatırlamada güçlük	0	1	2	3	4
06. Çok kolayca kızıp öfkelenme	0	1	2	3	4
07. Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
08. Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
09. Yaşamınıza son verme düşünceleri	0	1	2	3	4
10. İnsanların çoğuna güvenilmeyeceği hissi	0	1	2	3	4
11. İştahta bozukluklar	0	1	2	3	4
12. Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13. Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14. Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15. İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16. Yalnızlık hissetmek	0	1	2	3	4
17. Hüzünlü, kederli hissetmek	0	1	2	3	4
18. Hiçbirşeye ilgi duymamak	0	1	2	3	4
19. Ağlamaklı hissetmek	0	1	2	3	4
20. Kolayca incinebilme, kırılmak	0	1	2	3	4
21. İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22. Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23. Mide bozukluğu, bulantı	0	1	2	3	4
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4

	Hiç	Biraz	Orta Derece	Epey	Çok Fazla
25. Uykuya dalmada güçlük	0	1	2	3	4
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4
27. Karar vermede güçlükler	0	1	2	3	4
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahat etmekten korkmak	0	1	2	3	4
29. Nefes darlığı nefessiz kalmak	0	1	2	3	4
30. Sıcak - soğuk basmaları	0	1	2	3	4
31. Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32. Kafanızın "bomboş" kalması	0	1	2	3	4
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34. Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35. Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36. Konsantrasyonda (Dikkati birşey üzerinde toplamada) güçlük	0	1	2	3	4
37. Bedeninizin bazı bölglerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38. Kendinizi gergin ve tedirgin hissetmek	0	1	2	3	4
39. Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40. Birini dövme, ona zarar verme yaralama isteği	0	1	2	3	4
41. Birşeyleri kırma dökme isteği	0	1	2	3	4
42. Diğerlerinin yanındayken yanlış birşey yapmamaya çalışmak	0	1	2	3	4
43. Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44. Bir başka insana hiç yakınlık duymamak	0	1	2	3	4
45. Dehşet ve panik nöbetleri	0	1	2	3	4
46. Sık sık tartışmaya girmek	0	1	2	3	4
47. Yalnız bırakıldığında sinirlilik hissetmek	0	1	2	3	4
48. Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49. Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50. Kendini değersiz görmek/ değersizlik duyguları	0	1	2	3	4
51. Eğer izin verirseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52. Suçluluk duyguları	0	1	2	3	4
53. Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

STATE-TRAIT ANXIETY INVENTORY

STATE ANXIETY

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

	hiçbir zaman	Bazen	Çok zaman	Her zaman
1. Şu anda sakinim.	1	2	3	4
2. Kendimi emniyette hissediyorum.	1	2	3	4
3. Şu anda sinirlerim gergin.	1	2	3	4
4. Pişmanlık duygusu içindeyim.	1	2	3	4
5. Şu anda huzur içindeyim.	1	2	3	4
6. Şu anda hiç keyfim yok.	1	2	3	4
7. Başıma geleceklerden endişe ediyorum.	1	2	3	4
8. Kendimi dinlenmiş hissediyorum.	1	2	3	4
9. Şu anda kaygılıyım.	1	2	3	4
10. Kendimi rahat hissediyorum.	1	2	3	4
11. Kendime güvenim var.	1	2	3	4
12. Şu anda asabım bozuk.	1	2	3	4
13. Çok sinirliyim.	1	2	3	4
14. Sinirlerimin çok gergin olduğunu hissediyorum.	1	2	3	4
15. Kendimi rahatlamış hissediyorum.	1	2	3	4
16. Şu anda halimden memnunum.	1	2	3	4
17. Şu anda endişeliyim.	1	2	3	4
18. Heyecandan kendimi şaşkına dönmüş hissediyorum.	1	2	3	4
19. Şu anda sevinçliyim.	1	2	3	4
20. Şu anda keyfim yerinde.	1	2	3	4

ANXIETY SPECIFIC TO SURGERY QUESTIONNAIRE

(ASSQ)

Aşağıda, ameliyat olan kişilerin yaşadıkları bazı duygu ve düşünceler ile ilgili ifadeler yer almaktadır. Her bir ifadeyi dikkatlice okuyun. Her bir ifadeye ne kadar katıldığınızı aşağıdaki 5'li derecelendirmeyi kullanarak belirtin.

1 = Hiç katılmıyorum
2 = Katılmıyorum
3 = Kararsızım
4 = Katılıyorum
5 = Kesinlikle katılıyorum

	Hiç katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Tamamen katılıyorum
1. Ölüm düşünceleri sık sık aklıma geliyor.	1	2	3	4	5
2. Bana bir şey olursa ailemin ve çocuklarımın ortada kalacağını düşünüyorum.	1	2	3	4	5
3. Ameliyat için bayıltıldıktan sonra uyanamamaktan korkuyorum.	1	2	3	4	5
4. Ameliyat sırasında kanama ya da başka bir sorun yüzünden öleceğimi düşünüyorum.	1	2	3	4	5
5. Ameliyat sonrası yara yerimin iltihap kapması ya da başka bir sorun çıkarak tamamen iyileşemeyeceğimi düşünüyorum.	1	2	3	4	5
6. Ameliyat sonrasında yürüyememekten ya da eskisi gibi tüm ihtiyaçlarımı karşılayamamaktan korkuyorum.	1	2	3	4	5
7. Ameliyat sonrası çok ağrı çekeceğimi düşünüyorum	1	2	3	4	5
8. Ameliyat sonrası tüm ağrı ve sorunlardan kurtulacağımı düşünüyorum.	1	2	3	4	5
9. Sakat kalmaktan korkuyorum.	1	2	3	4	5
10. Ameliyat esnasında ağrı çekeceğimi düşünüyorum.	1	2	3	4	5
11. Geçireceğim bu ameliyatın çok ciddi olduğunu düşünüyorum.	1	2	3	4	5

APPENDIX H: KSBS RATERS' TRAINING OUTLINE

(Waters & Rodrigues, 2002)

<u>**SESSION 1: INTRODUCTION**</u> (5 hours)

- Brief introduction to the literature of schema based measures of attachment

  o Introducing Bowlby's understanding of attachment, use of secure base

  o Description of attachment schema, attachment script

  o Various schema based measures used in the literature

- Description of the development of the secure base script / prompt word outline method

  o General content and expected sequence of events of a secure base script

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┌──────────────┐      ┌──────────┐      ┌──────────────┐
│ Constructive │ ───▶ │ Obstacle │ ───▶ │ Help Needed  │
│ Engagement   │      │          │      │              │
└──────────────┘      └──────────┘      └──────────────┘
                                                │
                                                ▼
┌──────────────┐      ┌──────────┐      ┌──────────────┐
│ Constructive │ ◀─── │Comforting│ ◀─── │ Help Offered │
│ Engagement   │      │          │      │ & Effective  │
│Re-established│      │          │      │              │
└──────────────┘      └──────────┘      └──────────────┘
```
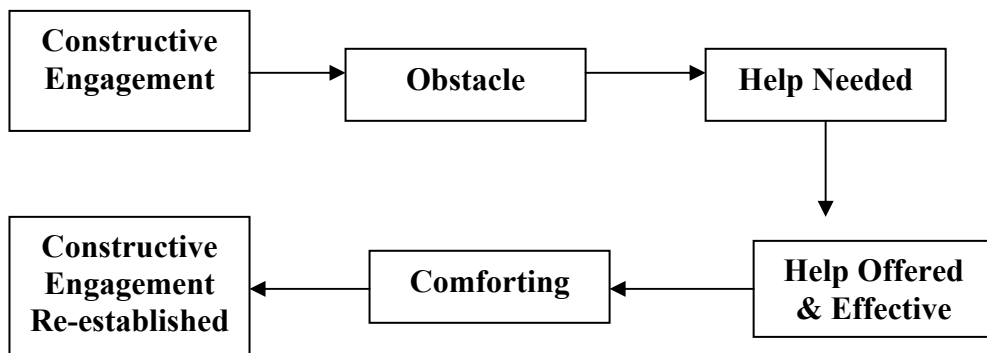
- o Psychometric properties of secure base script; reliability and validity studies

- Getting acquainted with the material

  - o Introduction of the 4 prompt word outlines (The Baby's Morning, The Doctor's Office, The Accident, Jane and Bob's Camping Trip) originally developed by Waters & Rodrigues (2001).

  - o Going over script instructions

  - o Description of the scriptedness scoring system.

  - o Explanation of the characteristics of prototypical secure script (interpersonal focus, being able to select and implement strategies for getting things back to normal)

  - o Presentation of examples for each prompt word outline covering the whole range of scriptedness score (from 1 to 7).

- Homework: Rating the beginners' batch in 4 days. The first batch includes 4 narratives of 14 US participants (Total N = 56) and composed of narratives which are relatively easy to score.

SESSION 2. EVALUATION OF THE BEGINNER BATCH SCORING (3 hours)

- Comparison of trainee's scores with the reference scores. Discussion of the discrepancies.

- Homework 2: Rating the advanced batch in 6 days. The batch includes

    4 narratives of 21 participants (Total N = 84) from the US sample and

    composed of narratives which are relatively hard to score.

SESSION 3. EVALUATION OF THE ADVANCED BATCH SCORING (3 hours)

- Comparison of trainee's scores with the reference scores. Discussion of

    the discrepancies.

- Homework 3: Rating the batch obtained from Turkish mothers

    (Rodrigues, Zevallos, Turan, & Green, 2003) in 3 days. The batch

    includes 4 narratives of 12 participants (Total N = 48) from the Turkish

    sample. The narratives were translated into English and reference

    scores from Waters and Rodrigues (2002) were presented.

SESSION 4. EVALUATION OF THE TURKISH BATCH SCORING (3 hours)

- Comparison of trainee's scores with the reference scores. Discussion of

    the discrepancies.

APPENDIX I: SAMPLE NARRATIVES OF KSBS

SAMPLE NARRATIVES OF THE PILOT STUDY

BABY'S MORNING

KSBS Script Score = 1 (Gender: Female)

"O gece küçük çocuk zaten uyumak bilmemişti, sürekli ağlayıp durmuştu, annesi feryat figan ediyodu, "Allahım ne yapacağım ben bu çocukla" . Zaten son derece problemliydi iş yerinde kocasıyla, bütün hayatı bir problem haline gelmiş, çocukta gece uyutmuyo. Kocası da iş gezisinde sürekli kendi bakması gerekiyor. Gündüz kadın geliyor ve çocuktan neredeyse sıkılmış durumda. O gece de yine çocuk sabaha kadar ağlamıştı kadını uyutmamıştı. Ama ertesi gün hafta sonu olduğu için bu kadar problem değildi. Sabah biraz geç kalkılmıştı. O gün parka gidilip oyun oynananacaktı. Annesi kalktığında çocukla ufak tefek bir kaç oyun oynadılar. Sabahki olağan kahvaltılarını yaptılar. Öğleden sonra parka gideriz diye düşündüler zaten hava sıcak.. Annesi çocuğa hikayeler anlatıp taklitler yaparak onu güldürmeye çalışıyor. Daha sonra parka gitme zamanı gelmişti. Oyuncak ayısını da alıp annesi bir kaç sokak ötedeki parka doğru yürümeye başladı. Parka geldiklerinde etrafta gülüp oynayan onlarca çocuk, bağıran çağıran felaket bir kalabalık var. Bu kalabalığın arasında anne pusetteki çocuğu yanına alıp dinlenmek istedi. Birkaç dakika sonra gecenin de vermiş olduğu yorgunlukla uyuklamaya başladı, aslında bir anne olarak kendini koyvermemeliydi her zaman tetikte olmalıydı, çocuk o durumda elinde oyuncak ayısı mutluydu ama hiç farketmemeliydi. Pusete doğru eğildi ve hiç görmek istemediği birşeyle karşılaştı. Pusette çocuk yoktu ve onu kendisi pusetten çıkarmamıştı. O anda içinden geçenleri kimse tahmin edemezdi. Çocuk kaybolmuştu. Hemen etrafına baktı nerde çocuk diye. Başından bir kazan kaynar su inmişti. Çocuk 1.5 yaşında yürüyüp gitmiş olamazdı. Daha sonra uzakta kaydırağın orada kahverengi ceketli bir adamın elinde çocuğu fark etti. Hemen yerinden koştu. Kalkınca adamı da tanımıştı zaten. Onlar çıktıktan sonra eve gelen ve parka gittiklerini

tahmin eden kadının kocasıydı. Dolaşmak istemişti. Kadın o korkuyu yaşadıktan sonra bir daha böyle bir tedbirsizliği yapmamaya yemin etti."

KSBS Script Score = 3 (Gender: Male)

"Annesi sabahleyin çocuğunun yanına gider ve onu kucaklayarak içeriye götürür. Daha sonra beraber oyun oynarlar. Daha sonra gülümseyerek annesi ona bir hikaye anlatır. Hikaye kahramanlarını taklit eder, böylece çocuğun daha iyi anlamasını sağlamaya çalışır. Daha sonra çocuk oyuncak ayısının kaybolduğunu farkeder ve ağlamaya başlar. Annesi de bunun birşeyleri kaybettiğini farkederek aramaya başlar ve oyuncak ayısını bularak çocuğa verir. Çocuk ta öğle uykusuna yatar."

KSBS Script Score = 7 (Gender: Female)

"Küçük çocuklarla anneleri arasında her zaman için oldukça güçlü bir bağ vardır. Küçük çocuklar hem bağlılıkları ve bağımlılıkları yüzünden annelerine karşı büyük bir sevgi beslerler. O gün güneşli bir gündü ve yürümeye henüz başlamış olan küçük çocuk yataktan doğruldu ancak yataktan kendisi çıkabilecek kadar büyümemişti. Annesi onu kucakladı ve oyun oynadıkları yere getirdi. Kahvaltısını hazırlayana kadar onu oraya oturttu ve gülümsedi ve oyalanması için hikayeler anlattı. Daha sonra taklitler yaptı. Küçük çocuk taklitleri ve annesinin hikayelerini çok seviyordu, her ne kadar hepsini anlamasa da... Annesi eline oyuncak ayısını verdi ve içerde yemeği hazırlamaya gitti. Annesi içerde yemeği hazırlarken birden içerden küçük çocuğun ağlama sesleri geldi. Annesi önce endişelendi başına birşey mi geldi diye. Daha sonra gidip baktığında çocuğun ortalıkta dolanarak oyuncak ayısını aradığını farketti. Oyuncak ayıyı kaybetmişti odanın içinde ve bulamıyordu. Annesi nereye koymuş olabileceğini düşündü. En azından onun ulaşabileceği yerleri düşündü ve koltuğun arkasına düşmüş olduğunu gördü. Onu alarak küçük çocuğuna verdi. Bu uzun ağlamanın ardından çocuk rahatlamıştı yüzünde bir gülümseme vardı. Kahvaltıyı ettikten sonra güzel bir öğle uykusu uyudu. Yatağına oyuncak ayısını da aldı."

DOCTOR'S OFFICE

KSBS Script Score = 1 (Gender: Male)

"Memo bisiklete binmeyi çok seviyordu. Okuldan sonraki en büyük zevklerinden bir tanesi bir iki saat bisiklete binmekti. Arkadaşlarıyla bir grup oluşturmuşlardı ve her gün bisikletle geziyorlardı. Memo bisikletle daha önceden kazalar geçirmişti. Bu artık olağan olmuştu. Eli ve ayakları genelde yara içindeydi bu yüzden. Ancak, o gün geçirdiği kaza eskilere benzemiyordu. Memo'nun ayağı bisikletin altında ezilmişti ve ayağa kalkamıyordu. Arkadaşları eve haber verdiler. Annesi ne olduğunu merak ederek ve büyük bir telaşla dışarı çıktı. Memo eve 3-4 dakika uzaklıkta bir yerde kaza geçirmişti. Annesi Memo yu gördüğü zaman çok tedirgin oldu. Acele bir şekilde yakınlardan bir ambulans çağırdı. Ancak, daha sonra oradaki insanlardan birinin arabası olduğunu öğrenince ambulansa gerek kalmadı diyerek iptal ettirdi. O arada tabii ağlamaya başladı, insanlar teselli ediyordu annesini. Çok büyük birşey olmadığını ve hemen geçeceğini her çocuğun başına gelebileceğini söylediler. Yakındaki bir sağlık ocağına getirdiler. Doktro Memo'yu muayene ederken ayağında bir kırık ya da çıkık olmadığını sadece basit bir ezilme olduğunu gördü. Ancak, Memo o kadar çok ağlıyordu ki sanki ayağı kopmuştu. Doktor bunun için ağrı kesici vermeyi düşündü ama bunun çok da etkili olmayacağını farketti. 'Madem bu kadar ağrıyor iğne vuralım' dedi. Ve iğne vurdu. İğnenin etkisiyle Memo biraz rahatlamıştı. Ancak, doktor birkaç saat orada beklemelerini annesine önerdi. Annesi de 'tabii ki' dedi. Neyse bu arada Memo'nun babasına haber verdiler. Babası Memo'nun en sevdiği oyuncaklarından birisini getirmiştir. Memo oyuncağı görünce sanki çok uzun süredir ayrıymış ve buna çok ihtiyacı varmış gibi oyuncağı tuttu, gözlerinin içi gülüyordu. Ayağının ağrısını unutarak babasına doğru uzandı. O esnada ayağı kaydı ve oturduğu sedyeden aşağı düştü. İşte bu Memo'nun ayağının kırılmasına sebep olan olaydı."

KSBS Script Score = 3 (Gender: Male)

"Memo bir gün dışarda oynarken bisiklete biner. Bisikletle giderken düşer ve bacağını incitir. Durumu farkeden annesi hemen acelece doktora götürür. Memo canı çok acıdığı için devamlı ağlamaktadır. Doktor iğne vurulması gerektiğini söyler ama Memo iğne vurulmak istememektedir. Annesi onu tutsa da yine de Memo iğne vurulmaya karşıdır. En sonunda Memo'ya bir oyuncak alırlar ve Memo oyuncağa sarılırken iğne vurulur."

KSBS Script Score = 7 (Gender: Female)

"Memo 11 yaşında bir çocuk ve okullar yaz tatiline girdiği için tüm yaz tatilini neredeyse bisiklet üzerinde geçiriyormuş. Bayırda her yerde bisikletini sürmeye çalışıyormuş. Bir gün arkadaşlarıyla yüksek bir yerde bisiklet sürerken birden bisikletten düşmüş ve ayağını incitmiş. O sırada Memo'nun arkadaşlarından bir tanesi koşarak Memo'nun annesine haber vermiş. Annesi hemen koşmuş Memo'nun yanına gitmiş. Onu kucaklamış taksiye kadar gitmiş. Sonra taksiyle onu acele bir şekilde doktorun muayenehanesine getirmişler. O sırada Memo'nun bacağının tamamı sıyrıldığı için çok ağlıyormuş. Annesi ona "Tamam Memo iyileşeceksin. ağlama oğlum" diyormuş. Ama aslında Memo bacağı çok ağrıdığı için değil doktorun elindeki iğneyi gördüğü için ağlıyormuş. İğneden çok korkuyormuş. İğneyi eğer doktor vurmazsa bacağına dikiş atması imkansızmış. Bu yüzden de oğlunun başını kendisine çevirip yaslamış. Onu sakinleştirmeye çalışmış. O sırada doktor da yaralı olan bacağına yaklaşmış çünkü iğneyi oraya vurması gerekiyormuş. Annesi de Memo'nun iğneyi mümkün olduğu kadar görmemesi için onu tutmuş ve Memo farketmeden doktor ona iğneyi yapmış. Memo birden bacağındaki uyuşukluğu farketmiş. Bir arkasını dönmüş ki doktor iğneyi çoktan yapmış. Memo'nun bacağına doktor dikiş atmış. Annesi de onu tekrar taksiye bindirip eve götürürken Memo evin köşesindeki oyuncakçıda kocaman bir araba görmüş. Uzaktan kumandalı bir araba. Memo arabayı çok beğenediği için annesi onu kırmak istemem demiş ve oyuncak arabayı almış. Memo annesine kocaman sarılmış İyiki varsın anneciğim' demiş, 'Ben artık iğneden hiç korkmayacağım' demiş."

216

ÖZLEM'S ACCIDENT

KSBS Script Score = 1 (Gender: Female)

"Özlem le Mustafa evliliklerinin 10. yılında olan, evlilikleri monotonlaşmış ve çocuk sahibi de olmamadıkları için artık birşeyler hep aynı olmuş bir çifttir. Mustafa her sabah işine gider. Özlem de kimi zaman incik boncuk yaptığı atölyeye ya da markete falan gider. Mustafa ile Özlem uzun zamandır Özlem'e de araba alınması konusunda kavga etmektedirler. Mustafa Özlem'in bir arabaya ihtiyacı olmadığını, nereye gitmek isterse taksiyle gidebileceğini söyler. Özlem ise araba istediğini, kendine ait birşeyin olmasını istediğini, arabanın da kendine ait birşey olduğu hissini vereceğini anlatmak ister. Sonuçta Mustafa Özlem'e güzel bir araba alır. Özlem de çok mutlu olur. Yola çıkar. Kaza yapma gibi bir ihtimal zaten aklında bile yoktur, çünkü ağır ağır sağ şeritten 50 ile giden bir şofördür. Dikkatlidir de. Kendine güvenir. Fakat bu sırada hızlı giden, aralardan sağlı sollu geçen bir çocuğun beklenmedik bir hareketi yüzünden direksiyonu kırmak sorunda kalır ve yandaki ağaca çarpar. Aslında kaza çok şiddetli bir kaza olmasa da emniyet kemeri takmadığı için Özlem kafasını direksyona çarpar. Özlem olay yerinde bayılır. Özlem'i hastaneye götürürler. Bu arada Özlem'in cebinden çıkan telefonla önce Özlem'in annesine ulaşırlar sonra Mustafa'ya ulaşırlar. Mustafa hemen hastaneye gelir. Onu bekleme odasına alırlar. Mustafa bu duruma çok sinirlenir ayrıca bu durum Özlem'e olan özlemini de arttırmıştır. Bu yüzden Özlem'i gördüğü an o telaşla kızmak yerine 'Hani neden dikkatli araba kullanmıyosun' demek yerine gözyaşı dökerek sarılır. O sırada doktor gelir. Doktor durumu anlatır. '24 saat burada tutacaz, uyanık olacak' falan diye. Bu sırada Özlem kendine gelir Mustafa ile konuşurlar. Özlem Mustafa'ya der ki, 'Bu akşam evde senin için çok güzel bir yemek hazırlayacaktım, onun için malzeme almaya gidiyordum' der. Bu durum Mustafa'yı daha da çok duygulandırır ve Mustafa da der ki 'Ben de sen eve geldiğinde sabah senin yatağına kahvaltı getireceğim'. Öyle romantik bir an yaşadılar. Mustafa ona sarılınca Özlem başını vurduğu için Özlem'in başı ağrır. Tam sarılıp Mustafa tutacakken 'Başım ağrıyor' diye feryat eder. Mustafa da ona sarılmaktan vazgeçer. Böyle biter.

217

KSBS Script Score = 3 (Gender: Female)

"Özlem evine giderken yolda bir kaza geçirir. Etraftaki insanlar onu hastaneye götürerek eşine haber vermişlerdir. Eşi Mustafa gelmiş ve doktorun çıkmasını beklemiştir. Ardından endişeli bir şekilde gözyaşlarıyla doktor ile konuşmaya başlamıştır. Fakat doktor çok önemli bir durum olmadığını Mustafa ya belirtmiş, Mustafa daha sonra kontrolleri yapıldıktan sonra Özlem ile birlikte eve dönmüştür. Akşam yemeğini yedikten sonra yatmış ve birbirlerine sarılmışlardır."

KSBS Script Score = 7 (Gender: Male)

"Özlem ile Musatafa o hafta sonu evlenmişler. Balayına gitmek için Antlaya'ya hareket etmişler. Yol boyunca birbirleriyle konuşmuşlar ve çok mutlularmış. Mustafa ile Özlem yaklaşık 5 yıldır birbirlerini bekliyorlarmış ve nihayet evlenmişler ve balayının iyi geçmesi için ellerinden geleni yapıyorlarmış. Ancak Özlem yolda tam Mustafa'nın boynuna sarılmak isterken Musatafa direksyonun kontrolünü kaybetmis ve önden gelen kamyonu da görmediği için bir çarpışma olmuş. Kaza sonunda ikisi de yaralanmış ama Özlem çok daha fazla yara almış. İkiside ambulansla hastaneye taşınmış. Mustafa 2 gün sonra gözlerini açmış ama hala Özlem yoğun bakımdaymış. Bu yüzden Mustafa yaklaşık 1 hafta Özlem'in yoğun bakımdan çıkmasını beklemiş. Bu süreç içerisinde doktorlar Musatafa'yı telkin ediyorlarmış, Özlem'in iyileşeceğine dair. Mustafa o kadar üzülmüş ki neredeyse her gün eşi için ağlıyormuş. İyi haber 1 hafta sonra gelmiş ve Özlem yoğun bakımdan çıkmış. Çok da sağlıklıymış. Çok fazla bir hasar yokmuş. 1 hafta daha fazla hastanede kaldıktan sonra taburcu olmuş ve evlerine dönmüşler. Ama balayına çıkamadıkları için ve balayının bu şekilde sonuçlanması ikisini de üzmüş. Özlem'in yeniden hayata dönmesi ve bundan sonra sürecek olan uzun birliktelikleri için çok mutlularmış. Akşam yemeğinde onlara çok yakın arkadaşları bir sürpriz yapmış. Bir şişe şarap alıp evlerine gelmiş. Hastaneden çıkışını kutlamışlar ve akşam arkadaşları ayrıldıktan sonra yataklarına girip birbirlerine sarılmışlar. Bundan sonra da hayatlarında bir kaza olmadan yaşamayı temenni ederek uyumuşlar.

BERNA AND EMRE'S CAMPING TRIP

KSBS Script Score = 1 (Gender: Female)

"Berna ve Emre bir grup arkadaşıyla beraber kamp kurmaya gittiler. Bu onların
ne zamandır kurdukları bir hayaldi. Rüzgar sesi altında denizin karşısında
güzel vakit geçirmek istiyorlardı. Bu onlar için gerçekten çok güzeldi.
Özellikle Berna ve Emre berbaerliklerinin 2. yılını kutlayacaklardı. Ortalık çok
sakindi. Gölgelerden ve kuş seslerinden başka hiçbirşey yoktu. Sonra Berna
oradaki grup arkadaşlarından biriyle beraber çadırın dışına çıktı o sırada
dışarda duyduğu bir sesten irkilen Berna yanındaki arkadaşına sarıldı. O sırada
arkadan gelen Emre onların bu sarılmış halini görünce keyfi kaçtı. Sonra Berna
ile bu çocuğun öpüştüğünü görünce adeta yıkıldı ve acele acele bavullarını
toplayıp kamptan ayrıldı."

KSBS Script Score = 3 (Gender: Female)

"Berna ile Emre tatillereini değerlendirmek için 'ne yapalım' diye düşünürler.
Daha sonra bir kamp kurmayı düşünürler. Hemen götürülmesi gereken eşyaları
hazırlar, bavullara koyarlar. Pek fazla acele etmezler. Daha sonra kamp yerine
varınca çadırlarını kurarlar. Fakat kamp kurdukları yer rüzgarlı olduğu için
çadırları yıkılır. Berna ile Emre'nin keyifleri kaçar. Akşam olmuştur ve ateş
yakarlar ama kamp kurdukları yer ormanlık bir yeri andırdığı için gölge ve
seslerden korkarlar ve birbirlerine sarılarak sabahın olmasını beklerler."

KSBS Script Score = 7 (Gender: Male)

"Berna ile Emre zamanlarının büyük bir bölümlerini beraber geçiriyorlardı.
Onlar en güzel beraberliklerini yaşıyorlardı. Onlar ikiz gibiydi. Ne Berna
Emre'den ne de Emre Berna'dan ayrılamazdı. Herşeyleri aynıydı. Dokunuşları,
birbirlerine olan bağlılıkları. Bir yaz beraber tatile çıkmayı planladılar. O yaz

onlar için çok güzel geçmeliydi. Çünkü çok önemli kararlar vereceklerdi. Bavullarını topladılar. İkiside çok mutludu. Büyük bir heyecanla bavullarını toplayıp, sürekli neler yapacaklarını konuşuyorlardı. Birbirlerine yardım ediyorlardı, dayanışma içindeydiler. Bavullarını topladılar. Aceleyle yola koyuldular. Tatilde kalacak bir yer bulamadılar. O yüzden kendileri için en kolay yolu bulup bir çadır buldular. Denizin en ücra sessiz köşesine bir çadır kurdular. Sadece gökyüzü, deniz ve dağlar vardı. Biraz uzun sürdü çadırı kurmak Emre'yi uğraştırdı biraz ama Berna bu durumdan çok memnundu onun yapacağı bir iş yoktu çünkü. Çadırı kurduktan sonra yerleşip içine kurulup gecenin tadını çıkardılar. Deniz çok güzeldi. Sadece susarak birbirlerinin sessizliklerini dinleyerek o anın tadını çıkardılar, yatıp uyudular. Gece rüzgar şiddetlendi. Ve onların çadırını yıktı. Emre çok sinirlendi çünkü çok uğraşmıştı çadırı kurmak için. Berna onu teselli ediyordu. Tekrar yapabileceklerini söyledi. Emre'nin çok keyfi kaçmıştı çünkü herşeyin dört dörtlük olmasını istiyordu. Sanki Berna'ya birşeyler kanıtlamak istiyordu. Yaklaşık 1 saat sonra Emre yatıştı, bir kamp ateşi yakıp başına oturdular. Berna sürekli onu sakinleştirmeye çalışıyordu, onu teselli edip suyuna gidiyordu. Böyle de çok güzel olduğunu, çok mutlu olduğunu ikisinin böyle de mutlu olabileceklerini söylüyordu. Bu sırada arkadan sürekli çıtır çıtır sesler geliyordu. Bunu önce Berna duydu, korkmaya başladı ama önce istifini bozmadı, konuşmaya anlatmaya devam etti. Bir süre sonra arkadan gölgeler görmeye başladı. Berna çok korktu ve Emre'ye söyledi 'Sesler geliyor, gölgeler görüyorum. Sen de görüyor musun'. Ve birbirlerine sarıldılar ikiside çok korkmuştu. Sonra anladılar ki onlar bir sincaplar topluluğuymuş, gece avına çıkmışlar. Ve ikisi sonra gülmeye başladılar. Çadır hiç önemli değildi, ikisi beraberdirler. Tabii ki ormanda yalnız değildiler, onlar gibi başka insanlar da vardı. Böylece güzel bir denizin sesini dinleyerek güzel bir uyku çektiler."

SAMPLE NARRATIVES OF THE MAIN STUDY 1

BABY'S MORNING

KSBS Script Score = 1 (Gender: Female)

"Bebek sabah gözlerini açtığında karşısında annesini buldu. Annesi onun uyandığını görünce onu kucağına aldı. Daha sonra böyle ona çeşitli oyunlar yaptı hikayeler anlattı, taklitler yaptı. Annesi bu sırada hep gülümsüyodu. Zaten bebek de annesini hep bu gülüseyen yüzüyle tanıyodu. Annesi bu oyunları sırasında bebeğin oyuncak ayısını da kullanmak istedi fakat oyuncak ayı her zaman olduğu yerde yoktu. Kaybolmuştu. Anne ağlamaya başladı. Bebek onu ilk kez ağlarken görüyordu. Aslında bu oyuncak ayı annesine de onun annesinden kalan bir hatıraydı ve kaybolması onu çok üzerdi. Neyse ki anne oyuncak ayıyı çok geçmeden buldu. Yatağın altına yuvarlanmıştı sadece. Sevinen anne tekrar gülümseyen yüzüyle bebeği öğle uykusuna yatırdı ve oyuncak ayıya sıkı sıkı sarılıp kendisi de güzel bir uykuya daldı".

KSBS Script Score = 3 (Gender:Female)

"Küçük çocuk ağlayarak uyanıyor. Anne bebeğin yanına gelip onu kucaklıyor. Daha sonra oyun oynamaya başlıyorlar. Anne çocuğa bir hikaye anlatıyor. Sonra çocuk hikayeden sıkılınca biraz dolanmaya başlıyor. Çok sevdiği oyuncak ayısını aramaya başlıyor. Ama kaybetmiş bulamıyor. Sonra ağlamaya başlıyor. Annesi gelip ona unutturmaya çalışıyor. Daha sonra oyuncak ayısını buluyorlar. Çocuk oyuncak ayısına sarılarak öğle uykusuna yatıyor".

KSBS Script Score = 7 (Gender: Female)

"Küçük, 3 yaşlarında bi kız çocuğu var. Annesiyle bi sabah aralarında öğleye kadar geçen bi şeyi anlatıyorum. Öykü sabah yatağından ağlayarak uyanıyo. Annesi de onun ağlama sesini duyunca odasına gidiyo Öykü'nün ve bakıyo yatakta hala ağlamakta. Annesi ona gülümseyerek sarılıyo kucaklıyo onu Öykü'yü. Noolduğunu soruyo. Öykü anlatamıyor bişey herhangi bişey. Daha sonra annesi yine onu kucaklayarak kaldırıyo gidiyolar banyoda elini yüzünü yıkıyolar. Daha sonra annesi biraz onu sakinleştirmeye çalışıyo. Oturuyolar bi yere. Yeniden Öykü'nün odasına gidiyolar ve annesi o sırada Öykü biraz sakinleşiyo ve annesi Öykü'nün acıkmış olabileceğini düşünüyo ve gidiyo onun için bişeyler hazırlıyo. Daha sonra geliyo Öykü'nün karnını doyuruyo. Ve Öykü oyun oynamak istiyo annesine "hadi oyun oynayalım" diyo. Ne oynamak istediğini sorunca annesi Öykü oyuncak ayısını istediğini söylüyo. Annesi oyuncak ayısını arıyo ama bi türlü nereye koyduklarını bulamıyolar ve Öykü buna çok üzülüyo. Bu defa oyuncak ayıyı bulamadıkları için oyun oynayamayacağını sanıyo ve o ayısı da onun en sevdiği ayı o oyuncak ayı en çok sevdiği oyuncağı onun. Daha sonra bi yarım saat arıyolar evin içinde arıyolar bütün oyuncakların arasına bakıyolar Öykü'nün, bulamıyolar ayıyı. Bi bakıyolar yatağında yastığının altından çıkıyo bu oyuncak ayısı Öykü'nün ve buluyolar ayıyı. Öykü ayısı bulununca çok seviniyo böyle ordan oraya koşup duruyo böyle sevincini gösteriyo kahkahalar atıyo. Daha sonra oynamaya başlıyolar. Annesi alıyo oyuncak ayıyı oyuncak ayının kendisi bi takım sesler çıkararak konuşturuyo oyuncak ayıyı. Ve sanki kendisi de bi çocuk taklidi yapıyo oyuncak ayıyı karşısına alıyo bi oyuncak ayıyı konuşturuyo bi kendisi konuşuyo. Bi ayıyla sevimli bir ayıyla oyuncakla bu küçük çocuk arasında sanki bir hikaye geçiyomuş gibi anlatmaya çalışıyo. Bu çok hoşuna gidiyo Öykü'nün. Daha sonra oyunları bitiyo oyun oynamaları bitiyo Öykü çok mutlu olmuş bi şekilde. Ve öğle saatleri yaklaştıkça yeniden karnı acıkmış oluyo annesi bişeyler yedirip Öykü'yü öğle uykusuna yatırmak istiyo. Ve öğle uykusunda öğle uykusundan önce çok ağır olmayacak içine sebzeleri kattığı bi şey yemek hazırlıyo ve yediriyo mamasını Öykü'nün ve daha sonra da yatırıyo onu yatağına ve başında bir hikaye anlatıyo böyle onun hoşuna gidicek bi La Fontenden belki bi hikaye anlatıyo. Ve o anlatırken Öykü de yavaş yavaş uykusuna dalıyo".

DOCTOR'S OFFICE

KSBS Script Score = 1 (Gender: Female)

"Memo yedi yaşında çok hiperaktif bir çocuk. Okula gitmek istemeyen, sürekli gece yarılarına kadar dışarda dolaşan sokakta arkadaşlarıyla oynayan, sadece bu değil ve evin içersinde de sürekli şiddet gösteren bir çocuk. Ve annesi zaten aslında bunun nedeni annesinin çok iyi davranması ona, yani küçükken çok şımartılmış olması. Babası aslında babasından korkuyo çünkü babası bu kadar şımartmamıştı. Ama iki taraf da dengeyi sağlayamadığı için Memo arada kalmıştı. Babası da zaten sürekli işte olduğu için annesiyle bütün gün olduğu için bunun rahatlığı içersinde istediği herşeyi yapıyo. Evde eşyaları bile kırıp dökebiliyodu veya işte bişeyleri yere dökebiliyodu. Böyle annesiyle konuşurken çok kötü kelimeler kullanabiliyodu. Bu kadar rahat ve hiperaktif bir çocuktu aslında. Bu aslında yetiştirme tarzından olabilir diye düşünüyorum. Zaten bütün gün dışarda olduğu için okul da sabah olduğu için okuldan sonra geliyodu. Öğleden sonra sürekli dışarıdaydı akşama kadar. Bisikleti de vardı zaten. Ama babası alınmasına karşı çıktı ama annesi sürekli Memo'nun iyiliğini düşündüğü için ona bisiklet alınmasına karar verdi. Sürekli bisikletle dolaşıyodu artık. Ve artık bir iki aydan sonra artık usta bir bisikletçi gibi olmuştu. Ellerini bırakaraak kullanabiliyodu mesela. Bunun çok tehlikeli olduğunu biliyodu. Annesi ona söz geçiremiyodu. Yani Memo'ya yapma dediği halde sürekli tekrarlıyodu Memo bunları. Ve artık bundan büyük zevk alıyodu. İşte kendini gösterme çabası olduğu için biraz da. Hani hiperaktif olduğu için etrafta pek hayranlık uyandırmayan bir çocuktu ve kendini böyle ifade etmeye çalışıyodu. En iyisi olmaya çalışıyodu her zaman. Başkalarının gözünde yükselmeye çalışıyodu ve bunun ayrı bir yetenek olduğunu düşünerek bisikleti çeşitli şekillerde tehlikeli olsa bile kullanıyodu. Yine bigün bisikleti kullanırken tabi bu hareketlerden artık dikkatsizlik yüzünden biraz da düştü. Yere düştü ve kolunu direkt kaldırıma çarptı. Kaldırım kenarına çarptı ve kolunu incitti. Annesi tabi bu sırada görmüyo çünkü başka biyerde. Mahallede ama başka bir sokakta dolaşıyo. Daha sonra işte komşular falan anneye haber verdiğinde anne bayaa bi panikledi. Zaten bisikletin alınmasına da anne karar verdiği için kendisini çok

suçlu hissetti ve aceleyle doktora götürdü Memo'yu. Hemen kaldırdılar doktora götürdüler. Tabi anne bu sırada o kadar çok ağlıyo ki vicdan azabı çekiyo. İşte bisikleti almasaydım veya işte kocasından korkuyo biraz da. Kocası bisiklet almayı istememişti. Çünkü Memo'nun böyle şeyler yapacağını düşünüyodu tahmin edebiliyodu. Ama anne Memo'nun iyiliği için bisikleti aldığı için şimdi kendini suçluyodu bisikletten düştüğü için Memo. Sürekli ağlıyodu ve doktorlar sakinleştiremiyodu artık onu. Ondan sonra işte Memo hastaneye gittikten sonra kolunda bi incinme vardı kırık yoktu aslında çok kötü de bişey yoktu yani. Ama anne buna bile Memo'nun Memo'ya o kadar çok değer veriyo ki ne kadar yaramazlık yapsa onu ne kadar üzse de Memo'yu nun bi yerine bişey olsa anne o kadar çok üzülüyodu ki kendini tutamıyodu. Bir sinir krizi gibi bişey yaşadı zaten orda. Daha sonra çocuğun durumunun iyi olduğunu görünce veya kırık olmadığını görünce sadece bi incinme olduğunu görünce işte biraz daha rahatlamaya başladı. Ve eve gittikten sonra da işte zaten sonra bir iki gün kaldıktan sonra eve gidildi. İşte koluna bişeyler yapıldı veya iyileştirildi işte. Anne bu sırada işte Memo'yu tutarak götürüyo. Yani ona yardım ediyo tek başına yürümesini istemiyo kucağına alıyo. Memo zaten ufak tefek bi çocuk böyle. Ondan sonra işte Memo bu sırada zaten Memo da annesi ona değer verdiği halde annesini de sevmiyo, babasını zaten sevmiyo. Ama annesine sevgisini hiçbir zaman göstermemiş. Sürekli annesine karşı kötü hareketleri davranışları olduğu için annesi hiç bir zaman Memo'nun ona karşı iyi davrandığını görmemişti. Bunu aslında bunun özlemiyle yanıp tutuşuyodu. Memo'nun kendisine sarılmasını işte anneciğim demesini istiyodu. Ama Memo hiçbir zaman böyle bişey söylememişti. Yani en azından küçüklükten çıktıktan beri hiçbişey söylememişti. Ama o gün hastane çıkışında annesinin kendisi için yaptıklarını görünce ne kadar üzüldüğünü görünce annesine sarıldı ki annesi bunu yıllarca bekliyodu. Böyle bir davranışı bekliyordu çünkü hakkettiğini düşünüyodu artık. Annesine sarıldı ve annesinden her şey için özür dilediğini söyledi. Artık istediği gibi bi çocuk olacağını söyledi".

KSBS Script Score = 3 (Gender: Female)

"Memo bisikletten düşüp kolunu incitti ve ağlamaya başladı. Ağlama sesini duyan annesi acele bir şekilde onu doktora götürdü. Doktor da Memo çok acı hissettiği için ona sakinleştirici bir iğne vurdu ve rahatlayan Memo'ya daha rahat bakılabildi. Annesi de doktordan sonra ona sarılıp en sevdiği oyuncağını tutması için ona verdi".

KSBS Script Score = 6,5 (Gender: Female)

"Memo bisiklete binmeyi çok seven ve biraz da haylaz bir çocuk. Yine annesinden izin almadan bisiklete binmeye gidiyor. Yakın bir oyuncakçıya istediği ibir oyuncağa bakmaya gidiyor. Ama annesine haber vermiyor ve annesi Memo'nun evde olmadığını görünce çok endişeleniyor. Hemen dışarı çıkıp etrafına bakmaya başlıyor ve bir süre sonra bisikletin olması gerektiği yerde olmadığını görüyor. İşte bir şekilde onu mahalle dışında aramaya başlıyor. Ve uzaktan Memo'nun bisikletini görüyor ama oğlu yok. Çünkü oğlu bisikletten düşmüş ve muayenehaneye götürülmüş oradaki insanlar tarafından ve bir şekilde ailesine de ulaşılamamış. Çocuk acı çektiği için bir türlü anlatamamış. Anne sadece boş bisikleti görüyor ve soruyor "Bu bisikletin sahibi benim çocuğum nerede o" diye. Dükkanlardan biri de onun yakındaki muayenehanelerden birine götürüldüğünü çünkü sanırım bacağını incitti diyorlar. Anne tabii ki bunu duyunca muayenehaneye doğru koşmaya başlıyor. Sonra çocuğunu ağlarken görüyor. Bütün muayenehaneyi inletiyor bu ağlama. Doktor da tam çocuğa iğne vurmak üzereyken odaya giriyor anne. Doktor ağrıyı dindirmek için acele ediyor ama anne çocuğunu yaşlı gözlerle görünce doktoru durdurup çocuğuna sarılıyor. Çok kızmış olmasına rağmen çocuğunu korkulu ağlarken görünce kızgınlığını unutarak çocuğunun elinden tutuyor ve bunların geçeceğini hiçbirşeyin olmayacağını söylüyeyerek öpüyor. Çocukta annesine güzel gözlerle bakıyor. İğne vurulduktan sonra çocuk bir süre annesine sarılarak ağlıyor ama sonra sakinleşiyor. Ve evlerine önüyorlar. Anne de bu konu hakkında biraz aslında çocuğuna kızdığını ve korktuğunu, bir daha böyle birşey yapmaması gerektiğini söylüyor.

ÖZLEM'S ACCIDENT

KSBS Script Score = 1 (Gender: Female)

"Özlem yolda giderken küçük oğlu Ahmet'in servisinin kaza yaptığını öğrendi ve Ahmet hastaneye kaldırılmıştı. Hemen o da hastaneye gitti. Bu sırada kocası Mustafa'ya haber verdi durumu. Mustafa hemen koşarak hastaneye geldi. Ahmet acil yoğun bakımdaydı ve ondan haber alana kadar epey beklediler ve ağladılar. Daha sonra Ahmet'le ilgilenen doktor çocuklarının iyi olduğunu sadece o geceyi hastanede geçirmesi gerektiğini ve onların beklemesine gerek olmadığını söyledi. Onlar da eve gittiler böyle olunca. Güzel bir akşam yemeği yediler. Ondan sonra yatağa girdiler ve sarılarak uyudular".

KSBS Script Score = 3 (Gender: Female)

"İşte Özlem'le Mustafa diye iki sevgili var işte. Bunlar üniversitede olsunlar falan ailelerinden uzakta. Özlem bigün dolmuşta giderken dolmuş yolda kaza yapıyo. Özlem de işte düşüyo kafasını çarpıyo yere. Ondan sonra işte bayılıyo. Hastaneye götürüyolar sonra bu kızı. Sonra işte telefonundan işte son aranan kişiye haber veriyolar işte. O da Mustafaymış. Mustafa geliyo hastaneye işte. Bekliyo falan işte baygın işte ondan sonra ağlıyo böyle çok sevdiği için. Aslında çok ciddi bişey olmasa da. Sonra doktor geliyo 'önemli bişey yok' diyo 'biz sadece şüphelendik beyin kanaması olabilir mi diye baktık ama bişey yok şimdi iyi evinize gidebilirsiniz' diyolar. Ondan sonra eve gidiyolar bunlar. Akşam yemeği yiyolar işte ondan sonra zaten yorgunlar yatıyolar sarılıyolar birbirlerine falan. Bu da böyle bitiyo".

KSBS Script Score = 6 (Gender: Female)

"Özlem'in arabası var ve bir yerde tek başına yaşıyo. Bi de sevgilisi var Mustafa. Ama ayrı evlerde yaşıyolar ama genelde birbirlerinde kalıyolar böyle. Özlem okuyo aynı zamanda. Ama çalışıyo da. Master'ını ya da doktorasını yapıyo. Mustafa çalışıyo.

Evlenmeyi düşünüyolar çok mutlular. Özlem bir gün işte arabasıyla giderken okula işte kaza geçiriyo. Karşıdan gelen bir arabayla çarpışıyo ve hemen ambulans falan geliyo. Çünkü Özlem bayaa kötü bir durumda. Hastaneye falan götürüyolar hemen ambulansla. Hastaneye gittiklerinde arayabileceğiniz hani 'yakınınız kim var' diye soruyolar. Özlem'in bu sırada kolu çok ağrıyo işte. Yakın kim var diye soruyolar. Aklına hemen tabii geliyor, Mustafa'nın telefonunu veriyo. Hemen Mustafa'ya arıyolar. Mustafa da işte. İşte 'Özlem hanım kaza geçirdi hastanede szi bekliyoruz' diyolar. Mustafa ne olduğunu anlamıyo birden. Özlem'i çok sevdiği için ona bişey olmasını kesinlikle istemiyo. Koşa koşa hastaneye gidiyo. O sırada Özlem doktorun yanında ve canı çok yandığı için ağlıyo. Hemen doktorun muayenehanesinin kapısı açılıyo Mustafa giriyo içeri. Özlem Mustafa'yı gördüğü için çok mutlu çünkü onun yanında olmasını istiyo böyle bir zamanda. Yanında olmasını isteyeceği belki tek insan. Çünkü ona güç verecek o. Mustafa geliyo işte ne oldu 'nasıl oldu' diye bir sürü soru soruyor. Özlem anlatıyo olayı en başından. Sonra doktora dönüyo 'bişey var mı' diye. Doktor şey diyo 'kolunda ufak bir kırık oluşmuş diyo,onu alçıya alıcaz. Akşam gidebilirsiniz evinize' diyolar. Özlem'in kolunu alçıya alıyolar. Mustafa işte hastane işlerini hallediyo. Özlem'i alıyo. Tabi bu arada Özlem'in arabası tamirciye gidiyo. Kendi arabasıyla Özlem'i alıyo Özlem'in evine gidiyolar. Özlem'e hiçbirşey yaptırmıyo. Koltuğa uzandırıyo böyle. Özlem koltukta yatarken işte Mustafa ona yemek hazırlıyo. Televizyonu da açıyo karşısında. Özlem aslında geçirdiği kazadan dolayı bayaa şey olmuş durumda. Bu arada ailesi arıyo Özlem'in. Özlem ailesine bişey söylemek istemiyo. Çünkü telaşlanacaklar ve gelmeye kalkacaklar. Özlem hemen şey yapmalarını istemiyo. 'İyileştikten sonra anlatırım' diyo. Mustafa ona akşam yemeği hazırlıyo. Yatağına yatırıyo Özlem'i. Yemeği yatağına götürüyo. İşte birlikte orda yemek yiyolar. Çok mutlular. Özlem kaza geçirdiğinden dolayı üzülüyo ama yanında Mustafa olduğu için hiçbişey ona şey yapmıyo, hiç bişey umursamıyo. Yemeklerini yedikten sonra Mustafa tabakları mutfağa götürüyo ve daha sonra sarılarak uyuyolar.

BERNA AND EMRE'S CAMPING TRIP

KSBS Script Score = 1 (Gender: Female)

"Berna ile Emre birinci yılını ilişkilerinin değişik bi şekilde kutlamaya karar verdiler. Ormanda kamp yapalım diye düşündüler. Bavullarını topladılar. Çadırlarını, aceleyle otobüsü kaçırmamak için çıktılar evlerinden ve kamp kurucakları ormanlık alana geldiler. Burada çadırlarını kurdular. Fakat beklenmedik bişey oldu ve aniden çok şiddetli bir rüzgar bastırdı ve çadırları yıkıldı. Böyle olunca çiftin keyifleri kaçtı hiç böyle planlamamışlardı yıldönümlerinin böyle geçmesini. Yine de ümitsizliğe kapılmadılar. Kamp ateşi yaktılar romantizm yaşamak için. Fakat bu sefer de bir takım gölgeler ve sesler gelmeye başladı. Emre çok korktu çığlık attı ve bir bebek gibi Berna'ya sıkı sıkı sarıldı 'koru beni Berna' diye ağladı".

KSBS Script Score = 4 (Gender: Female)

"Berna ile Emre üniversitede okuyan iki sevgiliydi. Yaz tatilinin sonunda daha okullar açılmadan daha böyle dersler de başlamadan bir tatile çıkmak istediler. Ve Uludağ'a kampa gitmeye karar verdiler bir hafta sonu kaçamağı için. Uludağ'a teleferikle çıkmaya karar verdiler. Otobüsten indikten sonra teleferiğin kalkmakta olduğunu görüp alelacele bavullarını otobüsten alıp hemen teleferiğe yetişmeye çalıştılar. Teleferikten indiler ve kamp yapıcak uygun bir yer aramaya başladılar. Orada zaten kamp alanları vardı. Ama kendi çadırları vardı Berna ile Emre'nin. Çadır kurdular. İşte biraz yemek yediler, etrafı gezdiler. Gezmekten gelince hava soğumuştu ve kararmıştı. Üstüne üstlük bir de rüzgar çıkmıştı. Bu rüzgarda çadırlarının yıkılmakta olduğunu farkettiler ve çok geçmeden de çadırları yıkıldı. Keyifleri kaçtı ama bir şekilde tekrar çadırlarını kurdular. Ve bir kamp ateşi yakıp ateş başında oturdular. Pek sezonun olmaması dolayısıyla etrafta pek çok insan yoktu. Yine kamp alanları vardı her zaman olduğu gibi ama çok fazla insan yoktu. Ve hem insan olmamasından hem de çeşitli ses ağaçların hışırtılarından ve ağaçların

yaptığı gölgelerden korktular. Hem ısınmak hem de korkularını bir nebze olsun giderilmek için sarılarak kamp ateşinin başında bütün gece oturdular".

KSBS Script Score = 7 (Gender: Female)

Berna ve Emre iki sevgili. Fakat bunlar daha henüz lise öğrencisi. Bunlar beraber hani okulun düzenlediğ bir kamp gezisine gitmeye karar veriyolar. Hani beraber vakit geçirmek için güzel olacağını düşünüyolar. İkisi de ayrı ayrı evlerinde bavullarını hazırlıyolar. Bu biraz acele bi karar oluyo. Çünkü ailelerinden izin son anda çıkıyo falan. Aceleyle bavullarını hazırlıyolar mutluluk içinde. Neyse o gün hava açık oluyo gidiliyo. İşte bu ikisi çadırını kuruyolar. İşte herkes çadırlarını kuruyo. Onlar da kurarlarken rüzgar çıkıyo. Ve hani henüz yeni kurdukları çadırları yıkılıyo. Bu daha gezinin başında böyle bişeyle karşılaşmak epey keyiflerini kaçırıyo. Ama yine de işte biraz somurttuktan sonra birbirlerine destek oluyolar. Ve hani 'güzel bişey için yola çıktık bunun tadını bozmayalım. İşte uğraşalım yine yenisini kuralım' diyolar. Uğraşıyolar güzel bir çadır kurabiliyolar. Sonra akşam oluyo işte herkes toplanıyo kamp ateşinin etrafına. Böyle şarkılar söyleniyo. Arkadaşlar muhabbet güzel bişekilde sonra böyle oyunlar oynanıyo. Gölge oyunları, işte taklitler sonra güzel sesi olanlar şarkı söylüyo dans ediliyo falan. Çok güzel bir şekilde geçiyo. Sonra Berna ve Emre yürüyüşe çıkmak istiyo. İkisi de yürüyüşe çıkıyolar ormanda ama tabi biraz uzak farketmeden muhabbet ederek yürüyolar. Ve biraz uzaklaştıklarını farketmiyolar. Sonra korkmaya başlıyolar. Şimdi Emre de korkuyo ama korktuğunu pek belli etmek istemiyo. Bunun Berna'yı daha da korkutacağını düşünüyor ve hani daha bi koruyucu tavırla yaklaşıyo. Sonra böyle birbirlerine sarılarak yolu bulmaya çalışıyolar. Ve sonra yollarını bulup bi daha öyle çok fazla ayrılmamaya karar vererek geceyi tamamlıyolar".

LOST PURSE

KSBS Script Score = 2 (Gender: Female)

"Elif bir gün işten çıktı. Elif bir polis bu arada. İşten çıktı ve polis balosuna gitmek için alışveriş yapması gerekiyordu. Birkaç giysi alması gerekiyordu. Daha sonra işte yola çıktı, alışveriş merkezine gitti. İşte kıyafetleri denerken çantasını dışarıda bıraktığını fark etti. Hani böyle bir panik oldu. Çünkü Elif sonuçta polis ve çantasının içinde silahı var. Zaten çantası ve cüzdanı herbişeyi çantanın içindeydi. Ondan sonra hani aradılar, taradılar, bulamadılar. Hani belli ki çalındı bu şey. Elif hani ne yapacağını anlamadı, düşündü böyle. 'Evet dedi polis çağırayım ben'. Ondan sonra eğlendi böyle 'Ben de polisim ben de halledebilirim' falan neyse. Ama en çok da silahı önemliydi. Çünkü silahı onun üzerine zimmetliydi. Daha sonra Mehmet aradı Elif'i. Zaten Elif karakola haber vermişti öncesinden. Mehmet dedi ki 'biz bulduk o adamı bahsettiğin yerlerde. Yani oradan çıkmış alışveriş merkezinden çıkmış ana caddeye doğru ilerlerken polislerle karşılaşmış zaten. Birazcıkta acemi bir hırsızmış ve silahını bulduk' dedi. Ondan sonra Elif böyle bir oh çekti böyle ondan sonra dedi evet o zaman ben eve gideyim. Evet, eve gitti. Sonra böyle bir rahatladı, uyudu".

KSBS Script Score = 3 (Gender: Female)

"Elifle Mehmet karı kocalar. İşte bunlar bi gün işten sonra alışverişe gidiyorlar. Ondan sonra alışveriş arabasını Elif kullanıyor. Onun içine de çantasını koyuyor. Ondan sonrada Mehmet'te başka reyonlarda dolaşıyor. Ondan sonra Elif de bi şey almaya gidiyor. Ondan sonra bi dönüyo şeyler karışmış. (Neydi onun adı) çantalar, sepetler karışmış. Kendi sepetini bi türlü bulamıyo hiç bi yerde yok. Sonra şikayet ediyor işte süper markette deki diğer insan şeylere görevlilerine falan 'çantam kayboldu' diyo, sepet karıştı falan filan. Ondan sonra ordan hemen polisi arıyorlar. İşte süper marketten insanları çıkarmıyorlar falan işte arama yapıyorlar işte bi sürü sıkıntı yaşanıyor. Daha sonra Mehmet diyo ki 'biz eve dönelim artık' diyor. Polis Mehmet'e 'Dönün eve biz

sizi arar haber veririz bi şey olduğunda'. Mehmet'le Elif eve geri dönüyorlar. Ondan sonra gecenin ilerleyen saatlerinde telefon çalıyor. Ve polis onlara rapor veriyor çantanızı bulduk falan filan diye. Onlarda tabi rahatlıyorlar.

KSBS Script Score = 7 (Gender: Female)

"Elif dersten çok sıkıldığı için dışarı çıkmak istiyor ve alışverişe gidiyor stres atmak için. Mağazaları dolaşırken işte sokakta dolaşırken birden çantasını birinin kaptığını fark etti ve direkt panikledi. İşte arkasından bağırmaya başladı. Çantası artık kayıptı. Yani bir şey yapamadı. Sonra polise gitti tabi doğal olarak. Çok sıkıntılı görünüyordu yani işte çok telaşlıydı. Çünkü öğrenci olduğu için yanında çok para da yoktu. Ve ya işte cüzdanındaki bütün para ki yeni gelen parası da gitmişti hepsi. Ailesinden de isteyemezdi bu saatten sonra. Bu nedenle baya sıkıntılıydı. Ondan sonra polisle uğraşırken karakoldayken bir arkadaşı telefon açıyor ve arkadaşı da okuldan Mehmet diye bir arkadaşı. Tam zamanında arıyor. Çünkü Elif birilerine ihtiyacı olduğunu hissetmişti. Ve Mehmet yardıma ihtiyaç duyduğunda gereken herşeyi isteyebileceği biriydi. Ve Mehmet'e yardıma ihtiyacı olduğunu söylüyor. Mehmet de tabi Elif'e bir şeyler hissettiği için tabi bunun Elif farkında değil belki ama Mehmet onun yanında olmak istediği için Mehmet hemen Elif'in yanına geldi. Ve ona elinden geldiğince yardım etmeye çalıştı. Elif'in raporlarla çok fazla ilgilenmemesini sağladı. Hani çok daha fazla paniklememesi için her şeye o yardım etti. Sadece bir imza gerekiyordu Elif için filan. Ondan sonra hep beraber Mehmet evde kalıyor bu arada Elif evde kalmıyor. Bundan sonra Elif'i tek başına bırakamayacağını düşünerek eve gitmelerini istedi. Hani daha çok rahatlayacağını söyledi. Ondan sonra Elif de çok yorgun olduğu için panik olduğu için eve gitmeyi kabul etti. Ondan sonra burada Mehmet'in gün boyunca yaptıkları Elif için ve Elif'inde bunları fark etmesi ikisi arasında güzel bir şeylerin başlangıcı olarak ortaya çıktı. Ve tabi Elif sonunda telefonunu polise vermişti tabi çanta bulunursa bana haber verin diye. Ve çanta bulunduğunda Elif'e telefon edildi ve çantasının bulunduğu tabi parasının da gittiği, kimliğinin ya da çantasındaki her şeyin içinde olduğunu söylediler. Tabi bundan sonra Elif daha da hani Mehmet'in yanında olduğunu hissetmesi ve de çantanın bulunmasıyla rahatlamış bir şekilde kendine geldi".

SAMPLE NARRATIVES OF THE MAIN STUDY 2

BABY'S MORNING

KSBS Script Score = 1 (Gender: Female, Age: 27, Education: University)

"Anne ve kucağındaki bebeği oyun oynamak için evlerinin yakınındaki parka gittiler. Bebeğin elinde oyuncak ayısı vardı ve gülümsüyordu. Annesi bir yandan ona taklitler yapıyor ve oyunlar oynuyordu. Öğlene kadar parkta oyunlar oynadıktan sonra bebeğin öğle uykusu gelmişti. O sırada anne yanlarına gelen başka bir annenin bebeği ile ilgilenirken bir anda gözünün önünden bebeğini kaybetti. Bir an kaybolduğunu zanetti. Tam ağlayacakken bebeğinin bankın arkasında olduğunu farkedip kaybolmadığını anladı. Düşmüştü bebek ve ağlıyordu. Anne bebeğini bulduğu için çok sevindi. Ve eve gidip öğle uykusuna yattı".

KSBS Script Score = 3 (Gender: Male, Age:23, Education: High School)

"Bir anne için en güzeli bir bebek sahibi olmak, anne olmaktır. Bir bayan için en güzel şey anne olabilmektir. Onu kucaklamak, güldürmeye çalışmak, oyunlar oynamak. Onunla vakit geçirmek ne kadar güzeldir bir anne için. Sabahları kalktığında onun gülümsemesine bakmak, onun oyuncağı ile bebeklerle oyalamak oynatmak, ağlamaması için elinden geleni yapmak, güzel uyuması için ninniler söylemek. Günün belki %90'nını bebeğine ayırmak, onun hayatı olmak. Sabah uyandığında bebeğinin ona gülümsemesi bir anne için anlatılamaz bir duygudur".

KSBS Script Score = 7 (Gender: Male, Age:47, Education: 2 year university)

"Anne mutfakta yemek hazırlığı yaparken gözlerini açan bebeğimiz fıldır fıldır etrafı gözleriyle tarayarak birşeyler aradı. Sonra aradığını bulamamış ve hüsrana uğramış olarak yaygarayı bastı. Sesi duyan anne hemen bebeğin odasından içeri daldı. Ve onunla konuşmaya başladı. 'Ah güzelim yeni mi uyandın. Niye ağlıyosun sen söyle bakiyim.' Hemen yanındaki ayısını kucağına verdi. Ağlayan yüz gülmeye başlamıştı. Bir süre daha beşikte anneyle bebek oyun oynadılar. Sonra anne tekrar mutfağa dönü işine devam etmek zorundaydı. Kucağında oyuncak ayısıyla bıraktığı bebeğini ağzına emziğini vermek üzere beşik içinde yatağın sağını solunu araştırdı. Ama bulamadı. Beşiğin dışında zemin tarafı araştırdı, evet beşiğin altına kaymıştı. Onu buldu. Gitti yıkadı. Getirdi onu ağzına verdi. Öğle uykusunu nedense bizim bebeğimiz hep kısa kesiyordu. Anne de onun bu kısa uykusunu bildiği için öğlene mümkün olduğu kadar yemek faslını bırakıyor, temizliği sabahtan yapıyordu. Bir bebek uyanık kaldığı zaman en çok neyi ister ki. Annenin kokusunu, annenin gülüşünü, annenin ilgilisini. Bu bebekler hep böyledir".

DOCTOR'S OFFICE

KSBS Script Score = 1 (Gender: Male, Age: 58, Education: University)

"Memo henüz küçüktü ama acar bir çocuktu. Annesi ile oyun oynamak, onunla günü geçirmek hata yaramazlık yapıp annesinin üzüldüğünü görmek hoşuna gidiyordu. Her istediğini annesine yaptırmakta da zorluk çekmiyordu. Bisiklet istedi, bisiklet alındı. Oyuncak dedi oyuncak aldılar, logo dedi logo aldılar. Hangisini nerde bulacağını kendisi de bilmiyordu. Çünkü hepsi bi tarafta dağılmış vaziyetteydi. İşte bu dağınıklıklar arasında ordan oraya koştururken ayağı masaya takıldı ve aniden yere kapaklandı. Canı yanmıştı. Ağlayıp duruyordu. Mutfaktaki annesi sesini duyup geldiği zaman bunun yerde olduğunu, elleriyle gözlerini ovuşturmakta olduğunu gördü. Hemen ne olduğunu araştırmaya başladı. Sehpanın kenarına çarpan alnı açılmıştı. Ordan kan akıyordu. Memo da elleriyle o kanı sağa sola dağıtıyordu. Anneyi büyük bir telaş almıştı. Hemen komşularını aradı. Onlarla beraber bir taksi tutarak sağlık ocağına götürdüler. Doktor Memo'yu muayene etti. İki dikiş atılması gerektiğini gördü. Tabii canı yanıyordu. Canının yanmasını nispeten azaltmak için lokal anestezi ile ilgili bir iğne vurmak istediler. Memo iğneyi yaklaştırmıyordu bile. Doktordan kaçıp anasına saklanıyordu. Fakat onun bütün bu çabaları sonuçta ne iğne yapılmasına, ne dikiş atılmasına engellemeye yetmedi. Eve döndüklerinde o haşarı Memo gitmiş yerine uslu kenarda oturan, salya sümük, gözleri yaşlı, masum masum etrafa bakınan Memo gelmişti. Tabii annesi bu sürecin bu masumane Memo'nun daha uzun vadeli bir suskunluk dönemi yaşamasını canı gönülden arzu diyordu."

KSBS Script Score = 3,5 (Gender: Female, Age: 27, Education: University)

"Memo önce evde oyuncakları ile oynuyordu. Sonra annesinden bisikletine binmek için izin istedi ve dışarı çıktı. Bisikletine binerken düştü ve ayağını incitti. Annesi onu alarak aceleyle doktora götürdü. Memo bu durumda ağlamaklıydı. Doktor iğne vurdu. ... doktor annesi Memo'yu tutarken iğne vurdu. Onu oyuncaklarla teselli, oyaladılar."

KSBS Script Score = 7 (Gender: Male, Age: 21, Education: High School)

"Memo 9-10 yaşlarında ilkokula giden bir çocuktu. Çok hareketliydi. O gün bisikleti ile oturdukları sitede dolaşmaya başlamıştı ama birden bisikletinde fren......... bisikleti sürerken birden düştü ve ayağını incitti. Ayağını incittiğinde hemen direkt zaten herzaman çocukların yaptığı gibi "Annnneee anne" diye ağlamaya başladı. Bunu duyan annesi acele ile evinden çıkıp aşağı indi ve Memo'nun ayağını incittiğini gördü. Direkt sitelerinde bulunan doktora gittiler. Doktor Memoyu muayene etmeye başladığında aşırı bir şekilde ağlıyordu. Bunu farkeden doktor onu sakinleştirmek için birşeyler yaptı. Onu eğlendirmek için birşeyler söyledi. Memo ile ilgilendi. "Kaç yaşındasın, hangi okuldasın". Böyle sorular sordu. Daha sonra onun ağrısını bir nebze geçirebilmek için ona iğne vurması gerektiğini söyledi ama Memo iğneyi duyunca direkt daha fazla ağlamaya başladı. Bunun üzerine doktor bey Memo'ya güzelce anlattı, fazla acımayacağını belirtti. Bunun üzerine Memo ikna oldu. Memo ikna olmuşa benziyordu fakat annesinin gözlerinin içine bakıyordu sanki iğne yapmasınlar başka bişey yapsılar diye ama annesi de o sırada Memo'nun en çabuk iyileşeceği ve ağrısının en çabuk dineceği yolun iğneyle olacağını biliyordu. Bu yüzden o da doktorun sözünü tuttu. Ve doktor Memo'ya iğnesini vurdu ve onu hastaneye sevk etti çünkü ayağına film çekilmesi gerekiyordu. Annesi Memo'yu hastaneye götürdükten sonra hastanede muayenesi yapıldı. Birşeyi olmadığı anlaşıldı. Çıkışta Memo'yu sevindirmek için ona güzel bir oyuncak almak istedi. Memo kaç zamandır istediği treni o gün elde etmişti ve belki de bu onun en mutlu anıydı. Annesine sarıldı ve çok teşekkür etti".

ÖZLEM'S ACCIDENT

KSBS Script Score = 2 (Gender: Male, Age:22, Education: University)

"Mustafa araba kullanmasını seven ve hız yapmayı seven birisiydi. Özlem'le çok sıkı bir ilişkileri vardı. Özlem'le buluşmak için yola koyulduklarında saat biraz gecikmişti. Verdiği randevu biraz gecikmişti. Ama ona yetişmek için biraz sevdiği ama mecburan yapmak zorunda olduğu hızı denedi. Hızı denerken kırmızı ışıkları yok sayıyordu. O esnada yaya geçen birine çarptı. Mustafa çok pişman olmuştu. Özlem de merak etmişti beklemekten. Hemen gözyaşı döktükten sonra tedirgin bir şekilde şoka girmişti. Çarptığı yayayı hemen arabaya alıp hastaneye götürmek istedi. Hastanede Özlem'e çok zor bir şekilde telefon açtıktan sonra Özlem hastaneye geldi. Orada doktorun müdahelesiyle hastanın biraz iyi olduğunu... Bunu duyan Mustafa teselli ile Özleme sarılmak durumunda kaldı. Çünkü tutunabileceği hiçbir dalı yoktu".

KSBS Script Score = 3,5 (Gender: Male, Age: 55; Education: University)

"Özlem'le Mustafa akşam yemeği için birlikte yola çıktılar. Yolda birbirlerine sarılarak yürürken karşıdan gelen arabayı fark edemediler. Karşıdan gelen araba Özlem'le Mustafa'ya çarptı. Mustafa'nın ayaklarında bir problem olduğu görüldü. Özlem çevreden de yardım isteyerek gelen bir taksiyle Mustafa'yı hastaneye götürdü. Doktorlar Mustafa'nın bacağının kırık olduğunu söylediler. Mustafa'yı bir yatağa yatırarak gerekli müdaheleyi yaptılar. Özlem o sırada Mustafa'nın yanında bekliyordu. Sonra müdahele bittikten sonra kontrole gelmek üzere ayrıldılar ve evlerine döndüler".

KSBS Script Score = 7 (Gender: Female, Age: 56, Education: 2 year University)

"Özlem'le Mustafa anlaşan çok iyi bir çiftti. Bugün birlikte çok güzel birgün geçireceklerini düşüncesi ile birlikteydiler. Bugün akşam yemeği için bir plan yapmaya kararlaştırdılar. Yemeği dışarda yiyeceklerdi. Birlikte gidecekleri yeri tespit ettiler. İstedikleri şey çok güzel bir balık restoranına gidip yemek yemekti. Birlikte yola çıktılar. Yürüyerek gitmeyi düşünüyorlardı. Çünkü lokanta gerçekten yakındı. Birlikte yürürken bir anda arkadan gelen arabayı fark etmediler. Araba sağ taraftan seyrediyordu. Ani bir şekilde kaldırıma çıktı ve Mustafa'ya çarptı. Mustafa yere düşmüştü. Özlem panik içerisinde. Bir ande ne yapacağını şaşırdı. Çünkü yürüdükleri yol doğru bir yodu ama ne yazıkki araba onlara çarpmıştı. Özlem ağlamaya başladı ama daha sonra kendini toparladı ve ilk yapması gereken şeyi düşündü. Hemen ambulansı aradılar. Ve bir doktor istediler. Bu bir kazaydı tabii hastaneye gitmeleri gerekiyordu. Ambulans geldi. Özlem'le Mustafa beklemenin verdiği heyecanla ambulans geldiği için çok mutluydular. Çünkü çok çabuk gelmişti. Mustafa'ya ne olduğunu bilmiyordu ama ona teselli vermek, ona biraz güç vermek için sarıldı. Ona herşeyin iyi ve güzel olacağını. Doktorun olduğunu doktora güvenmesi gerektiğini söyledi. Ve de hastanede hemen gereken ilk müdahele yapıldı. Mustafa'nın birkaç gün hastanede kalması gerekiyor. Çünklü ezilme ve çatlaklar vardı ayağında ve kolunda. Dolayısıyla Özlem bir süre sonra tabii ki gitmesi gerekiyordu. Bu durumda kendisine yardımcı olacağını, hiç panik yapmaması gerektiğini söyleyerek akşam yemeğini yiyememiş olsalar bile yanında olduğu için çok mutlu olduğunu söyledi. Birlikte ayrılma saati, geldiğinde Özlem eve gitmek üzere Mustafa ile vedalaştı ve yarın daha güzel olacağı düşüncesi ile birbirlerinden ayrıldılar".

BERNA AND EMRE'S CAMPING TRIP

KSBS Script Score = 1,5 (Gender: Male; Age: 58, Education: University)

"Berna'nın izcilik deneyimi daha ilkokul çağındayken başlamıştı. İzcilikten edinmiş olduğu deneyimler onları tatil zamanı arkadaşlarıyla değişik mekanlarda kamp yapmaya ve tatillerini daha uygun şartlarda, daha uygun fiyatta ve daha uygun geçirmeye alışkın hale getirmiştir. Emre ise kamp dendiği zaman çok sıcak bakmıyordu çünkü kamp yapmak meşakattli bir işti. Çadır kuracaksın, ateş yakacaksın, suyu bulamayacaksın. Bazan rüzgar yağmur olacak. Bazen hayvan sesler kurt inlemeleri ve buna benzer insanın keyfini kaçıran bir sürü ses, bir sürü hadise. O yüzden Berna Emre'yi kolay kolay toplu insanların bulunduğu yerden biraz daha kafalarını dinleyebilecekleri sakin bir yere çekmeyi başaramamıştı. Ama bu sefer arkadaşlar da tatile katıldığı için Emre istemeye istemeye bir grup kampı yapmaya ikna olmuştu. Ama o bu kamp boyunca hiç kamp yapmanın tadına varamadı çünkü evvelki korkuları, önceki tahayyül etmiş olduğu olaylar ve hatta belli şartlanmaları herkes eğlenirken onu devamlı bir endişe içine sevk etmiş ve keyiflenmesine engel olmuştu. Berna daha sonraki zaman içinde bir daha Emre'yi böyle bir kamp yapmaya veya katılmaya ikna etmeyi başamayacaktı".

KSBS Script Score = 3 (Gender: Male, Age:23, Education: High School)

"Berna ile Emre sevgilidirler. Birgün bir çılgınlık yapmak isterler. Kampa çıkarlar. Bavulları hemen acele acele hazırlarlar, çadırlarını alırlar. Beraber kamp yerine giderler, kamp ateşini bir güzel yakarlar ama daha sonra çok şiddetli bir rüzgar çıkar. Çadırlar yıkılır. Bunların keyifleri kaçar. Sonuçta Berna korkmaktadır, garip garip sesler duyar. Hayvan sesleridir bunlar, kuşlar falan. Korkar sarılır. Emre'de korkar ancak erkektir çaktırmamak lazımdır. Bu kaçıştan çılgınlıktan sonuçta herhangi bir zarar görmeden dönerler. Sadece öğrendikleri acele kararlar her zaman güzel olmayabilir. Tek başına tatile çıkmak hele de kamp yapmak iyi bir fikir değildir derler".

KSBS Script Score = 7 (Gender: Male, Age: 21, Education: High School)

"Berna ve Emre aynı okulun izcilik grubuna üye olmuşlardı. Aynı okulda okuyorlardı. Ertesi gün gidecekleri Ilgaz gezisi için bavullarını bir gün önceden hazırlamışlardı. Sabah Berna kalktı herşeyini hazırladı, bavulunu hazırladı. Hazırlamıştı zaten, aldı ve çıktı. Emre ile kapıda buluşacaklardı fakat acele ile çıkan Emre Berna'nın yanına geldiğinde telefonunu yukarda unuttuğunun farkına vardı ve acele ile koşarak yukarı gitti ve telefonunu aldı. Daha sonra Berne ile Emre beraber Ankaray'a binip AŞTİ'ye gittiler. Ilgaz'a gitmek için Kastamonu arabasına bineceklerdi ve diğer izci grubundaki arkadaşları da oradaydı. Hep beraber buluştular. Ilgaz'a doğru yola çıktılar. 5-6 saat süren yolculuğun ardından oraya varmışlardı. Ilgaz'dan araba kiralayıp yukarı çıktılar. Kamp alanına geldiklerinde çadırlarını kurmaya karar verdiler ama hava çok rüzgarlıydı. Çadırı kurmaya çalışıyorlar. Onlar yapmaya çalıştıkça rüzgar yıkıyor, onlar yapmaya çalıştıkça rüzgar yıkıyordu. Keyifleri kaçıyordu. Sonunda yıldılar ve çadırı kurmaktan vazgeçtiler. Biraz bekledikten sonra, vardıklarında saat 12 civarıydı, akşam 6'da rüzgar kesilince çadırlarını tekrar kurdular ve bu sefer rüzgar yıkamadı. Daha sonra hava kararmaya başlayınca kamp ateşi yakmaya karar verdiler. Kamp ateşi etrafında toplandılar ve gitar çalan arkadaşlarının söylediği şarkılarla coşup eğlendiler. Akşam sıra yatmaya geldiğinde ateş sönmüş ve etraf kararmıştı ve hiç kimsede ışık yoktu. Hava çok kararmıştı. Yatmaya başladılar ve dışardan garip garip sesler duymaya başladılar. Berna çok korkmuştu ama Emre'nin yanında olması Berna'ya hep bir güven veriyordu. Bü yüzden fazla endişelenmiyordu Daha sonra en iyi tercihin birbirlerine sarılarak yatmak olduğunu kavrayan Emre Berna'yı da teselli edebilmek için birbirlerine sarılarak uyudular o gece.....".

SAMPLE NARRATIVES OF THE MAIN STUDY 3

PSYCHIATRIC OUTPATIENTS

BABY'S MORNING

KSBS Script Score = 2 (Gender: Female Age: 21, Education:High School)

"Annesi bebeğini kucağına alıyor uyutmak için herhalde. Ona oyunlar söylüyor onu seviyordur herhalde. Taklitler yapıyor falan. Sonra oyuncağını alıyor.çocuğun oyuncağını oyuncak ayısını. Sonra kayıp var.. Sonra kaybediyor herhalde…şeyi......ağlamaklı oluyor, sonra uykusu geliyor, uyutuyor herhalde".

KSBS Script Score = 2 (Gender: Female, Age: 46, Education: Secondary School)

"Anne bebeğini alıyor kucaklıyor, oyun oynuyor. Gülümse.. gülümsemesini izliyor, sonra hikaye anlatıyor. Taklit yapıyor. Oyuncaklarını veriyor. Bebeğini mi kaybediyor? Kaybediyor, ne kaybediyor bu, ağlıyor. Sonra kaybettiğini aramaya çalışıyor. Kayıp, oyuncağını mı kaybediyor, ağlıyor. Bulmaya çalışıyor. Sonra uyutuyor herhalde..öyle"

KSBS Script Score = 3,5 (Gender:Female, Age: 22, Education:High School)

"Sabah çocuk anneyi uyandırır. Bebek anneye sarılır sonra oyun oynamaya başlarlar. Anne hikaye anlatır, oyun oynatır, taklit falan. Sonra oyuncak ayısını ister çocuk, kayıp olduğu anlaşılır sonra ağlar bulmaya çalışırlar, bulurlar sonra da oynayıp öğle uykusuna yatar".

KSBS Script Score= 5,5 (Gender: Female, Age: 32, Education: Secondary School)

"Şimdi anne bebeği uyutmuş. Temizliklerini falan da yapmış o arada. Daha sonra çocuk ağlamaya başlıyor beşikten. Bunu alıyor, kucaklıyor anne. Daha sonra onu bir şekilde oyalaması gerekiyor uykudan kalkan huysuz olur ya. Bi gülümseme oluyor tabi yüzünde güzel bir şekilde. Daha sonra onu işte oyun oynatmaya falan çalışıyor falan. Hikayeler anlatıyor, ondan sonra işte çocuğu şey yapmak için işte taklitler yapıyor çeşitli onun o huysuzluğu gitsin diye. Daha sonra işte bebeğin en çok sevdiği oyuncağını işte, oyuncak ayısını gösteriyor. Onunla oynuyorlar falan işte onu çeşitli kılıklara sokuyor şey yapıyor giydiriyorlar falan işte. Ondan sonra işte şey yaparken bebekle oyuncak ayıyla oynarken bir ara anne, kapı çalıyor kapıyı açmaya gidiyor. O ara bebek oyuncak ayıyı alıyor şey yapıyor ama onu nereye koyduğunu bulamıyor sonra. Anne geliyor bir bakıyor, nerede. Çocuk ta ağlıyor işte oyuncak ayı kayıp diye. Annesi böyle bayağı bir arıyor şey falan bir bakıyor çekyatın arkasına atmış bebek onu, bulamıyor ama. Daha sonra bunu bulunca yine seviniyorlar yine oyuna devam ediyorlar falan. Ama daha sonra bebeğin yine uyku vakti geliyor. Yemeğini yiyor ve annesi uykuya yatıyor öğle uykusuna".

DOCTOR'S OFFICE

KSBS Script Score = 1 (Gender: Female, Age: 45, Education: High School)

"Annesi memo'ya bisiklet aldı. Memo'da bisikletten düştü ve kendini incitti. Annesi acilen doktora götürdü ve kapıda anne ağlıyordu. Memo'ya iğne vuruldu. Annesi çıkışta Memo'yu tuttu. Sarıldı. Vicdanını rahatlatmak için ona oyuncak aldı sarıldı".

KSBS Script Score = 1,5 (Gender: Female, Age: 44, Education: 2 year university)

"Memo ile annesi birlikte dışarıya çıktılar. Memo bu arada bisiklete biniyordu. Bisiklete binerken düştü, ayağını incitti. Annesi onu acele doktora götürdü. Memo bu sırada ağlamaktaydı. Doktor ayağına baktı diyelim. İğne vurabileceğini söyledi. Memo annesine sarıldı. Annesini tutmak istedi annesi bunun sonucunda ağlamaması gerektiğini ona çıkışta oyuncak alacağını söyledi".

KSBS Script Score = 2 (Gender: Female, Age: 41, Education: High School)

"Memo bisikletten düşerek ayağını incitti. Annesinin yanına ağlayarak geldi ve acele olarak doktora gittiler. O iğne vurulması gerekiyordu. Annesine sarılarak annesinden annesine sarılarak iğneden sonra oyuncak alması için annesini tuttu".

KSBS Script Score = 3 (Gender: Female, Age: 20, Education: High School)

"Memo bisiklete binip düştü ve bacağını incitti. Annesi acele doktora gitti. Çok ağlıyordu. Doktor iğne vurdu. Annesi ona iğne vururken tuttu. Ona işte oyuncak alacağını söyleyip sarıldı".

KSBS Script Score = 6 (Gender: Female, Age: 24, Education: High School)

"Memo birgün bisiklete binerken yolda takılıyor ve bisikletten düşüyor. Bu düşme sonucunda da bileğini incitiyor. Annesi tabii telaşlanıyor ve hemen onu apar topar acele bir şekilde doktora götürmek istiyor. Aceleyle gidiyorlar. Tabii bu sırada Memo o acının verdiği etkiyle çok ciddi bir şekilde ağlıyor. Annesi onu teselli etmek için sarılıyor. Canının yanmaması için telkinlerde bulunuyor. Doktora gidiyorlar ve kolunda ciddi bir kırık olduğu anlaşılıyor. Doktor tabii ağrıyı ve acıyı azaltmak için iğne yapması gerekiyor. Tabii Memo yine bu acının etkisiyle ağlamaya devam ediyor. Gittikleri yerde çocukların ilgisini çekebilmek için oyuncaklar var. Oradan doktor Memo'ya dikkatini dağıtmak için oyuncaklar veriyor. O oyuncakla oynarken annesi de ona tabii yine sarılmaya devam ediyor. Doktor bu sırada iğneyi yapıyor ve kolunu alçıya alıyor. Dolayısıyla Memo'nun o incinen kolu tedavi edilmiş oluyor".

ÖZLEM'S ACCIDENT

KSBS Script Score = 1 (Gender: Female, Age: 26, Education: University)

"Mustafa Özlem'e "Bu akşam yemeğini evde yiyelim" gibi bir teklifte bulundu. Fakat Özlem dışarıda yemek yemek istiyordu. Çünkü bayağıdır dışarı çıkmamışlardı. Aslında Mustafa da dışarı çıkmak istiyordu ama maddi sıkıntılardan dolayı evde yemeği tercih etti. Fakat Özlem de bütün gün akşama kadar evde durduğu için çok bunalıyordu. Mustafa'yı ikna etti, bir şekilde ve "gelip beni evden alırsan" falan gibi şeyler söyledi. Mustafa da aslında kızmıştı Özlem'e " neden benim teklifimi kabul etmedi" diye. "Sen gel birlikte buluşalım" diye bir teklifte bulundu o da. Özlem otobüse binip Mustafa'ya ulaşmak için, Mustafa'nın iş yerine gitmek için aceleyle evden çıktı ve aceleyle çıktı hatta yatağı bile toplamamıştı bütün gün, biraz tembeldi çünkü. Önce biraz otobüs bekledi daha sonra yolda, yolda arabalar birbirine girmişti çok feci bir kaza olmuştu ve otobüs şoförü de o kazaya bakacağım derken yine bir kaza yaptı. Özlem çok hafif yaralandığı halde çok telaş yaptı ve Mustafa da onu sabırsızlanıyordu beklerken. Bayağı telaş yaptığı için, Özlem aslında kendi kendine kızıyordu. Niye ben Mustafa'nın işte dediğini yapmadım gibi evde yeseydik keşke falan. Sonra hastaneye gitti. Mustafa'yı arayıp hastaneye gitti. Mustafa'yı görünce birden gözyaşı, gözyaşı boşaldı yani bayağı ağladı. Ve Mustafa 'Bir doktora gösterelim bence' falan dedi. Ve Özlem Mustafa'dan özür diledi keşke seni dinleseydim diye.".

KSBS Script Score = 2 (Gender: Female, Age: 37, Education: High School)

"Özlem'le Mustafa akşam yemeğine gitmek..karar veriyorlar. Yolda giderken bunlar bir kaza geçiriyorlar ve hastaneye gidiyorlar. Hastanede çok kalabalık ve sıra beklemek…bekliyorlar. Bu arada beklerken acı içinde gözyaşı döküyor. Doktorun gelmesini bekliyorlar. Doktor…. Orada muayenesini olduktan sonra akşam yemeği için evlerine gitmesi gerekiyor. Evlerine gidiyorlar ve oradaki eşiyle dostuyla sarılıp akşamda yatıyorlar".

KSBS Script Score = 3 (Gender: Female, Age: 41, Education: High School)

"Özlem Mustafa'yı yolun karşısında beklerken bir kaza geçirdi ve hastaneye kaldırıldı. Mustafa gözyaşıyla doktorun çıkmasını bekliyordu. Önemli bir şey olmadığını öğrenerek evlerine çıktılar. Akşam yemeğini yediler ve yataklarında sarılarak uyudular".

KSBS Script Score = 4,5 (Gender: Female, Age: 45, Education: High School)

"Özlem yolda karşıdan karşıya geçerken yolda kaza geçirdi. Hastaneye kaldırdılar . Doktorlar hemen Mustafa'ya haber verdiler. Mustafa beklerken gözyaşlarına hakim olmadı. Evdekilere haber verdi. Ondan sonra Özlem kendine geldikten sonra, onun odasına çıktı, yatağına gitti. Onunla birlikte sarılıp akşam yemeği yemesine yardımcı oldu".

KSBS Script Score = 5 (Gender: Female, Age: 32, Education: Secondary School)

"Özlem alelacele işe gitmek için evden çıkıyor sabah, sabah trafiği yol çok kalabalık herkes bir yerlere yetişmeye çalışıyor, herkes bi heyecanlı bi şekilde yollarda ve yolda zincirleme bir kaza meydana geliyor ve Özlem de arabasında bu zincirleme kazanın tam ortasında. Önden arkadan darbe yiyor, ve bayağı, yani bunun bir yeri çatlıyor şey yapıyor ağrıdan duramıyor. Kafası falan cama vuruyor. Kanlar falan akıyor. Direk zaten oraya gelen ambulanslar bunu hastaneye götürüyorlar. Fakat hastanede genelde Türkiye'deki hastanelerde olduğu gibi acil hasta olmasına rağmen onu bir süre bekletiyorlar. Bekliyor o arada işte direk bu kocasına haber veriyor, Mustafa'ya. Kocası geliyor, o da çabuk, çabuk geliyor 'noldu ne gitti' diye. Daha sonra bu da kocasını görünce tabi insan sevdiğini görünce bi hoş olur ya, ağlıyor gözyaşı döküyor. Kocası ona sarılıyor. Daha sonra işte doktor hemen bunu alıyor içeriye muayene ediyor şey yapıyor falan bakıyor acil bişey yok. Daha sonra bunlar beraber eve gidiyorlar. Beraber akşam yemeği yiyorlar rahatlamış bir şekilde. Akşam yatma vaktinde de yatağa giriyorlar sarılarak uyuyorlar".

BERNA AND EMRE'S CAMPING TRIP

KSBS Script Score = 2 (Gender: Female, Age: 34, Education: Secondary School)

"Berna ile Emre bir karar alıyorlar, acele seyahate gitmek gerekiyor, öyle dedim. Kamp gibi. Çadır kuruyorlar rüzgarlı bir hava. O da yıkılıyor, keyifleri biraz kaçıyor. Kamp ateşinde işte eğleniyor kendilerince, korkup sarılarak uyuyorlar".

KSBS Script Score = 3 (Gender: Female, Age: 31, Education: High School)

"Berna ile Emre bir geziye çıkmaya karar verdiler. Bavullarını hazırladılar. Çok acele ediyorlardı çıkmak için. Çadırlarını yanlarına aldılar. Ama ha..çadır kurmak istiyorlardı ama hava rüzgarlıydı. Çadırımız yıkılır mı diye düşündüler. Bundan keyifleri kaçtı bu olay..rüzgardan dolayı. Ondan sonra gittiler ama ..orada kamp ateşi yaktılar. Böyle karanlık olmuştu..diyebilir miyim?..Oradan garip garip sesler duymaya başladılar, çok korkup birbirlerine sarıldılar".

KSBS Script Score = 4,5 (Gender: Female, Age: 21, Education: University)

"Berna ile Emre çok sıkıldıkları için birlikte kampa gitmeye karar verdiler. Bavullarını hazırladılar. Acele ile çıktılar. Ondan sonra kamp yerine vardılar.. Gittikleirnde kurdukları çadır rüzgardan yıkıldı. Berna'nın keyfi kaçtı, ondan sonra işte Emre ona üzülmemesini söyledi. Birlikte ateş yaktılar ondan sonra Berna etrafta bulunan seslerden çok fazla korktu. Emre ona sarıldı. Sonuçta güzel bir gün geçirdiler".

KSBS Script Score = 5,5 (Gender: Female, Age: 20, Education: High School)

"Berna ile Emre yine sevgili olsunlar. Emre doğal hayatı çok seven Berna da tam tersi ama yine de Emre'yi çok sevdiğinden düşüncelerine saygı duymak açısından, Emre birgün kamp kurmayı bir ormanda yalnız kalarak, biraz romantik birazcık maceracı bir ortam yaşamak istiyor. Berna da onu kırmamak için ortama ayak uydurmaya çalışıyor. Acele hemen hazırlanıyorlar bavullar falan. Emre çadır kuracaklarını söylüyor Berna yine olumsuz bakıyor biraz ama yine de kararına saygı duyuyor, "tamam" falan. Sonra çadır kuruyorlar bir ormanda diyim.. Hava birazcık soğuk ateş yakmak zorunda kalacaklar, doğal olarak. Çadır kurmakta zorlanıyorlar. Rüzgardan dolayı çadır yıkılıyor. Tekrardan kuruyorlar. Biraz Berna'nın keyfi kaçıyor ama Emre'nin öyle değil. Daha önceden bu işleri yaptığı için biraz tecrübeli tabii rüzgara karşı koyamıyorlar. Neyse çadırı sonunda kuruyorlar sıra geliyor ateş kurmaya, yemek yemeğe. Karınları da acıkmış. Ateş kuruyorlar. Daha sonra sesler, gölgeler görmeye başlıyorlar. Gerçi bu her insanda olur ama daha çok Berna'da oluyor işte Emre sakinleştirmeye çalışıyor falan. Birazcık konuları değiştirmeye çalışıyor. Yaşayacakları güzel günlerden, ne kadar güzel sabah kalkıp gezecekleri eğlenecekleri yerleri anlatıyor Emre. Birazcık korkuyor Berna ama sonra sarılıp ortamın keyfini çıkarıyorlar".

APPENDIX J: ETHICAL GUIDELINES PRESENTED TO ANKARA UNIVERSITY IBN-I SINA HOSPITAL

"**Kılavuz Kelime Yöntemi ile Güvenli Üs Şeması Bilgi Düzeyi Ölçüm Aracının Psikometrik Özellikleri: Çoklu Örneklemde Geçerlik ve Güvenirlik Değerlendirmesi" Başlıklı Çalışmada İzlenecek Etik Kurallar**

1. Çalışmaya katılım mutlak gönüllülük esasında dayalıdır. Her katılımcıya çalışmanın kısaca amacını belirten ve katılım şartlarını içeren bir yazı çalışmadan önce verilecek ve katılmayı kabul ederlerse çalışamaya devam edilecektir. Çalışmaya katılmayı kabul eden kişiler istedikleri zaman çalışmadan çekilebilme ve istemedikleri soruları cevaplandırmama hakkında sahiptirler.

2. Katılımcılara da verilen bilgiler doğrultusunda, hiçbir katılımcıdan isim, adres, telefon gibi kimlik belirtecek bir bilgi istenmeyecektir.

3. Toplanan bilgiler katılımcılardan kapalı zarflarda teslim alınacaktır.

4. Toplanan veriler araştırma ve eğitim amacı dışında kullanılmayacaktır.

5. Kişiler kendileri de talep ederlerse çalışmanın sonuçları hakkında bilgilendirileceklerdir.

6. Katılımcıların bir kısmını oluşturacak olan ameliyat adayı hastalarda çalışmaya katılım için çeşitli eleme kriterleri bulunmaktadır. Buna göre, çalışmanın yapılacağı sırada ağrısı olanlar, ameliyat için hazırlanmaya başlamış olanlar, rahatsızlığı kritik düzeyde olanlar veya ameliyatı risk taşıyanlar araştırmanın kendileri için fazladan bir rahatsızlık kaynağı olabileceği düşüncesi ile çalışma grubundan dahil edilmemişlerdir.

7. Çalışmaya katılmayı kabul etmiş ancak anketleri kendi başına dolduramayacak durumda olan hastalar için (örn, kol kırıkları, yatakta yatması gereken ve kalkamayan hastalar gibi), tekrar izinleri alınmak şartıyla, anketler araştırmacı tarafından okunarak doldurulacaktır.

Bilginize,

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Prof. Dr. Nuray Karancı

Uzm. Psk. Meltem Anafarta

Orta Doğu Teknik Üniversitesi Psikoloji Bölümü

</div>

APPENDIX K

TURKISH SUMMARY

Bağlanma kuramının yaratıcısı olarak bilinen Bowlby (1958), suçlu çocuklar (1944) ve hastaneye ebeveynlerinden ayrılarak yatırılmış olan çocuklarla (1961) yaptığı çalışmalar sayesinde literatürün dikkatini Freud'un anne ve çocuk hakkındaki bazı temel görüşlerine çekmiştir. Bu temel görüşlerden faydalanarak Bowlby, anne-bebek ilişkisini evrimsel ve bilişsel psikoloji kavramlarından da faydalanarak yeni baştan tanımlamıştır. Bağlanma kuramı sadece annenin çocukta güvenlik hissini sağlaması açısından önemini vurgulamaz aynı zamanda oluşmuş olan bu güvenlik hissinin beşikten mezara devamlılığını da öngörür. Ayrıca, bebeklikte oluşmuş olan bu güvenlik hissinin yetişkin yaşamın bir çok psikolojik boyutuna etkisini de açıklar.

Bağlanma kuramında iki temel kavramı anlamak önemlidir. Bunlardan birincisi güvenli üs fenomenidir. Bowlby (1969) anne ve çocuğun evrimsel olarak birbirlerine bağlanma eğilimleri olduğunu ve bunun bebek için yaşamsal bir önemi olduğunu vurgular. Buna göre; bebek annesi ile ilişkisini ve ona olan fiziksel yakınlığını düzenleyebilecek bir mekanizma ile doğar. Bu mekanizma bebek için tehdit oluşturabilecek durumlarda aktive olur ve bebeğin annesi ile fiziksel bir temas veya yakınlık aramasına sebep olur. Tehdit ortadan kalkana kadar da bebek bu yakınlığı anneden talep eder. Bebeğin anneyi tehdit anında sığınabileceği güvenli bir üs gibi kullanması ve çevreye olan merakını bu üssün

varlığını bilerek güvenle sürdürebilmesine "güvenli üs fenomeni" denmektedir. Elbetteki bu fenomen tek taraflı değildir ve bebeğin anneyi güvenli bir üs gibi kullanabilmesinde annenin de rolü önemlidir. Ainsworth (1967, 1970) bebeklerinin ihtiyaçlarını tutarlı, etkili ve yeterli düzeyde tatmin edebilen annelerin diğer bir deyişle duyarlı annelerin bebeklerinde güvenli üs fenomeninin gözlemlendiğini belirtmiştir ve yaptığı gözlemsel çalışmalarla bebekler arasındaki davranışsal ve duygusal farklılıkları göstermiştir. Buna göre, duyarlı annelerin bebekleri meraklı, anne ve çevreyle daha fazla etkileşimde bulunan, anneyle ayrı kalmaya karşı ağlayarak veya sızlanarak tepkiler gösteren ancak bu tepkilerini kontrolsüzce ortaya koymayan ve kısa bir ayrılık sonrası anneye kavuşulması durumunda kolayca yatışan, annesiyle fiziksel temas ve yakınlıktan keyif alan ve stresli zamanlarda bu yakınlık ve temas arayışını arttıran bebeklerdir. Daha kısa anlatımıyla duyarlı annelerin bebekleri annelerini dünyayı tanımak üzere güvenli bir üs gibi kullanabilme becerisine sahiptirler ve anneleri ile kurdukları bu bağ bebeğin anneye olan güvenine dayalı olduğundan dolayı bu bebeklere "güvenli" bebekler denmektedir. Öte yandan, duyarsız annelerin bebeklerinde, diğer bir deyişle "güvensiz" bebeklerde böyle bir beceri gözlemlenmemektedir. Güvensiz bebekler çevreye karşı daha ilgisiz, ya anneleriyle sürekli bir fiziksel temas arayan ve bu temasın azalmasına kontrolsüzce ağlayarak tepki veren ve yatışmayan (saplantılı) ya da hemen hemen hiç fiziksel temas aramayan ve annenin gitmesine veya gelmesine üzüntü veya sevinç tepkileri göstermeyen

(duyarsız) bebeklerdir. Güvensiz bebeklerin annelerini tehlike anında güvenli bir üs gibi kullanabilme becerileri eksiktir veya yetersizdir.

Bowlby (1958, 1961) bebeklikte temeli atılmış olan bu ilişki tarzının mezara kadar kişiyi etkilediğini belirtmiş ve yetişkinlikteki tüm yakın ilişkilerde önemli olduğunu öne sürmüştür. Bu önergesini açıklamak için de Bowlby bilişsel psikolojinin kavramlarından faydalanmıştır. Buna göre, anneyle olan ilişki, bebeğin bilişsel olarak da gelişmesi ile birlikte zihinde temsil edilmektedir. İçsel çalışma modeli adı verilen bu temsiller kişinin hem kendisinden, hem diğerlerinden, hem de dünyadan beklentilerini şekillendirmektedir. Zihinde temsil edilmiş olan bu beklentiler ise yetişkinlikte kişinin ikili ilişkilerinde duygularını, düşüncelerini ve davranışlarını kontrol etmesinde önemli bir rol oynamaktadır. Örneğin; güvenli bir bebek annesinin duyarlı tarzı sayesinde kendisinin sevilmeye bakılmaya değer bir birey olduğunu anlar, annesinin ve de dolaylı olarak diğer yakın ilişki kurduğu insanların sevgi dolu güvenilebilecek kişler olduğuna inanır ve dünyanın tahmin edilebilir, tutarlı bir dünya olduğu fikrini geliştirir. Bowlby'nin bu önergesi bir çok ampirik çalışma ile desteklenmiştir. Çocuklarla yapılan çalışmalar ebeveynlerine güvenli bağlanmış çocukların kendilerini daha olumlu kişiler olarak tanımladıklarını (Cassidy, 1998) ve yaşadıkları olumlu olayları olumsuzlardan daha fazla hatırladıklarını (Belsky, Spitz & Crnic, 1996) belirtmektedirler. Yetişkinlerle yapılan çalışmalarda ise güvenli bağlanma geliştirmiş olan yetişkinlerin kendilik değerlerinin, kendilerine güvenlerinin ve

kendini ortaya koyma becerilerinin daha yüksek düzeyde olduğunu

göstermektedir (Collins & Read, 1990, Carnelley & Janoff-Bulman, 1992).

Ayrıca, güvenli yetişkinlerin sosyal yaşantı hakkında daha olumlu inanışları

olduğu, başkalarını daha güvenilir, emniyetli olarak değerlendirdikleri de

bulunmuştur (Baldwin, Fehr, Keedian & Seidel, 1993). Tüm bu ampirik veriler

doğrultusunda güvenli üs fenomeni kavramının ardından içsel çalışma modeli

kavramı da bağlanma kuramı için kritik bir değer kazanmıştır ve bu kavram

sayesinde bağlanma kuramı psikolojinin birçok farklı alanında popülerlik

kazanmıştır. Ancak, uzun bir süre içsel çalışma modeli kavramı soyut olarak

kullanılmış ve içeriğinin ne olabileceği tartışılmamıştır. Bretherton (1987) ilk

defa içsel çalışma modellerini zihinsel senaryolara benzetmiştir. Buna göre;

bağlanma senaryoları anne veya baba ile bebek arasında tekrar eden benzeri

ilişki örüntüleri sonucunda oluşur ve kişi daha sonra benzeri durumlarda bir

sonraki adımda neler olabileceğini bilerek hareket eder ve bu senaryo tüm

yakın ilişkiler için bir temel oluşturur. Bu zihinsel senaryoların çocuklarda

öğretmen ve yakın arkadaşlardan beklentileri yönlendirdiği ampirik olak

desteklenmiştir (Weinfield, Sroufe, Egeland, & Carlson, 1999).

Bretherton'un senaryo temsillerinin ve içsel çalışma modellerinin varlığı ve

implikasyonları ampirik olarak desteklendikçe ve boylamsal çalışmalar

çocukluktaki bağlanma tarzlarının 20 yıllık bir süreç içerisinde %72'lere varan

oranlarda stabil kaldığını gösterdikçe (Waters ve ark., 2000) bağlanma kuramı

yetişkinlik dönemiyle ilgili tüm araştırmacılar arasında popüler bir konu haline

gelmiştir. Ancak, çok popüler bir konu olmasına rağmen yetişkin bağlanma literatürü yetişkin bağlanma stillerinin nasıl ölçülmesi gerektiği konusunda bir fikir birliğine varamamıştır. Gelişim psikologlarının baskın olduğu yaklaşım modelinde yetişkin bağlanma stillerinin bilinçdışında gerçekleştiği savından da yola çıkarak sadece gizil ölçümlerin kullanılmasının gerekliliği savunulmuştur ve bunun için yetişkinlerin kendi ebeveynlerine olan bağlanma stillerini ölçmek adına yapılandırılmış olan Yetişkin Bağlanma Görüşmesi geliştirilmiştir (George, Kaplan & Main, 1985). Öte yandan, kişilerin bilinçli olan yorum ve inançlarının ölçülmesinin önemini vurgulayan sosyal psikologlar ise yetişkinlerin romantik partnerlerine bağlanma tarzlarını ölçebilecek anketler geliştirmişlerdir (Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991; Fraley, Waller & Brennan, 2000). Litertürde bu iki ölçüm tarzının ilişkileri ile ilgili olarak tutarsız sonuçlar belirtilmektedir. Gizil ölçümler uzun ve pahalı olmalarının yanında, sadece ebeveyne olan bağlanmanın ölçülmesi açısından eleştirilirken, anketler temel çocukluk bağlanma ölçümleriyle ilişkili olmamaları ve sadece bilinç düzeyinde bağlanmayı tarzlarını ölçtükleri için eleştirilmektedirler. Literatürdeki bu tutarsız sonuçlar araştırmacıları yeni ölçüm yöntemleri geliştirmek için teşvik etmiştir ve bu çalışmanın ana konusu olan Güvenli Üs Senaryo Bilgisi- Kılavız Kelime Yöntemi (GÜSB; Waters & Rodrigues, 2001) sözkonusu ölçüm araçlarına alternatif olarak sunulan en yeni yöntemdir. Bretherton'un (1987) bağlanma senaryosu açıklaması temel alınarak geliştirilmiş olan ve belirli sırada verilmiş kelimelerden gerçekçi ve detaylı hikayelerin oluşturulmasını

içeren bir yöntemdir. Bu yöntem geliştirilirken Waters ve Rodrigues (2001) öncelikle güvenli üs senaryosunun temel gidişatını belirlemişlerdir. Buna göre; önce bir anne ve çocuk veya iki yetişkin yapıcı bir ilişki içerisindedirler. Sonra bir olay veya kişi tarafından ilişki bölünür ve karakterlerden biri stres hisseder. Stresi hisseden taraf yardım ister. Yardım çağrısı farkedilir ve stresi ortadan kaldırmak amaçlı yardım verilir. Verilen bu yardım ihtiyaç duyan tarafından kabul edilir. Yardım zorluğu, gerginliği yok etme açısından etkilidir ve bu yardım duygusal paylaşımı, duygu kontrolünü ve etkili bir telkini içerir. İkili stresin ortadan kalkmasıyla birlikte başlangıçtaki yapıcı ilişkilerine geri dönerler. İşte bu senaryo yapısından yola çıkarak Water ve Rodrigues (2001) güvenli üs senaryo bilgisini tetikleyecek 4 hikaye taslağı oluşturmuşlardır. Her taslak belirli sırada verilmiş 12-14 kelimeden oluşmaktadır. Bu hikaye taslaklarından her biri farklı ikili ilişkileri hedef almaktadır. Birincisi anne ile bebeği arasında geçmektedir (Bebeğin Sabahı), ikincisi ise anne ile çocuğu arasında geçmektedir (Doktorun Muayenehanesi). Üçüncü hikaye evli bir çift arasında geçerken (Özlem'in Kazası) son hikaye ise iki genç sevgili veya nişanlı arasında geçmektedir (Berna ile Emre'nin Kamp Gezisi). Güvenli bağlanan yetişkinlerin bu yöntemle duygusal açıdan zengin ve güvenli üs senaryosuyla tutarlı hikayeler yazdıkları gözlemlenmiştir. Buna göre, destek veren karakter yardım isteyenin stresini hemen farketmekte ve gerekli maddi manevi yardımı etkili bir şekilde vermekte ve stresi yaşayan kişi için durumu kolay başedilebilir bir hale getirmeye çalışmaktadır. Hikayedeki karakterler konuşkan, olayların olumlu yanlarını da görebilen, duygu paylaşımına açık

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kişilerdir. Yardım isteyen kişilerin de ihtiyaçlarını saklamayan, verilen telkinlerle kolay sakinleşebilen ve normal ilişki temposuna kolayca dönebilen karakterler oldukları gözlemlenmiştir. GÜSB'nin geçerliğine yönelik ilk çalışmalar bu ölçümün YBG (Waters & Rodrigues, 2001) ve Yabancı Ortam Yönetimi (Tini, Corcoran, Rodrigues & Waters, 2003) ile güçlü olarak ilişkili olduğunu göstermektedir. Bu ölçüm diğer gizil ölçümlere kıyasla çok daha ekonomik ve uygulaması ve puanlaması kolay olması açısından tercih edilebilir bir ölçüm yöntemidir ve bu çalışmadaki amaç da GÜSB'nin Türkiye standardizasyonudur.

Ancak, çalışmaya devam etmeden önce bu çalışmada temel oluşturmuş ve literatürde bağlanmayla ilişkili olduğu gösterilen diğer faktörlerin de incelenmesi gerekmektedir. Daha önce de belirtildiği gibi bağlanma kuramının zihinsel temsiller yolu ile yetişkinlikte açıklayabildiği bir çok duygusal, bilişsel ve davranışsal değişkenler bulunmaktadır. Bowlby, psikanalist yönelimli bir psikolog olarak bağlanma kuramının psikolopatolojik implikasyonları üzerinde özellikle durmuş ve bağlanmanın duygu kontrolü üzerindeki önemini vurgulamıştır (Bowlby, 1969, 1973, 1980). Buna göre, güvenli üs fenomeni doğuştan gelen bir duygu düzenleme mekanizmasıdır ve fonksiyonel olmayan güvenli üs temsili kronik olarak olumsuz duygulara ve psikopatolojiye sebep olabilmektedir. Olumsuz duygular incelendiğinde güvensiz bağlanmış kişilerde nefret, küçük görme, saldırganlık duyguların (Kobak & Sceery, 1988, Magai ve ark., 1995) veya kaygı, utanç ve üzüntü duygularının (Kobak, Cole, Ferenz-

Gilles, & Fleming, 1993; Mikulincer, 1998a) yoğun olarak gözlemlendiği belirtilmektedir. Sözkonusu uçnoktadaki duygu düzenleme bozuklukları diğer bir deyişle, psikopatoloji olduğunda ise her ne kadar güvensiz bağlanmanın psikopatolojiye mutlaka sebep olacağı söylenemezse de ampirik çalışmalar klinik popülasyonda güvensiz bağlanmanın, özellikle de çözümlenmemiş bağlanma biçiminin çok yaygın olarak gözlemlendiğini göstermişlerdir (Van Ijzendoorn & Bakersman-Kranenburg, 1996). Rosenstein ve Horowitz (1993) bu oranın %98 düzeyinde olduğunu belirtmiştir. Ayrıca, klinik dışındaki popülasyonda da belirli psikolojik belirtilerin güvensiz bağlanma ile ilişkili olduğu rapor edilmiştir. Buna göre; güvensiz bağlanan yetişkinlerin Kısa Semptom Envanteri'nde daha yüksek puan aldıkları (Cooper, Shaver & Collins, 1998), madde kullanımının, somatik semptomların ve saldırgan davranışların daha yaygın gözlemlendiği (Rosenstein & Horowitz, 1996, Mikulincer, Florian & Weller, 1993) kaygı ve depresyon şikayetlerinin daha yoğun rapor edildiği belirtilmiştir.

Bunların dışında bağlanma kuramının stresle başa çıkma yolları ile ilgili olarak da ampirik olarak desteklenmiş çeşitli önergeleri vardır. Buna göre, güvenli bağlanmanın stresle başa çıkmada problem odaklı stratejiler ve sosyal destek arama stratejileri ile ilişkili olduğu gösterilirken, güvensiz bağlanmanın uzun dönemde etkili olmayan duygu odaklı stratejilerle ilişkili olduğu gösterilmektedir (Mikulincer & Florian, 1998, 2001). Güvensiz bağlanma özellikle sosyal destek alma davranışı ile olumsuz yönde ilişkili bulunmuştur

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(Collins, 1996). Güvensiz kişilerin sadece sosyal destek alma konusunda çekimser olmadıkları aynı zamanda algıladıkları sosyal destek düzeyinin de düşük olduğu çalışmalarla desteklenmiştir (Sarason ve ark., 1991). Bunun aksine güvenli bağlanan kişilerin etraftan daha fazla sosyal destek algıladıkları (Blain, Thompson & Whiffen, 1993; Davis, Morris & Kraus, 1998) ve aldıkları sosyal destekten de daha fazla tatmin oldukları bulunmuştur (Priel & Shamai, 1995).

Sonuç olarak bağlanma kuramının duygu kontrolü, psikopatoloji, stresle başa çıkma yolları ve algılanan sosyal destek kavramlarıyla ilgili olarak araştırmalarla desteklenmiş güçlü önergeleri bulunmaktadır. Bu çalışmada GÜSB'nin geçerliğini test etmek için bu önergelerden faydalanılmıştır. Çalışmada temel amaç yeni geliştirilmiş olan bu gizil bağlanma ölçüm yönteminin Türkiye standardizasyonunu yapmaktır. Bu amaçla biri pilot olmak üzere dört ayrı çalışma deseni oluşturulmuştur ve her çalışmada bağlanma kuramının farklı önergeleri test edilmiştir.

2. Amaç ve Hipotezler:

Bu çalışmanın amacı Güvenli Üs Senaryo Bilgisi-Kılavız Kelime Yöntemi'nin (GÜSB) Türkçe adaptasyonunu yapmak, geçerlik ve güvenirliğini test etmektir. Bu doğrultuda aşağıdaki beklentiler 4 ayrı çalışmada sınanmıştır.
GUSB'nin güvenirliği için;

1) GÜSB'deki 4 hikaye taslağından 1 ila 7 arasındaki tüm puanların elde edilebileceği düşünülmektedir.

2) İç tutarlılığın yüksek olması beklenmektedir. Buna göre anne-bebek hikayeleri ve yetişkin-yetişkin hikayelerinin hem kendi içlerinde hem de birbirleriyle yüksek düzeyde ilişkili olması beklenmektedir. Dört ayrı ilişkiye odaklanan dört hikayenin tek bir güvenli üs senaryo bilgisini ölçtüğü varsanılmaktadır.

3) Güvenli üs senaryosunun zaman içerisinde stabil olduğu varsayımından yola çıkarak GÜSB'nin altı ay ara ile alınan iki ölçümü arasında anlamlı ilişki olması beklenmektedir.

4) Puanlayıcılar arası güvenirlik sınanacaktır. GÜSB'nin orjinal el kitabına göre eğitilmiş olan değerlendiricilerin puanları arasında anlamlı ilişki beklenmektedir.

GUSB'nin geçerliği için;

5) GÜSB'nin kategorik değerlendirmesi sonucunda güvenli ve güvensiz bağlanma dağılımının literatürdeki normatif verilerle paralel sonuçlar vermesi beklenmektedir.

6) Ayırdedici geçerlik adına GUSB'nin WAIS-R ile ilişkili olmaması beklenmektedir.

7) Ayırdedici geçerlik adına GUSB'nin yaş, cinsiyet, eğitim, medeni durum gibi sosyo-demografik özelliklerle ilişkili olmaması beklenmektedir.

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8) İki farklı bağlanma değerlendirme yöntemi olan GUSB ile ECR-R'nin ilişikisi sınanacaktır. Literatürde orta derecede ilişki rapor eden ve ilişki rapor etmeyen çelişkili sonuçlar sebebi ile belirli bir beklenti saptanmamıştır.

9) Ameliyat hastalarından güvenli üs senaryo bilgisi daha yüksek düzeyde olanların ameliyat sonrası durumluk kaygı düzeylerinin daha düşük olması beklenmektedir.

10) Psikiatri hastalarının güveni üs senaryo bilgilerinin bir kontrol grubuına kıyasla anlamlı olarak daha düşük düzeyde olması beklenmektedir.

11) Güvenli üs senaryo bilgi düzeyi yükseldikçe psikolojik semptomların düzeyinde azalma beklenmektedir.

12) Güvenli üs senaryo bilgi düzeyinin stresle başa çıkma yollarından problem çözme ve iyimser/sosyal destek arama yöntemleri ile olumlu yönde, çaresizlik yöntemleriyle olumsuz yönde ilişkili olması beklenmektedir.

13) Güvenli üs senaryo bilgi düzeyinin algılanan sosyal destek düzeyi ile olumlu yönde ilişkili olması beklenmektedir.

3. Ölçüm Araçları:

Toplam olarak dört ayrı çalışmada kullanılmış olan tüm ölçüm araçları aşağıda belirtilmektedir:

Demografik Bilgiler: Kişilerin demografik özellikleri, geçirmiş oldukları psikolojik veya psikiatrik tedaviler ve travmalar hakkında bilgi alınmıştır.

Psikolojik Semptomlar: Derogatis (1992) tarafından geliştirilen ve Şahin ve Durak (1994) tarafından Türkçe'ye çevrilen 53 maddelik kaygı, depresyon, somatizasyon, olumsuz benlik, ve saldırganlık boyutlarını ölçen Kısa Semptom Envanteri (KSB) kullanılmıştır.

Başetme Yolları: Folkman and Lazarus (1988) tarafından geliştirilen 66 maddelik Baş Etme Yolları Ölçeği'nin (BYÖ), Karanci ve ark., (1999) tarafından kısaltılmış olan 41 maddelik formu kullanılmıştır.

Sosyal Destek: Katılımcıların sosyal destek algıları Zimet ve ark., (1988) tarafından gelistirilen ve Eker ve Akar (1995) tarafından Türkçe'ye çevrilen 12 maddelik Çok Boyutlu Algılanan Sosyal Destek Ölçegi (ÇBASDÖ) kullanılarak ölçülmüştür.

Zeka: Wecsler (1981)tarafından geliştirilip revize edilmiş olan ve Baştuğ (2000), Yargıcı (2000) ve Yılmaz (2000) tarafından Türkçe standardizasyon çalışmaları yapılmış olan Wechsler Yetişkinler için Zeka Ölçeği – R (WYZÖ-R) kullanılmıştır.

Durumluk Kaygı: Spielberger, Goursuch ve Lushene (1970) tarafından geliştirilmiş ve Öner ve Lecompte (1985) tarafından Türkçe'ye çevrilmiş olan 20 maddelik Durumluk Sürekli Kaygı Envanteri – Durumluk Kaygı (DSKE-D) ölçeği kullanılmıştır.

Ameliyat Kaygısı: Dirik (2001) tarafından geliştirilmiş olan Ameliyata Özgü Kaygı Envanteri (AÖKE), ameliyat hastalarının ameliyat ile ilgili olarak hissettikleri kaygı düzeyini belirlemek amacıyla kullanılmıştır.

Yakın İlişkiler Envanteri (YİE) Fraley, Waller ve Brennan (2000) tarafında revize edilmiş ve Selçuk, Günaydın, Sümer ve Uysal tarafından Türkçe'ye çevrilmiş olan 36 maddelik YİE yetişkin romantik bağlanma stillerini ölçmek için kullanılmıştır.

Güvenli Üs Senaryo Bilgisi – Kılavız Kelime Yöntemi (GÜSB): Waters ve Rodrigues (2001) tarafından geliştirilmiş olan ve 20 dakikalık bir uygulamayı gerektiren bu yöntem katılımcıların kendilerine belirli bir sırayla verilen kelimelerden gerçekçi ve detaylı bir hikaye anlatmalarını içermektedir. Dört hikaye taslağından oluşan bu uygulama 2 yetişkin-çocuk (Bebeğin Sabahı, Doktorun Muayenehanesi) ve 2 yetişkin-yetişkin (Özlem'in Sabahı, Berna ile Emre'nin Kamp Gezisi) hikaye taslağını içermektedir. Hikayeler yazılı olarak değerlendirilmekte ve puanlama 1 ila 7 arasında yapılmaktadır. Buna göre, senaryo bilgisi tutarlı olan ve güvenli üs senaryo bilgisi ile uyumlu olan hikayeler yüksek puan almakta tutarsız ve güvenli üs senaryo bilgisi ile uyumlu olmayan kopuk hikayeler ise düşük puan almaktadırlar. Bağlanma kategorizasyonu değerlendirilmek istenirse kesim puanı 4.00'dır. Buna göre; 4.00'ın üzerinde puan alan katılımcı güvenli, 3.99 ve altında alan katılımcı güvensiz bağlanma sergileyen bir yetişkindir.

4. Pilot Çalışma

Amaç: Pilot çalışmanın amacı Güvenli Üs Senaryo Bilgisi-Kılavuz Kelime Yöntemi (GÜSB)'nin güvenirlik ve geçerliği ile ilgili ilk bilgileri edinmek ve Türkçe uygulamanın katılımcılar tarafından anlaşılırlığını test etmektir. Bu doğrultuda; 1., 2. ve 11. hipotezler test edilmiştir.

Katılımcılar: Pilot çalışmaya Orta Doğu Teknik Üniversitesi'nden PSY 100 Genel Psikoloji dersini alan 49 öğrenci katılmıştır. Bu katılımcıların 24'ü erkek 25'i kız olup yaş ortalamaları 21'dir.

Ölçekler: Yukarıda verildiği şekilde demografik Bilgiler, KSE ve GÜSB kullanılmıştır.

Bulgular: GÜSB'de kullanılmış olan 4 taslak hikayenin de katılmıclar için anlaşılır olduğu katılımcıların vermiş oldukları prototipik hikayelerden ve tüm skor ranjının elde edilebilmesinden çıkarsanmıştır. Ancak, Amerikan örnekleminden alınan hikayelerle kıyaslandığında Türk örneklemin hikayelere iki karakterden daha fazla karakter ekleyebildikleri gözlemlenmiştir. Örneğin; komşular, arkadaş grubu ve geniş aile elemanları gibi. Karakterlerin sayısının fazla olması iki ana karakterin ilişkisini gözlemlemeyi zorlaştırdığından puanlanamaz hikayelere sebep olabileceği gözlemlenmiştir. Bu sebeple GÜSB'nin yönergesine bunu engelleyebilecek eklemeler yapılmıştır.

GÜSB'nin Cronbach Alfa katsayısı yüksek ve yetişkin-çocuk, yetişkin-yetişkin hikayelerinin hem kendi içinde hem de birbirleriyle ilişkilerinin güçlü ve istatistiksel olarak anlamlı olduğu bulunmuştur. Buna göre; dört ayrı hikayeden oluşan GÜSB'nin tek bir güvenli üs senaryosu bilgisi ölçtüğü bu sebeple tek bir test puanı kullanılmasının yeterli olacağı belirlenmiştir.

GÜSB'nin psikolojik belirtilerle anlamlı ve olumsuz bir yönde ilişkisi olduğu gözlemlenmiştir. Bu ilişki en güçlü olarak depresyon ve kaygı semptomları ile bulunmuştur. Bu doğrultuda güvenli üs senaryo bilgi düzeyi yüksek olan katılımcıların depresyon ve kaygı belirtilerinin düşük olduğu bulunmuştur.

5. Ana Çalışma 1: GÜSB'nin Geçerlik ve Güvenirliği

Amaç: Bu çalışmada amaç, pilot çalışmanın sonuçları da göz önünde bulundurularak GÜSB'nin geçerlik ve güvenirliğinin test edilmesidir. Buna göre, yukarıda belirtilen 2., 3., 4., 6. ve 8. hipotezler bu çalışmada test edilmiştir.

Katılımcılar: Bu ana çalışmaya Orta Doğu Teknik Üniversitesi Psikoloji Bölümü birinci sınıf öğrencilerinden 47'si katılmıştır. Yaş ortalamaları 18 olan öğrencilerden 42'si kız 5'i erkektir. Toplam 47 öğrenciden 42'si altı ay sonra yapılmış olan 2. ölçüme katılmışlardır.

Ölçekler: Yukarıda belirtildiği şekilde demografik Bilgiler, WYZÖ-R, YİE ve GÜSB kullanılmıştır.

Bulgular: Bu çalışmada öncelikle iç tutarlılık tekrardan test edilmiştir ve gerek Cronbach Alfa düzeyi gerekse 4 hikaye arasındaki yüksek ilişki düzeyi tek bir güvenli üs senaryo bilgi düzeyinin ölçümlendiğini destekler niteliktedir.

İkinci olarak çalışmada test-tekrar test güvenirliği test edilmiştir ve katılımcılar 6 ay arayla GÜSB'yi tekrar almışlardır. Zihinsel temsillerin 20 yıl süreyle stabil olduğunu gösteren verilerle paralel olarak GÜSB puanlarının 6 ay içerisinde stabil kalacağı varsanılmıştır. İki zaman arasındaki yüksek düzeydeki anlamlı ilişki (r=.81, p<.000) GÜSB'nin bu boyuttaki güvenirliğini desteklemektedir. Bu çalışmada ayrıca puanlayıcılar arası güvenirlik de test edilmiştir. GÜSB'nin orijinal el kitabı ile eğitilmiş olan 2 ayrı puanlayıcının puanları arasında yüksek düzeyde anlamlı ilişki bulunmuştur (r=.85, 86).

Bu çalışmanın diğer bir temel amacı da GÜSB'nin ayırdedici geçerliğini test etmekti. Buna göre GÜSB'nin zeka gibi bilişsel bir beceriyi ölçmemesi gerektiği fikrinden yola çıkarak WYZÖ-R ile ilişkisi incelenmiştir. Sonuçlar literatürle de paralellik göstermiştir ve GÜSB'nin WYZO-R'ın sözel, performans ve tüm test puanları ile anlamlı bir ilişkisi bulunmamıştır.
Bu çalışmada son olarak GÜSB'nin YİE ile ilişkisi incelenmiştir. Literatürde bu konudaki tutarsız sonuçlardan dolayı bir beklenti oluşturulmamıştır.

Sonuçlar YIE'nin kaygı boyutuyla GÜSB arasında yüksek düzeyde bir ilişki gösterirken, yadsıma boyutu ile anlamlı bir ilişkisi olmadığını göstermektedir. Diğer bir deyişle romantik ilişkilerinde partnerlerine yakınlaşmayı tercih etmeyen ve kendilerinin güçlü ve bağımsız olduğunu rapor eden yetişkinler GÜSB'de ayırt edilmemektedir. Ancak, romantik ilişkilerinde terk edilmekten, reddedilmekten korktuğunu rapor etmiş yetişkinlerin GÜSB'de düşük puan aldıkları gözlemlenmiştir.

6. Ana Çalışma 2: GÜSB'nin Tahmin Geçerliği

Amaç: Bu çalışmanın amacı güvenli üs senaryo bilgi düzeyinin duygu düzenlemesi üzerine etkisini incelemektir. Bu amaçla 9. hipotez test edilmiştir.

Katılımcılar: A.Ü. İbn-i Sina Fakültesinde yatmakta olan ve ameliyat bekleyen 20 ila 60 yaş arasında 43 hasta çalışmaya katılmıştır. Bu hastalardan 24'ü erkek (Yaş ortalaması=43), 19'u ise kadındır (yaş ortalaması = 44). Katılımcıların eğitim düzeyleri ortaokuldan yüksek lisans düzeyine kadar farklılık göstermektedir.

Ölçekler: Yukarıda belirtildiği şekilde demografik Bilgiler, DSKE-D, AOKE ve GÜSB kullanılmıştır.

Bulgular: Çalışma sonucunda ameliyat sonrası durumluk kaygı düzeyini güvenli üs senaryo bilgi düzeyinin anlamlı olarak yordadığı bulunmuştur.

Diğer bir deyişle, güvenli üs senaryo bilgisi tutarlı olan kişilerin ameliyat sonrası daha az kaygılı oldukları gözlemlenmiştir. Bu ilişki ameliyata yönelik kaygı düzeyi ve ameliyat öncesi durumluk kaygı düzeyinin kontrol edilmesinden sonra da istatistiksel olarak anlamlı bulunmuştur. Bağlanma kuramının duygu kontrolü ile ilgili olan önergesi temel alınarak oluşturulmuş bu çalışmada bu önerge desteklenmiştir ve sonuçlar GÜSB'nin geçerliğini de desteklemektedir.

7.   Ana Çalışma 3: Psikiyatri Grubu ve Control Grubu Kıyaslaması

Amaç: Bu çalışmada amaç psikiyatri hastalarının güvenli üs senaryo bilgi düzeylerini psikiyatri geçmişi olmayan bir kontrol grubu ile kıyaslanmasıdır. Bu sebeple 10. hipotez test edilmiştir.

Katılımcılar: Psikiyatri grubunu SSK Dışkapı Yetişkin Polikliniği'nde depresyon, kaygı ve kişilik bozuklukları tanıları ile tedavi gören 20 ila 55 yaş arasında 41 katılımcı oluşturmaktadır. Bu katılımcılardan 17'si erkek (yaş ortalaması= 30) ve 24'ü kadındır (yaş ortalaması = 31). Çalışmadaki kontrol grubunu ise psikiatri grubuna eğitim ve yaş açısından benzer ancak psikiatri geçmişi olmayan 53 kişi katılmıştır. Katılmcıların 16'sı erkek (yaş ortalaması= 35), 37'si kadındır (yaş ortalaması= 30).

Ölçekler: Yukarıda belirtildiği şekilde demografik Bilgiler, KSE ve GÜSB kullanılmıştır.

Bulgular: Çalışma sonucunda psikiyatri örnekleminin kontrol grubuna kıyasla anlamlı olarak düşük düzeyde güvenli üs senaryo bilgisine sahip oldukları gözlemlenmiştir. Hatta iki grup arasındaki farklılık dramatik bir düzeydedir. Öyle ki, psikiyatri grubunda sadece bir tek katılımcı 4.00 üzerinde GÜSB puanı alarak güvenli bağlanma düzeyinde performans göstermiştir. Bu sonuçlar psikiyatri örnekleminde %98'e varan oranlarda güvensiz bağlanma bulan çalışma ile (Rosenstein & Horowitz, 1996) parallellik göstermektedir. Bu çalışmada bağlanma kuramının psikiyatrik bozukluklara yönelik önergesi test edilmiştir ve sonuçlar hem önergeyi hem de GÜSB'nin yöntem olarak geçerliğini destekler niteliktedir.

8. Tüm Örneklem Genel Bulguları

Amaç: Çalışmanın bu kısmında istatistiksel olarak gücü arttırabilmek ve daha heterojen bir örneklem elde edebilmek için ana çalışmalardaki örneklemler, psikiyatri grubu dahil olmamak kaydıyla birleştirilmiş ve daha çok sayıda kişi ile yeni bir örneklem oluşturulmuştur. Bu sayede bağlanma kuramının bazı genel önergelerinin test edilmesi amaçlanmıştır. Buna göre, 2., 5., 7., 11., 12. ve 13. hipotezler test edilmiştir.

Katılımcılar: Örneklem 18 ila 60 yaş arası toplam 143 kişiden oluşmaktadır (yaş ortalaması= 28,57). Katılımcıların 45' erkek, 98'i kadındır. Eğitim düzeyi ortaokul ve yüksek lisans düzeyinde değişkenlik göstermektedir. Ortalama eğitim düzeyi 13 yıldır.

Ölçekler: Yukarıda belirtildiği şekilde demografik Bilgiler, KSE, BYÖ, ÇBASDÖ, GÜSB kullanılmıştır.

Bulgular: Öncelikle büyük örneklemde GÜSB'nin iç tutarlılığı tekrardan test edilmiş ve dört ayrı hikaye taslağının tek bir güvenli üs senaryo bilgisini ölçtüğü savı desteklenmiştir. Buna göre hem yetişkin-bebek hem de yetişkin-yetişkin hikayeleri hem kendi içlerinde hem de birbirleriyle güçlü düzeyde ilişkili bulunmuşlardır. Ayrıca, bu çalışmada 4.00 kesme noktası kullanılmak şartıyla örneklem güvenli ve güvensiz bağlanma olarak ikiye bölünmüş ve güvenli güvensiz oranı literatürdeki normatif verilerle kıyaslanmıştır. Buna göre, sonuçlar normatif verilerle paralellik göstermektedir. Katılımcıların %53'ü güvenli bağlanma kategorisinde yer almışlardır.

Üçüncü olarak GUSB'nin ayırdedici geçerliğinin test edilmesi açısından, bu heterojen grupta GÜSB'nin sosyo-demografik özelliklerle ilişkisi incelenmiştir ve beklentiler doğrultusunda GÜSB'nin yaş, eğitim, ve medeni durum ile ilişkili olmadığı bulunmuştur. Diğer bir deyişle anlatılmış olan hikayeler kişilerin yaşı, eğitimi ve medeni durumlarından etkilenmemektedirler.

Son olarak da çalışmanın bu kısmında GÜSB'nin geçerliğinin test edilmesi açısından bağlanma kuramının 3 temel önergesi test edilmiştir. Bu doğrultuda güvenli üs senaryo bilgi düzeyinin, psikolojik semptomlarla, stresle başa çıkma yöntemleri ile ve algılanan sosyal destek ile ilişkisi incelenmiştir. Sosyo-demografik özellikler kontrol edildikten sonra GÜSB'nin genel olarak psikolojik belirtilerle olumsuz yönde anlamlı ilişkisi olduğu bulunmuştur. Buna göre; güvenli üs senaryo bilgisi tutarlı olan kişilerin daha az psikolojik belirti rapor ettikleri belirlenmiştir. Ayrıca, stresle başa çıkma yollarına bakıldığında GÜSB'nin problem çözme boyutu ile olumlu çaresizlik boyutu ile olumsuz bir ilişkisi olduğu gözlemlenmiştir. Diğer bir deyişle güvenli üs senaryo bilgisi tutarlı düzeyde olan kişilerin stres karşısında daha fazla problem çözme metodlarını kullandıkları ve daha az çaresizlik boyutunu içeren duygu odaklı yöntemler kullandıkları bulunmuştur. Son olarak da güvenli üs senaryo bilgisi tutarlı olan kişilerin algıladıkları sosyal destek düzeyinin bu bilginin tutarlı olmadığı kişilere oranla anlamlı olarak daha yüksek olduğu bulunmuştur. Bağlanma literatürü ile parallelik gösteren bu sonuçlar GÜSB'nin geçerliğini desteklemektedir.

9. Genel Değerlendirme, Sonuç ve Öneriler

Genel olarak bu çalışma GÜSB'nin Türkiye standardizasyonunu sağlamak, çoklu bir örneklemde GÜSB'nin geçerlik ve güvenirliğini test etmek amacı ile yapılmıştır. Bu amaçla tasarlanmış 4 ayrı çalışmada GÜSB'nin iç tutarlılığı,

test-tekrar test güvenirliği, puanlayıcılararası güvenirliği, ayırdedici geçerliği, tahmin geçerliği ve yapı geçerliği bağlanma kuramının temel önergeleri de dikkate alınarak test edilmiştir. Sonuçlar GÜSB'nin Türkiye için geçerli ve güvenilir bir gizil bağlanma ölçümü olduğunu destekler niteliktedir.

GÜSB tek bir genel puanla kişilerin güvenli üs senaryosunu ne düzeyde bildiklerini test etmektedir ancak, şu haliyle güvensiz bağlanan yetişkinler arasında bir ayrım yapmamaktadır. Diğer bir deyişle güvenli üs senaryo bilgisi tutarlı olmayan güvensiz yetişkinler arasında yadsıyan, saplantılı veya çözümlenmemiş bağlanma tarzı şeklinde bir sınıflandırma yapamamaktadır. Ancak, ileriki çalışmalarda yapılacak içerik analizleriyle hikayelerde farklı defans stratejilerinin ayırt edilmesi veya belirli örüntülerin belirlenmesi mümkün olabilir. Bu sayede GÜSB'nin kullanımı daha avantajlı bir hale gelebilir.

10. Çalışmanın Klinik Katkıları:

Bağlanma kuramı çoğunlukla gelişim ve sosyal psikolojinin odaklandığı bir kuram olsa da aslında psikopatolojiye ve genel duyguduruma etkisi sebebi ile Bowlby (1980) tarafından geliştirilmiş bir kuramdır. Bağlama kuramının bugün klinik psikolojide de önemi ve yeri büyüdükçe uygun gizil ölçüm yöntemlerinin de geliştirilmesi önemli bir hal almaktadır. GÜSB, amacı anlaşılamayan gizil bir bağlanma ölçümü olarak klinik uygulamalarda önemli

bir yer işgal edebilir. Öncelikle, GÜSB tanısal anlamda fayda sağlayabilir. Bu fayda psikopatoloji tanısının konması açısından değil ancak, kişinin ikili ilişkilerdeki fonksiyon düzeyinin belirlenmesi açısından fayda sağlayabilir. GÜSB hikayeleri detaylı olarak incelendiğinde kişilerin ikili ilişkileri algılamaları, ikili ilişkilerdeki duygu ve davranış örüntüleri hakkında önemli bir kaynak oluşturabilir. Dolayısıyla da GUSB hikayelerinin içerikleri terapi için zengin bir materyal oluşturabilir ki bu da GÜSB'nin klinik psikolojiye ikinci önemli katkısı olabilir. Son olarak da GÜSB terapi sürecindeki değişimi test edebilmek için kullanılabilir. Şematik yapılarda değişimi hedefleyen bilişsel terapi sürecinde yakın ilişkilerle ilgili şemalardaki değişim GÜSB'nin farklı zamanlarda uygulanması ile gözlemlenebilir.

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