

**RESILIENCE IN UNIVERSITY ENTRANCE EXAMINATION
APPLICANTS: THE ROLE OF LEARNED RESOURCEFULNESS,
PERCEIVED SOCIAL SUPPORT, AND GENDER**

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ABSTRACT

RESILIENCE IN UNIVERSITY ENTRANCE EXAMINATION APPLICANTS: THE ROLE OF LEARNED RESOURCEFULNESS, PERCEIVED SOCIAL SUPPORT, AND GENDER

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The purpose of the study is to examine the differences in resilience scores of university entrance examination (UEE) applicants in terms of entrance time, graduation area, and school type variables, and to investigate the role of learned resourcefulness, perceived social support, and gender in predicting resilience scores of UEE applicants in the 2007-2008 academic year.

The sample of the study consisted of 865 (505 females and 360 males) volunteered UEE applicants enrolled in twelve different private courses located in Ankara and three different private courses located in Bursa. Achievement-Related Negative Life Events Subscale of Life Events Inventory for University Students (Gençöz & Dinç, 2006; Oral, 1999) was employed as a screening measure. Furthermore, a demographic data form developed by the researcher, Rosenbaum's Self-Control Schedule (Rosenbaum, 1980a; Siva, 1991), The Multidimensional Scale of Perceived Social Support (Eker & Arkar, 1995; Zimet, Dahlem, Zimet, & Farley, 1988), and Harter's Self-Perception Profile for Adolescents (Harter, 1988; Şahin & Berkem-Güvenç, 1996) were used to collect data.

One-way analysis of variance and multiple regression analysis were conducted to analyze the data. The results of one-way analysis of variance indicated that the groups of entrance time to university entrance examination (entering the exam for the first time, second time, or third time), graduation area (equally weighted, quantitative, or social sciences), and school type (General High School, Anatolian High School, Private High School, or Vocational High School) were not significantly different with respect to their resilience scores. On the other hand, the results of multiple regression analysis revealed that all the predictor variables (learned resourcefulness, perceived social support, and gender) were significant predictors which explained 19 % of the total variance in resilience scores. The study found that participants who reported high levels of learned resourcefulness, and perceived social support had higher resilience scores. In addition, being male was found to be associated with higher resilience scores.

Keywords: Resilience, Learned Resourcefulness, Perceived Social Support, Gender, University Entrance Examination, University Entrance Examination Applicants.

ÖZ

ÜNİVERSİTE GİRİŞ SINAVINA HAZIRLANAN ADAYLARDA PSİKOLOJİK SAĞLAMLIK: ÖĞRENİLMİŞ GÜÇLÜLÜK, ALGILAN SOSYAL DESTEK VE CİNSİYETİN ROLÜ

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Bu çalışmanın amacı, 2007-2008 akademik yılında, üniversite giriş sınavına hazırlanan adayların psikolojik sağlamlık puanları arasındaki farklılıkları sınava giriş sayısı, mezuniyet alanı ve okul türü değişkenleri açısından incelemek ve üniversite giriş sınavı adaylarının psikolojik sağlamlık puanlarını yordamada öğrenilmiş güçlülüğün, algılanan sosyal desteğin ve cinsiyetin rolünü araştırmaktır.

Çalışmanın örneklemi, Ankara ilindeki on iki farklı dershaneye ve Bursa ilindeki üç farklı dershaneye devam eden gönüllü 865 (505 kız ve 360 erkek) üniversite giriş sınavı adayından oluşmaktadır. Üniversite Öğrencileri İçin Yaşam Olayları Envanteri'nin (Gençöz & Dinç, 2006; Oral, 1999) Başarıyla İlişkili Olumsuz Yaşam Olayları Alt Ölçeği tarama ölçeği olarak kullanılmıştır. Ayrıca, araştırmacı tarafından geliştirilen demografik veri formu, Rosenbaum'un Öğrenilmiş Güçlülük Ölçeği (Rosenbaum, 1980a; Siva, 1991), Çok Boyutlu Algılanan Sosyal Destek Ölçeği (Eker & Arkar, 1995; Zimet, Dahlem, Zimet, & Farley, 1988) ve Harter'ın Ergenlerde Benlik Algısı Ölçeği (Harter, 1988; Şahin & Berkem-Güvenç, 1996) veri toplamak için kullanılmıştır.

Verileri analiz etmek için, tek yönlü varyans analizi ve çoklu regresyon analizi kullanılmıştır. Tek yönlü varyans analizinin sonuçları, sınava giriş sayısı (sınava ilk giriş, ikinci giriş ya da üçüncü giriş), mezuniyet alanı (eşit-ağırlık, sayısal ya da sosyal bilimler) ve okul türü (Genel Lise, Anadolu Lisesi, Özel Lise ya da Meslek Lisesi) gruplarının psikolojik sağlamlık puanları açısından anlamlı düzeyde farklı olmadığını göstermiştir. Çoklu regresyon analizi sonuçları ise, tüm yordayıcı değişkenlerin (öğrenilmiş güçlülük, algılanan sosyal destek ve cinsiyet) psikolojik sağlamlık puanlarındaki toplam varyansın % 19'unu açıklayan anlamlı yordayıcı değişkenler olduklarını ortaya koymuştur. Araştırma, yüksek düzeyde öğrenilmiş güçlülük ve algılanan sosyal destek rapor eden adayların, psikolojik sağlamlık puanlarının da daha yüksek olduğunu saptamıştır. Ayrıca, erkek olmanın daha yüksek psikolojik sağlamlık puanları ile ilişkili olduğu bulunmuştur.

Anahtar Kelimeler: Psikolojik Sağlamlık, Öğrenilmiş Güçlülük, Algılanan Sosyal Destek, Cinsiyet, Üniversite Giriş Sınavı, Üniversite Giriş Sınavı Adayları.

*To my family: My mother, Gülten ÇİLİNGİR;
My brother, Mehmet Emrah DAYIOĞLU;
My father, Selçuk DAYIOĞLU;*

To my love: Ümit Can BAŞARAN;

&

To the memory of Prof. Dr. Gül AYDIN

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CHAPTER I

INTRODUCTION

1.1. Background to the Study

Adolescence is a significant period for emotional, cognitive, physical, behavioral, and social development (Santrock, 2005). Late adolescence, which corresponds to transition from adolescence to early adulthood, has been suggested to be a stressful period (Block & Kremen, 1996; Steinhardt & Dolbier, 2008). In this period, transition from secondary education to higher education may be particularly stressful for some young people confronting with a diversity of challenges which may affect their well-being (Leontopoulou, 2006; Steinhardt & Dolbier, 2008).

One of the challenges facing late adolescents in this period may be academic stress resulting from university entrance examinations (Koçkar & Gençöz, 2004). Academic stress may lead to negative outcomes in various aspects of health (King, Mietz, Tinney, & Ollendick, 1995). As Aysan, Thompson, and Hamarat (2001) stated, entering exams can become a major source of stress for adolescents, especially if the test scores are important in pursuing a career pathway and if there is necessity to pass the exam for future opportunities.

A great number of research findings have supported the view that academic stress is a major source of stress among university entrance examination (UEE) applicants. Among high school students and late adolescents attending universities, examination stress has been found to lead to emotional and physical

problems in diverse samples (Lee & Larson, 1996). For instance, in a study with a sample of 358 Korean high school students preparing for university entrance examinations, Lee and Larson (1996) found that more than half of the participants experienced a high level of stress, and 84 % of the students reported examination related events as stressful. The authors concluded that university entrance examination stress is a major and daily ongoing stress for adolescents in Korea, where high school students must pass a very competitive exam (less than one-quarter of the UEE applicants are admitted to a university).

Likewise, in Turkey, the number of applicants to the university entrance examination increases each year without a corresponding increase in the number of students accepted to the undergraduate programs of universities (ÖSYM, 1997; 2001; 2002; 2003; 2004, as cited in Yıldırım, 2004). Therefore, students enter a very competitive and challenging period beginning from high school. Considering the competition among the applicants and the limited number of qualified graduate programs, it is very difficult for students to be successful in the university entrance examination and enter a program in one of the commanding universities (Kemer, 2006). As a result, university entrance examination has been suggested as a stressful experience for students in Turkey (e.g., Baltaş, 1993, as cited in Bozkurt, 2003; Ergene & Yıldırım, 2004; Özdemir, 2002; Yıldırım, 2004; Yıldırım & Ergene, 2003).

Indeed, a considerable body of research conducted with UEE applicants in Turkey has revealed the negative effects of the exam on young people, and the examination itself has been perceived as a threat to self by the university applicants (Özdemir, 2002). Anxiety (Baltaş, 1993, as cited in Bozkurt, 2003; Karadeniz, 2005), stress (Özdemir, 2006), and depression (Ergene & Yıldırım, 2004; Yıldırım, 2004) have been the most widely reported symptoms among UEE applicants. Moreover, some studies have demonstrated the importance of entrance time, school type, and graduation areas in relation to variables such as anxiety and depression among UEE applicants. Some of these studies indicated findings favoring applicants entering the exam for the first time (e.g., Alyaprak, 2006) and

applicants who are graduates of Anatolian High Schools (e.g., Kemer, 2006; Özdemir, 2006). On the contrary, some indicated no significant difference among UEE applicants in anxiety and depression measures grouped on these variables (e.g., Dursun, 2005; Ekşi, 1998; Karadeniz, 2005; Mutlu, 2003; Sakızlıoğlu, 2003). Hence, educational background and previous experience on the exam may bring additional challenges for the applicants. Besides, adolescents in this period face with developmental tasks which are mainly related to transition to early adulthood from late adolescents (Ekici, 2005; Koçkar & Gençöz, 2004). Considering all the challenges and the additional stress of the preparation period of university entrance examination, adolescents in this period has been regarded as a major risk group (Koçkar & Gençöz, 2004).

Although stressful events have been well documented to lead behavioral, emotional, and physical problems among adolescents (Compas, 1987), an increasing body of research indicates that many adolescents show positive adaptation despite the adversity in their lives (e.g., Banyard & Cantor, 2004; Carbonell, Reinherz, & Giaconia, 1998; Carbonell et al., 2002; Conger & Conger, 2002; D'Imperio, Dubow, & Ippolito, 2000; Dumont & Provost, 1999; Everall, Altrows, & Paulson, 2006; Freire, Koller, Piason, & Silva, 2005; Hauser, 1999; Hunter, 2001; Hyman & Williams, 2001; Leontopoulou, 2006; Luthar, 1991; Masten et al., 1995; Masten et al., 1999; Masten et al., 2004; Nettles, Mucherah, & Jones, 2000; Rodgers & Rose, 2002; Smith & Carlson, 1997; Smokowski, Reynolds, & Bezruczko, 1999). These studies have been carried out as part of adolescent resilience research.

Resilience in the literature has been used as a construct referring to positive adaptation in the face of adversity, stress, or trauma (Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Masten & Coatsworth, 1998; Masten & Reed, 2002). Similar to the aim of positive psychology, which focus on human strengths (Compton, 2005; Duckworth, Steen, & Seligman, 2005; Seligman & Csikszentmihalyi, 2000), resilience research has also focused on positive outcomes in the face of stressful life events (Masten, 2001).

The literature presents a great number of qualitative and quantitative studies on adolescent resilience (e.g., Banyard & Cantor, 2004; Cappella & Weinstein, 2001; Carbonell et al., 1998; Carbonell et al., 2002; Conger & Conger, 2002; Dumont & Provost, 1999; Everall et al., 2006; Leontopoulou, 2006; Luthar, 1991; Martin & Marsh, 2006; Smokowski et al., 1999) along with various conceptual definitions of it (Luthar et al., 2000; Masten, 2001). Despite the complexity, resilience researchers have agreed upon the necessity of two criteria in operationalization of resilience among studies: “a risk factor” and “a positive outcome” (Masten, 2001, p. 228).

In the resilience literature, positive outcome has been operationalized as absence of psychological symptoms (e.g., depression and anxiety) (e.g., Dumont & Provost, 1999; Leontopoulou, 2006); well-being (e.g., Carbonell et al., 1998; Carbonell et al., 2002; Leontopoulou, 2006); social competence (e.g., Luthar, 1991); and academic performance (e.g., Martin & Marsh, 2006; Smokowski et al., 1999) in the face of various risk factors such as daily hassles, poverty, abuse, or traumatic experiences among adolescent studies. Although self-esteem has been well documented in the literature as correlates of resilience among adolescents (e.g., Dumont & Provost, 1999; Smith & Carlson, 1997; Song, 2003; Werner, 1995), it has been used as an outcome measure in previous resilience studies with adolescent samples as well (e.g., Carbonell et al., 1998; Heinzer, 1993; Leontopoulou, 2006; Tiét & Huizinga, 2002). For instance, in a recent study with Greek adolescents, Leontopoulou (2006) used double criteria to define resilience. The first one involved positive psychological outcomes of self-esteem and well-being, and the second one involved absence of psychopathological symptoms.

Risk factors may result from severe trauma; however, daily stressors may cumulatively affect individuals worse than traumatic events (Dumont & Provost, 1999; Smith & Carlson, 1997). Likewise, Klohnen (1996, as cited in Kararmak, 2007) stated that although resilience has been generally studied in the face of high levels of adversity, it also plays a significant role in coping with daily stressors

and challenges. Furthermore, self-esteem, which is learned throughout life can be at risk in the adolescence period and may become highly fragile (Rosenberg, 1986, as cited in Özdemir, 2002). Thus, for adolescents entering university entrance examination, self-esteem appears to be particularly important, since previous studies have shown the negative effects of the exam on the self-concept of UEE applicants (e.g., Özdemir, 2002). Along with these findings, adversity faced in the preparation period for university entrance examination can be accepted as a risk factor for the self-esteem levels of applicants.

One of the most consistent findings across resilience studies of adolescence is a positive correlation between resilience and internal factors such as problem-solving skills and effective coping strategies (e.g., Dumont & Provost, 1999; Leontopoulou, 2006; Werner, 1995; Werner & Smith, 1982; 1992), internal locus of control (e.g., Banyard & Cantor, 2004; Cappella & Weinstein, 2001; Everall et al., 2006; Gizir, 2004; Leontopoulou, 2006; Luthar, 1991; Smokowski et al., 1999; Werner, 1995), and self-efficacy (e.g., Martin & Marsh, 2006; Terzi, 2006). For example, Dumont and Provost (1999) examined the protective role of social support, coping strategies, self-esteem, and social activities on experiences of stress and depression among well-adjusted, resilient, or vulnerable adolescents. The results indicated that resilient adolescents had higher scores on problem-solving coping strategies than well-adjusted and vulnerable adolescents. In a recent study, Martin and Marsh (2006) investigated the educational and psychological correlates of academic resilience among Australian high school students, and found that self-efficacy, control, planning, low anxiety, and persistence were significant predictors of resilience. Moreover, in one of the frequently cited studies, moderating effect of internal locus of control between stressful life events and resilience (social competence) was found. According to the results, internal locus of control was reported to be a protective factor interacting with stress in leading to resilient functioning (Luthar, 1991).

In the light of the research evidence, it seems clear that control attributions such as internal locus of control, self-efficacy, problem-solving skills, and effective

coping strategies promote positive outcomes in the face of stress among adolescents. Learned resourcefulness, which has been referred as an internal coping resource for dealing with stressful events, covers the concepts of internal locus of control, problem-solving skills, self-efficacy, and effective coping strategies (Rosenbaum, 1990).

Studies continually verify that high resourceful people can cope with challenging situations more easily and effectively compared to low resourceful people (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Gintner, West, & Zarski, 1988; Rosenbaum, 1980b; Rosenbaum & Ben-Ari, 1985; Rosenbaum & Jaffe, 1983; Rosenbaum & Rolnick, 1983). For example, Akgün and Ciarrochi (2003) investigated learned resourcefulness as a moderator of the relationship between academic stress and academic performance in a university sample. The findings indicated that high resourceful students did not let the academic stress they experienced to interfere with their academic performance, although they experienced same levels of stress with low resourceful students. Likewise, Akgün (2004) studied the differences between high and low resourceful students with regard to their perceived stress levels, self-efficacy expectancies, and coping strategies in stressful academic situations. In this study, high resourceful students were found to have higher self-efficacy expectancies; use more problem-focused coping, more positive evaluation, and less escape-avoidance strategies; and ask for social support more in stages of an examination situation compared to low resourceful students. In another study, Gintner et al. (1988) with a sample of university students found that high resourceful subjects used more problem-focused coping in the preparation period for an exam compared to low resourceful individuals who used more wishful thinking, distancing, tension reduction, keeping to self, and self-blame. Also, high resourceful individuals were found to lower their problem-focused coping from preparation week to waiting week and as a result reported less stress symptoms compared to low resourceful individuals.

These findings may have importance for students preparing for university entrance examination, as the exam can be considered as a stress factor. According

to Rosenbaum (1990) learned resourcefulness is important in showing mastery responses and goal-attainment in difficult situations. Therefore, learned resourcefulness with its relation to goal-attainment may be an important psychological construct to study among UEE applicants who are faced with a lot of challenging situations that necessitates coping skills and self-control (e. g., coping with internal negative events, such as anxiety, and stress related to exam by means of redressive self-control skills; gaining effective study skills by means of reformative self-control skills; belief in studying will lead to success in the exam).

Considering the theoretical and empirical background of the concept, learned resourcefulness can be considered as a psychological resource predicting positive adaptation in stress. Therefore, learned resourcefulness may be an important internal resource promoting resilience among the adolescent population preparing for university entrance examinations.

Another internal factor for resilience within the sample of UEE applicants may be gender. In one of the most comprehensive reviews regarding resilience in children and adolescents, Smith and Carlson (1997) concluded that males tend to score lower on resilience scores during early and middle childhood compared to females. However, in adolescence period, the situation changes and males score higher on resilience measures compared to girls. Moreover, in a meta-analytic study regarding the gender differences in self-esteem, Kling, Hyde, Showers, and Buswell (1999) examined the gender differences in global self-esteem of participants, and results indicated that males scored higher on self-esteem than females. Likewise, O'Brien et al. (1996, as cited in Quatman & Watson, 2001), in a meta-analysis of 80 research studies reported that males scored higher on global self-esteem measures compared to females.

In addition to the internal resources, environmental resources play an important role in enhancing resilience among adolescents (Benard, 2004; Masten & Coatsworth, 1998; Wright & Masten, 2005). Positive adaptation is not only

related to the person but also to the attributes of the environment (Schoon & Bynner, 2003). For the majority of adolescents, external factors, specifically, social support from significant people in the environment was found to promote resilience (e.g., Banyard & Cantor, 2004; Carbonell et al., 1998; Carbonell et al., 2002; Conger & Conger, 2002; Dumont & Provost, 1999; Everall et al., 2006; Smokowski et al., 1999; Werner, 1995). For example, as part of a large longitudinal research project Carbonell et al. (1998) found that family cohesion and social support were associated with resilience among late adolescents at risk for major depression or other diagnoses. This finding suggests that although adolescents at this age begin to develop a sense of autonomy, they still benefit from family support. Likewise, Smokowski et al. (1999) found that motivational support from family members, teachers, and peers contribute to resilience measured by academic performance among adolescents. Similarly, in Everall et al.'s (2006) qualitative study, peer support, parent support, and extrafamilial support have been reported as significant resources in promoting resilience by participants (previously suicidal female adolescents).

Social support has also been found to lower the anxiety levels related to academic achievement (e. g., Cutrona, Cole, Colangelo, Assouline, & Russell, 1994). As Gottlieb (1980, as cited in İlden, 1999) proposed social support may be particularly important in significant life transitions such as college entrance, which requires reorientation of social network. Along with this explanation, there have been a number of studies investigating the relationship between perceived social support and a diversity of variables among adolescents in this transition period. For example, Ainslie, Shafer, and Reynolds (1996), with a sample of high school students enrolled in a college preparatory setting with high academic standards, found that students who reported high levels of perceived social support also reported less levels of stress. In line with this, Smith and Renk (2007) reported that social support from significant others was negatively correlated with academic-related stress among Asian American, African American, Hispanic American, and Caucasian undergraduate students. With Turkish adolescents preparing for university entrance examinations, Koçkar and Gençöz (2004) found

that total perceived social support and perceived social support from family and friends predicted anxiety scores among females and males respectively. Similarly, in another study, Yıldırım and Ergene (2003) reported that perceived social support from family and perceived social support from teachers predicted academic achievement among senior high school students

Based on the empirical evidence, it appears that perceived social support from different sources may serve as an important factor predicting positive psychological outcomes for UEE applicants, who may encounter with many environmental difficulties in the major challenge of university entry.

Taken collectively, the literature on adolescent resilience suggests that gender, learned resourcefulness, and perceived social support from various sources might serve as resources associated with positive outcomes among UEE applicants who are faced with stressful experiences resulting from the highly competitive nature of the exam. Furthermore, considering the unique structure of Turkish educational system, along with available empirical evidence on UEE applicants, it seems worth investigating the entrance time, graduation area, and school type variables in relation to resilience to understand whether the groups differ or not with respect to showing positive outcomes in the face of stressful events.

1.2. Purpose of the Study

The major purpose of the present study was to investigate the role of gender, learned resourcefulness, and perceived social support (from family, friends, and significant others) in predicting resilience scores among UEE applicants, who experience intense levels of achievement related negative life events. In addition, the effects of entrance time, graduation area, and graduation school type on UEE applicants' resilience scores were examined.

1.3. Research Questions

The research questions of the present study can be summarized as follows:

- 1- Is there a significant difference in resilience scores of UEE applicants who are entering the university entrance examination for the first time, second time, or third time?
- 2- Is there a significant difference in resilience scores of UEE applicants whose graduation area is equally weighted, quantitative, or social sciences?
- 3- Is there a significant difference in resilience scores of UEE applicants whose graduation school type is Anatolian High School, Private High School, Vocational High School, or General High School?
- 4- How much variance in resilience scores of UEE applicants is accounted for by the combination of gender, learned resourcefulness, and perceived social support (from family, friends and significant others)? In other words, to what extent do gender, learned resourcefulness, perceived social support from family, perceived social support from friends, and perceived social support from significant others predict resilience scores of UEE applicants?

1.4. Definition of Terms

Resilience:

Resilience refers to “the human ability to adapt in the face of tragedy, trauma, adversity, hardship and ongoing significant life stressors” (Newman, 2005, p. 227). In the current study, resilience was operationalized as self-esteem. Harter’s

(1988) Self-Perception Profile for Adolescent (SPPA) was used to measure resilience (self-esteem) scores.

Risk factor:

Wright and Masten (2005) defined risk factor as “a measurable characteristic in a group of individuals or their situations that predicts negative outcome on a specific outcome criteria” (p. 19). In the current study, risk factor was operationalized as achievement-related negative life events resulting from university entrance examination. Achievement-Related Negative Life Events Subscale of Life Events Inventory for University Students (LEIU) was used to measure achievement-related negative life events.

Compensatory factor/asset/resource:

Compensatory factor has been defined as “a measurable characteristic in a group of individuals or their situation that predicts general or specific positive outcomes” (Wright & Masten, 2005, p. 19). In the current study, compensatory factors were operationalized as learned resourcefulness and perceived social support.

Learned Resourcefulness:

Learned resourcefulness has been defined as “an acquired repertoire of behaviors and skills (mostly cognitive) by which a person self-regulates internal responses (such as emotions, cognitions, or pain) that interfere with the smooth execution of a desired behavior” (Rosenbaum & Ben-Ari, 1985, p. 200). In the current study, Self-Control Schedule (SCS) was used to measure learned resourcefulness.

Perceived Social Support:

Perceived social support has been defined as “an individual’s perceptions of general support or specific supportive behaviors (available or enacted on) from people in their social network, which enhances functioning or may buffer them from adverse outcomes” (Demaray & Malecki, 2002a, p. 215). In the current study, the Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure perceived social support.

1.5. Significance of the Study

The significance of the present study can be summarized in terms of counseling practices and research purposes.

First of all, aforementioned, preparation period for university entrance examination has been considered as one of the most stressful and challenging periods for adolescents in Turkey. To date, most of the studies have provided evidence regarding the negative effects of university entrance examination on young people (e.g., Baltaş, 1993, as cited in Bozkurt, 2003; Ergene & Yıldırım, 2004; Özdemir, 2002). These findings underline the importance of focusing on this group of individuals and developing intervention strategies for their psychological and emotional well-being.

The results of the present study may provide useful information for young people and significant others in their environment such as parents, teachers, school counselors, and counselors working at the private preparation courses. By knowing predictors of resilience, training programs may be developed to enhance the assets which may in turn promote resilience among this group. For instance, training programs related to improving cognitive and behavioral skills corresponding learned resourcefulness skills may be developed for UEE applicants. As it is suggested that learned resourcefulness can be learned through modeling or formal education (Rosenbaum, 1990), training programs may be

helpful in improving learned resourcefulness levels of individuals. Additionally, programs aiming to increase perceived social support may be developed as it has been shown in previous studies that perceived social support can be modified (e.g., Brand, Lakey, & Berman, 1995; Lakey & Cassady, 1990). Similar to the studies carried out previously (e.g., Brand et al., 1995; Lakey & Cassady, 1990), social skills training programs and cognitive restructuring methods can be applied to participants scoring lower on perceived social support measures. For example, Brand et al. (1995) showed that cognitive restructuring procedures that influence self-conceptions also influence support perceptions.

Considering research purposes, so far most of the major research with university entrance examination applicants has examined the negative effects of the exam on young people (e.g., Ergene & Yıldırım, 2004; Özdemir, 2002; Özdemir, 2006). On the other hand, studies focusing on strengths of individuals seem to be limited (e.g., Kemer, 2006). The present study aims to contribute to the previous research from a positive point of view by focusing on strengths in this group of adolescents. In other words, it is expected that the present study will contribute to the understanding of the positive assets associated with resilience among UEE applicants. By indicating the predictive power of learned resourcefulness and perceived social support from various sources on self-esteem scores of applicants, this study may enhance the understanding of associates of positive outcome.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents the related literature regarding the major variables and their relationships.

2.1. Review of Literature Regarding the Concept of Resilience

This section presents the most relevant resilience research literature with the purposes of the present study.

2.1.1. History of Resilience Research

The concept of resilience has taken attention from many mental health disciplines (Werner, 1995) beginning with the work of pioneering researchers namely Norman Garmezy, Emmy Werner, Ruth Smith, and Michael Rutter (Coleman & Ganong, 2002; Johnson & Wiechelt, 2004; Keyes, 2004). These researchers focused on resilience in children considered at risk for developmental problems because of stress or adversity in their lives such as poverty, maltreatment, abuse, or trauma (Masten, 2001) and discovered that children may develop positive outcomes despite the adversity they face with (e.g., Garmezy, 1987; Garmezy, Masten, & Tellegen, 1984; Rutter, 1987; Werner & Smith, 1982, 1992, 2001).

Research studies dealing with risk and adversity had focused on causes of psychopathology before 1970's (Masten & Reed, 2002), but resilience research has shifted the focus from deficit models to strengths and adaptation (Masten,

2001; Masten & Coatsworth, 1998; Masten & Reed, 2002) sharing the purposes of positive psychology (Compton, 2005; Duckworth et al., 2005; Seligman & Csikszentmihalyi, 2000). Relatedly, resilience has been accepted as one of the constructs related to positive adaptation (e.g., sense of coherence, hardiness, and self-efficacy) (Almedom, 2005; Tedeschi & Kilmer, 2005).

After 1970s, during which researchers had witnessed positive outcomes in the lives of children faced with significant risks and adversities (e.g., Garmezy, 1987; Werner & Smith, 1982; 1992; 2001), an extensive body of research has been carried out on resilience with a diversity of samples (Wright & Masten, 2005). Although, resilience has been studied approximately over 30 years (Masten, 2001), four-fifths of the articles related to resilience have been published during the last ten years (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005).

Wright and Masten (2005) summarized the advancement of the body of research on resilience in three waves. In the first wave period of resilience studies, researchers tried to develop models and dealt with the definitions of the complex phenomenon of resilience (Wright & Masten, 2005). The first wave included research studies aiming to identify correlates and predictors of resilience. In line with this aim, researchers used two approaches in their studies: (1) variable-focused approaches, and (2) person-focused approaches (Luthar et al., 2000; Masten, 2001; Masten & Reed, 2002). Some researchers have used variable-focused approach (e. g., Garmezy et al., 1984) in which they investigated the relationships among risk factors, protective factors, and outcomes (e.g., absence of psychopathology, success in age-related developmental tasks, or subjective well-being) (Wright & Masten, 2005). In variable-focused approaches researchers have used multivariate statistics and therefore have taken the advantage of statistical power in the explanatory processes of the associations among outcomes and predictors (Masten, 2001; Masten & Reed, 2002). Variable-focused research studies have mainly tested the additive models, interactive models, and indirect models (Masten, 2001). To begin with, additive models suggest that risk and assets (resource or compensatory factor) contribute to an outcome independently

from each other. According to this model, pure risk factors, if present, have direct negative effects on an outcome, but if there is not any pure risk factor, this does not have a positive effect. Similarly, pure assets, if present, have direct positive effects on an outcome, but does not have a negative effect if absent (Masten & Reed, 2002). This model has been also called as cumulative model (Schoon, 2006). Furthermore, additive models have focused on compensatory effects of risk factors and assets, which refer to a combination effect of risk factors and compensatory factors (Masten & Reed, 2002). In other words, the impact of risk factors may be compensated for by the compensatory factors (Garmezy et al., 1984). Interactive models, on the other hand, have focused on interactions between risk factors and protective factors in predicting a particular outcome in resilience research and have suggested a curvilinear relationship between a risk factor and resilience (Masten, 2001). These models explain the moderating effect of protective factors in terms of two impacts: simple-moderator and risk-activated (Masten & Reed, 2002). A protective factor as a simple moderator may decrease the likelihood of an individual to face with a risk situation, while, a protective factor as risk-activated shows its effect when there is a moderate level of stress (Masten & Reed, 2002). Although, moderate levels of stress may have beneficial effect with the interaction of risk-activated protective factors, the level of risk should not be too high in order the protective factor still be effective (Schoon, 2006). Simple-moderator and risk-activated effect of a protective factor has been explained in the protective model and the challenge model of resilience by previous researchers (e.g., Garmezy et al., 1984). Lastly, in indirect models, researchers have investigated the mediating role of different variables which affect the relationship between risk factors, resources, and outcomes (Masten & Reed, 2002).

Person-focused approaches, different from variable-focused approaches, have focused on characteristics that differentiate resilient and non-resilient individuals confronted with similar adversities and risks on the variables believed to be important to cause these group differences (Masten, 2001; Masten & Reed, 2002). Masten (2001) classified person-focused approaches into three main categories.

Single case studies are one of these categories. Case studies (e. g., Eisold, 2005; Stein, Fonagy, Ferguson, & Wisman, 2000) which try to explain natural phenomena have been criticized for the generalizability problem (Masten, 2001). The classic person-focused approach, another category, have differentiated between high-risk/high resilience and high-risk/low resilience groups, but did not pay attention to low risk groups (e. g., LaFromboise, Hoyt, Oliver, & Whitbeck, 2006; Werner & Smith, 1982, 1992). On the other hand, full classification models have also included low risk groups. Two dimensions (risk and resilience) with two levels (high and low) produced four groups. Participants of interest chosen from a general population have been classified as: 1- resilient (high risk and high resilience), 2- maladaptive (high risk and low resilience), 3- competent (low risk and high resilience), and 4-highly vulnerable (low risk and low resilience). Resilient groups have been compared with other groups in these studies (Masten, 2001). In addition to the person-focused approaches classified by Masten (2001), pathway models of resilience has been regarded as the most complex of person-based approaches. These models have focused on resilient developmental pathways in the life course via longitudinal studies (Masten & Reed, 2002).

Since variable-focused approaches and person-focused approaches have some advantages and disadvantages (Masten, 2001), some researchers have used both approaches in their studies (e.g., Leontopoulou, 2006; Luthar, 1991; Masten et al., 1999; Masten et al., 2004).

The second wave studies focused on processes and mechanisms through which the identified predictors lead to resilience. In line with this, researchers focused on transactions between the individual and systems in which their development occurred. In this period, longitudinal studies carried out with diverse group of samples have increased the knowledge related to stability or changing patterns in resilience and informed the literature in resilience processes that may be contextually and developmentally specific. Finally, the third wave included studies examining the effectiveness of various prevention and intervention studies on resilience (Wright & Masten, 2005).

These important findings provided the mental health literature with hope for prevention and intervention strategies (Masten & Coatsworth, 1998). Despite this body of research, there has been inconsistency in the definitions and usage of resilience (Luthar et al., 2000). Therefore, researchers give importance to the definitions and operationalizations of the resilience concept.

2.1.2. The Concept of Resilience

Resilience in the literature has been used as a construct referring to positive adaptation in the face of adversity, stress, or trauma (Benard, 2004; Luthar et al., 2000; Masten, 2001; Masten & Coatsworth, 1998; Masten & Reed, 2002; Rutter, 1999).

In one of the earlier definitions, Carver (1998) described resilience as “homeostatic return to a prior condition” (p. 247). Likewise, according to Strümpfer (2003) “resilience derives from the verb *resile*, which means that when a thing is compressed, stretched or bent, it tends to spring back elastically, to recoil and to resume its former size and shape” (p. 70).

Wright and Masten (2005) defined resilience as “a pattern of positive adaptation in the context of past or present adversity” (p. 18). Similarly, Newman (2005) defined resilience as “the human ability to adapt in the face of tragedy, trauma, adversity, hardship and ongoing significant life stressors” (p. 227).

Resilience researchers agree about the complexity of the concept (Luthar et al., 2000; Newman, 2005; Tusaie & Dyer, 2004). As a result of this complexity, there have been variations and inconsistencies in operationalization of resilience throughout the studies (Luthar et al., 2000; Masten, 2001).

One inconsistency about the definition of resilience is related to operationalizing resilience as an outcome, as a source of outcome, or as a process. Firstly, as an

outcome, it is accepted as positive outcome in the face of stressful circumstances (Fergus & Zimmerman, 2005; Kaplan, 1999; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Majority of studies accepting resilience as an outcome have operationalized positive adaptation generally as good mental health, functional capacity, social competence, subjective well-being, or self-esteem (Wright & Masten, 2005). Secondly, as a resource it is accepted as a characteristic in the person (Kaplan, 1999). Thirdly, resilience as a dynamic process refers to the interplay and interaction between individual factors and environmental factors in the developmental process (Benard, 2004; Freitas & Downey, 1998; Johnson & Wiechelt, 2004; Luthar et al., 2000; Masten, 2001; Olsson et al., 2003; Schoon 2006). According to Ahern (2006), resilience is the result of the relationship between personal characteristics and the environment. Although some researchers use the term ‘psychological resilience’ (e.g., Tugade & Fredrickson, 2004) which refers to “the capacity of the individual to effectively modulate and monitor an ever changing complex of desires and reality constraints” (Block & Kremen, 1996, p. 359) as a personality trait, many researchers use the term resilience referring to a dynamic developmental process (e.g., Johnson & Wiechelt, 2004; Luthar et al., 2000; Masten, 2001; Masten & Powell, 2003; Schoon & Bynner, 2003; Tusaie & Dyer, 2004). Moreover, some researchers caution against the usage of terms such as “resilient” or “resiliency” which may indicate a personality characteristic (Luthar et al., 2000).

Another debate about resilience is whether it results from ordinary processes or individuals called resilient have some special characteristics. In early studies, successful high-risk children were referred as “invulnerable”, “stress-resistant”, or “resilient” (Masten & Reed, 2002) but later studies indicated that resilience can be regarded as an ordinary phenomena (Masten, 2001). As many researchers state, resilience is not an extraordinary quality (Bonanno, 2004; Brendtro & Larson, 2004; Luthar et al., 2000; Masten & Coatsworth, 1998; Newman, 2005; Rutter, 1999), but stems from basic human adaptation systems (Masten, 2001; Masten & Reed, 2002).

Resilience has been used in literature to refer to three different classes of phenomena (Masten et al., 1990, as cited in Johnson & Wiechelt, 2004). This constitutes another dimension of the inconsistencies in the operationalization of resilience among studies. The first class focuses on high-risk groups showing better than expected outcomes. Research studies in this group have focused on predictors of good outcomes in high-risk groups. The second class views resilience as effective coping or maintenance of positive adaptation despite stressful experiences (e.g., divorce, job stress etc.) and individuals who adapt well despite ongoing stressors are viewed as resilient. Research studies in this group have focused on negative life events experienced recently. Thirdly, resilience can be used to refer to recovery from trauma (e.g., child abuse, neglect).

Consistent with the complexities of the construct explained above, resilience is accepted by many researchers as a multidimensional phenomena (Carbonell et al., 1998; Lawford & Eiser, 2001; Luthar et al., 2000; Newman, 2005; Tusaie & Dyer, 2004) which means that different people may show resilience in different dimensions (e.g., academic resilience, emotional resilience, psychological resilience, stress resilience, and resilience in the face of loss or trauma) and that there is not any one single trait which refers to resilience (Newman, 2005). Moreover, as Luthar et al. (2000) propose some people may show resilience in some dimensions, but not in others. Therefore, as Tusaie and Dyer (2004) suggested researchers should be very clear about the dimension that they study and a domain specific definition may be much more useful than a global resilience definition.

Despite the complexity of the concept of resilience, an increasing body of research have indicated consistent results in terms of predictors and mechanisms of resilience (Masten & Coatsworth, 1998; Masten & Reed, 2002; Werner, 1995) and a concensus has emerged on the key concepts of resilience (Wright & Masten, 2005). Resilience researchers have agreed upon the necessity of two criteria in resilience research: (1) a risk factor and (2) a positive outcome (Luthar et al., 2000). In other words, there should be a risk factor such as stress, adversity, or

trauma and a positive outcome despite that risk factor to be able to talk about resilience and call a person resilient (Masten, 2001; Masten & Coatsworth, 1998; Masten & Reed, 2002; Wright & Masten, 2005).

A considerable body of research has found that four factors affect resilience in predictable ways. These are compensatory, risk, protective, and vulnerability factors (Kitano & Lewis, 2005).

2.1.3 Risk Factors in Resilience Research

Definition of the concept of resilience necessitates the presence of two basic components: (1) exposure to stress or adversity (risk factor) and (2) positive adaptation despite being exposed to risk factor/s. Wright and Masten (2005) defined risk as “an elevated probability of an undesirable outcome” and risk factor as “a measurable characteristic in a group of individuals or their situation that predicts negative outcome on a specific outcome criteria” (p. 19). As Keyes (2004) states “individuals who possess, are exposed to, or reside in known risk factors for a sufficient period of time are said to be “at risk” for the undesirable developmental outcomes.” (p. 224). Adversity, which has been referred as risk (Luthar & Cicchetti, 2000) has been defined as “environmental conditions that interfere with or threaten the accomplishment of age-appropriate developmental tasks.” (Wright & Masten, 2005, p. 19).

Siqueira and Diaz (2004) divided risk factors into two broad categories: (1) individual risk factors or risk factors in the immediate environment (e. g., physical or emotional health problems as internal factors and lack of support or communication problems in family, school, or peer groups as immediate environmental factors) and (2) social environmental risk factors, which is related to social expectations dominant in the society. Likewise, Luthar et al. (2000) proposed that risk and adversity may result from genetic, biological, psychological, environmental, and social factors. Similar to the concept of resilience, there has been variability in the operationalization of risk throughout

the resilience literature. To begin with, resilience studies have used three approaches to measure risk factors: (1) use of specific stressors or a single risk index such as poverty, maltreatment, or institutionalization; (2) use of a multiple-item measure of risk composed of a collection of negative life events measured through life events questionnaires; and (3) use of multiple measures of risk instead of a single measure. Studies using multiple measures of risk have used life events measures as well as socio-environmental characteristics (Luthar & Zigler, 1991). In line with this, it was understood in resilience research that individuals generally have multiple risk factors in their lives (Masten & Coatsworth, 1998). As a result, there has been a shift in the focus of resilience from single risk to cumulative risks. (Masten & Reed, 2002; Schoon, 2006).

Another inconsistency in the operationalization of risk is related to the usage of risk and vulnerability interchangeably. Arrington and Wilson (2000) explained the distinction between a risk and a vulnerability factor. As they stated a risk factor refers to a group of people, while a vulnerability factor refers to an individual (Arrington & Wilson, 2000). Vulnerability refers to “individual susceptibility to undesirable outcomes; the diathesis in diathesis-stressor models of psychopathology” (Wright & Masten, 2005, p. 19). A vulnerability factor refers to an attribute of an individual which may increase the effect of a risk factor (Luthar et al., 2000). Thus, risk factors can not be considered to be identical to vulnerability factors (Luthar, Sawyer, & Brown, 2006).

Risk factors may result from severe trauma, however daily stressors may cumulatively affect individuals worse than traumatic events (Dumont & Provost, 1999; Smith & Carlson, 1997). In line with this, Klohnen (1996, as cited in Karairmak, 2007) stated that, although resilience has been generally studied in the face of high levels of adversity it also plays a significant role in coping with daily stressors and challenges. Similarly, as Luthar and Zigler (1991) proposed “a second approach to operationalizing stress in studying resilience has been to assess relatively minor stresses that characterize everyday life” (p. 8).

Operationalizing risk factors in diverse ways makes it difficult to compare different findings (Luthar et al., 2000). Throughout the resilience literature, researchers have focused on a variety of risk factors in individual, family, school, and community contexts: economic adversity (e.g., Conger & Conger, 2002; Kim-Cohen, Moffitt, Caspi, & Taylor, 2004; Schoon, 2006; Schoon & Parsons, 2002; Seccombe, 2002; Werner & Smith, 1992, 2001); trauma (e.g., Al-Naser & Sandman, 2000; Banyard & Cantor, 2004; Bonanno, 2004; Burton, 2004; Hunter & Chandler, 1999); parental loss (e.g., Greeff & Human, 2004; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004); divorce or familial problems (e.g., Barnes, 1999; Greeff & Van Der Merwe, 2004; Haine, Sandler, Wolchik, Tein, & Dawson-McClure, 2003; Hipke, Wolchik, Sandler, & Braver, 2002; Rodgers & Rose, 2002; Smokowski et al., 1999); maltreatment or abuse (e.g., Bogar & Hulse-Killacky, 2006; Cicchetti & Rogosch, 1997; Freire et al., 2005; Hyman & Williams, 2001); institutionalization or foster care (e.g., Collins, 2001; Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004; Hines, Merdinger, & Wyatt, 2005; Legault, Anawati, & Flynn, 2006); parental psychopathology (e.g., Garmezy, 1987); having experienced psychiatric hospitalization (e.g., Gralinski-Bakker, Hauser, Stott, Billings, & Allen, 2004).

Although, risk factors presented above are considered as stressful experiences, their effects may be buffered with positive factors which may decrease the probability of their negative effects (Masten, 2001; Rutter, 1987; Werner & Smith, 1992; 2001).

2.1.4. Positive Factors in Resilience Research

Another key term in the resilience research is the positive factors which are found to moderate or mediate the relationship between risk factor and positive outcome. Similar to the concept of resilience and risk, there has been diversity in the usage of positive factors in resilience literature. Two major key concepts have been used in the operationalization of positive factors, namely, protective factors and compensatory factors.

Wright and Masten (2005) defined protective factor as “quality of a person or context or their interaction that predicts better outcomes, particularly in situations of risk or adversity”, and compensatory factor as “a measurable characteristic in a group of individuals or their situation that predicts general or specific positive outcomes” (p. 19). In line with this, Luthar (1991) stated the differences between compensatory (asset/resource) factors and protective factors. Compensatory factors have a direct effect on a positive outcome, however, protective factors interact with stress factor/s in leading to a positive outcome. As Wright and Masten (2005) state, compensatory factors function at all levels of risk, whereas, protective factors show their effects at high levels of risk or adversity. Therefore, examples of automobile airbags and antibodies of specific diseases have been viewed as protective factors because of their functioning at high levels of risk.

Garmezy (1985, as cited in Rutter, 1987) categorized positive factors in three groups: (1) individual factors that are related to the personality characteristics of children, or adolescents; (2) family factors that are related to the factors in the family environment; and (3) external factors that are related to the environment of the individual beyond the family such as community factors. Similarly, Benard (1993; 2004) grouped protective factors as (1) individual factors and (2) external factors. As Benard (2004) defined “personal resilience strengths are the individual characteristics, also called internal assets or personal competencies, associated with healthy development and life success” (p. 13). There are four categories of personal strengths: social competence (responsiveness, communication, empathy, caring, compassion, altruism, and forgiveness), problem-solving (planning, flexibility, resourcefulness, critical thinking, and insight), autonomy (positive identity, internal locus of control, initiative, self-efficacy, mastery, adaptive distancing, resistance, self-awareness, mindfulness, and humor), and sense of purpose (goal direction, achievement motivation, educational aspirations, special interest, creativity, imagination, optimism, hope, faith, spirituality, and sense of meaning). In addition, research related to resilience in the face of stress, risk, or adversity showed some external factors that foster resilience: caring relationships,

high expectations, and opportunity for participation in the school, home, or peer environment (Benard 1993, 2004; Nettles et al., 2000). Benard (1993) suggested that external assets when provided to youth will help them use their internal assets, which may lead to positive developmental outcomes such as academic success and well-being.

Although there is no consensus about the definition of resilience, research studies focusing on predictors or protective factors of resilience have found similar results (Murray, 2003). Throughout the resilience literature, the following internal protective factors have been found to be associated with positive outcome: easy temperament (Masten & Coatsworth, 1998; Masten & Reed, 2002; Murray, 2003; Werner & Smith, 1982; 1992); intelligence, (Masten & Coatsworth, 1998; Murray, 2003; Werner & Smith, 1982) or cognitive functioning (Masten et al, 1999; Masten & Reed, 2002; Smith & Carlson, 1997); problem-solving skills, or social skills (Luthar, 1991; Masten & Reed, 2002; Murray, 2003; Smith & Carlson, 1997; Smokowski, et al., 1999; Werner & Smith, 1982; 1992); autonomy (Benard, 1993, 2004); sense of purpose and optimism (Benard, 1993; Murray, 2003; Smith & Carlson, 1997); empathy (Luthar & Zigler, 1991); sense of humor (Luthar & Zigler, 1991; Masten & Reed, 2002; Rutter, 1987); internal locus of control (Everall et al., 2006; Hines et al., 2005; Luthar, 1991; Luthar & Zigler, 1991; Murray, 2003; Smokowski et al, 1999; Werner, 1995; Werner & Smith, 1992; 2001); self-efficacy (Masten & Coatsworth, 1998; Masten & Reed, 2002; Rutter, 1987); self-esteem (Cicchetti & Rogosh, 1997; Rutter, 1987). In terms of environmental factors, parental warmth (Luthar & Zigler, 1991); positive relationships with at least one caregiver (Masten et al., 1999; Masten & Coatsworth, 1998; Rutter, 1987; Werner & Smith, 1982; 1992); supportive family relationships (Rutter, 1987), or social support (Everall et al., 2006; Smith & Carlson, 1997); having a role model or mentor (Masten & Coatsworth, 1998; Werner & Smith, 1982); engaging in leisure time activities (Smith & Carlson, 1997; Smokowski et al., 1999); having close friendship (Hauser, 1999; Smith & Carlson, 1997; Smokowski et al., 1999); good interpersonal relationships (Rutter, 2007) have been found to be related to positive outcomes in adolescents and

children. As Benard (2004) states, there are four personal characteristics of individuals called resilient: social competence, problem-solving skills, autonomy, and a sense of purpose. These characteristics when combined with positive environmental factors provided in the family or school (or both), such as caring relationships, high expectations, and opportunities for participation and contribution, individuals may show resilience in the face of stressful situations (Benard, 1993; 2004).

Another dimension in the resilience definition is positive outcome or positive adaptation. As it is mentioned above resilience cannot be measured directly, rather it is inferred by the positive outcomes or adaptations in the face of risk factors.

2.1.5. Positive Outcomes in Resilience Research

To date many different criteria have been used to operationalize positive outcome in resilience literature such as absence of psychopathology, social and academic achievement, competence, happiness, life satisfaction, subjective well-being, or self-esteem (Leontopoulou, 2006; Luthar & Zigler, 1991; Masten & Reed, 2002; Wright & Masten, 2005). Many researchers have questioned whether internal or external criteria should be used as a measure of outcome (Luthar et al., 2000; Masten & Reed, 2002). For example, Luthar (1991) found that inner-city adolescents who showed resilience in terms of external criteria (competence in grades and behavioral conduct) reported internal distress (depression symptoms). Therefore, it has become important to assess internal criteria as well as external criteria in operationalizing positive adaptation in resilience research.

The early work in resilience research was based on absence of psychopathology or negative outcomes as a measure of positive adaptation (Tusaie & Dwyer, 2004). However, more recently researchers have used measures of competence among children and adolescents as a measure of positive adaptation in resilience research (Luthar & Zigler, 1991).

2.2. Adolescent Resilience

Adolescence is a significant period for emotional, cognitive, physical, behavioral and social development (Santrock, 2005).

Stressful events in the adolescence period may lead to negative outcomes. In a review of 26 cross-sectional studies of life stress, Compas (1987) reported a consistent relationship between negative life events and behavioral, emotional, and physical difficulties among adolescents. Furthermore, late adolescence, which corresponds to transition from adolescence to early adulthood, has been reported to be a stressful period (Block & Kremen, 1996). In this period, transition from secondary education to higher education may be particularly stressful for some young people in which adolescents may confront with many challenges (Leontopoulou, 2006).

Although, there has been a paucity of research on adolescence and psychopathology (Cicchetti & Rogosch, 2002), the view of adolescence have gradually changed from a period of stress to a period of opportunities for positive development and opportunities for growth (Compas, Hinden, & Gerhardt, 1995; Everall et al, 2006). As Galambos and Leadbeater (2000) states, in adolescence research, there has been an emphasis on transition to adulthood and resilience.

In line with this, the concept of adolescent resilience has taken increased attention from health literature in recent years (Rink & Tricker, 2005). The concept analysis study of Ahern (2006) indicated that adolescent resilience is a “composite of attributes that include the characteristics of the adolescent, sources of social support, and available resources” (p. 175). In a similar vein, youth resilience has been considered in a sociocultural context including the community, family, and individual risk and protective factors (Rew & Horner, 2003).

Over the years, there have been a vast number of qualitative and quantitative studies on adolescent resilience (e.g., Banyard & Cantor, 2004; Carbonell et al.,

1998; Carbonell et al., 2002; Conger & Conger, 2002; D'Imperio et al., 2000; Dumont & Provost, 1999; Everall et al., 2006; Flynn et al., 2004; Freire et al., 2005; Hauser, 1999; Hunter, 2001; Hyman & Williams, 2001; Leontopoulou, 2006; Luthar, 1991; Masten et al., 1995; Masten et al., 1999; Masten et al., 2004; Nettles et al., 2000; Rodgers & Rose, 2002; Smith & Carlson, 1997; Smokowski et al., 1999).

One of the most consistent findings across resilience studies of adolescence is a positive correlation between resilience and internal factors such as problem-solving skills and effective coping strategies (e.g., Dumont & Provost, 1999; Leontopoulou, 2006; Werner, 1995; Werner & Smith, 1982; 1992), internal locus of control (e.g., Banyard & Cantor, 2004; Cappella & Weinstein, 2001; Everall et al., 2006; Gizir, 2004; Leontopoulou, 2006; Luthar, 1991; Smokowski et al., 1999; Werner, 1995), and self-efficacy (e.g., Martin & Marsh, 2006; Terzi, 2006).

For example, Werner and Smith (1982; 1992; 2001) conducted one of the pioneering longitudinal studies of resilience that followed a multiethnic cohort of 698 children born on the island of Kauai, Hawaii in 1955 from infancy to the age of 32. The sample of 505 individuals were followed into adulthood. Some risk factors facing this sample were reported as poverty, perinatal stress, low parental education, divorce, and parental alcoholism. Results revealed that in adolescence, resilient individuals who avoided mental health and behavioral problems showed higher levels of problem-solving skills, autonomy, independence, empathy, task orientation, and curiosity compared to non-resilient individuals. In late adolescence, internal factors such as internal locus of control and self-esteem together with external support systems emerged as factors discriminating resilient and non-resilient group of individuals (Werner, 1995).

Dumont and Provost (1999) examined the protective role of social support, coping strategies, self-esteem, and social activities on experiences of stress and depression among 297 adolescents classified into three groups as: well-adjusted, resilient, or vulnerable. The classification was based on daily hassles and

depression measures. Individuals who scored high in both measures were grouped as vulnerable; individuals who scored low in both measures were grouped as well-adjusted; and individuals who scored high on stress but low in depression were grouped as resilient. A discriminant function analysis indicated that resilient adolescents had higher scores on problem-solving coping strategies than well-adjusted and vulnerable adolescents.

In a recent study including 326 Greek first year university students experiencing various negative life events (e.g., new boy/girl friend, parental divorce etc.) at a major educational transition point, locus of control was found to be a major resource leading to resilience operationalized as self-esteem, well-being, and absence of psychopathology. Moreover, results indicated that under low adversity mostly avoidance coping was used and under high adversity both active and avoidance coping strategies were used (Leontopoulou, 2006).

Banyard and Cantor (2004) examined resilience among 197 first semester university students who had a history of exposure to at least one traumatic event (such as sexual abuse, being robbed, and traumatic loss). Adaptation to college and psychological well-being measures were used to measure resilient functioning among these students. Results showed that internal locus of control, meaning making about traumatic events, and social support were predictors of positive adjustment.

Cappella and Weinstein (2001) conducted a study with 1362 eight grade students from low SES backgrounds. They found that having an internal locus of control, taking an academic curriculum in high school, and being female independently predicted resilience operationalized as academic performance.

In a qualitative study carried out with 13 previously suicidal female adolescents to investigate subjective perspective of participants in overcoming suicidality, participants often reported recognition of their personal control over internal and external events as major turning point in their resiliency (Everall et al., 2006).

Furthermore, in one of the mostly cited studies conducted with 144 inner-city ninth grade students, moderating effect of internal locus of control between stressful life events and resilience was found (Luthar, 1991). Resilience was operationalized as social competence in this study. According to the results, internal locus of control was reported to be a protective factor interacting with stress in leading to resilient functioning.

In another study, Smokowski et al. (1999) conducted a qualitative study with 85 inner-city high school students in Chicago. Majority of the sample was coming from minority groups, single-parent households, and economic adversity. Resilience was operationalized as academic performance. In this study, resilient participants often expressed the belief that working hard would bring about a better life in the future for them, indicating perseverance and determination.

Martin and Marsh (2006) investigated educational and psychological correlates of academic resilience among 402 Australian high school students. Correlation, path analysis, and cluster analysis indicated that self-efficacy, control, planning, low anxiety, and persistence were significant predictors of resilience. Although previous studies on academic resilience focus on ethnic-minority groups or extreme underachievers, this study did not have such a criterion based on the idea that all students may experience poor performance, academic challenge, and adversity at one point.

Besides, for majority of adolescents faced with stress, external factors, specifically, social support from family, friends, or significant others were found to promote resilience (e.g., Banyard & Cantor, 2004; Carbonell et al., 1998; Carbonell et al., 2002; Conger & Conger, 2002; Dumont & Provost, 1999; Everall et al., 2006; Smokowski et al., 1999; Werner, 1995).

For example, as part of a large longitudinal research project Carbonell et al. (1998) found that family cohesion and social support were associated with

resilience among a group of 108 late adolescents at risk for major depression or other diagnoses. Measures of functioning and well-being (behavioral difficulties, academic functioning, self-esteem, socioemotional adjustment, and interpersonal problems) were used to operationalize resilience. In line with the findings, it was inferred that although adolescents at this age begin to develop a sense of autonomy, they still benefit from family support.

As part of the same longitudinal research project, Carbonnell et al. (2002) reported predictor roles of family cohesion, social support, positive outlook, and favorable interpersonal relationships in resilient outcomes of positive functioning and well-being among young adults who had been identified at risk for depression in adolescence.

Likewise, Smokowski et al. (1999) found that motivational support from family members, teachers, and peers contribute to resilience measured by academic performance.

In addition, Conger and Conger (2002) in an ongoing longitudinal study of a cohort of 558 focal youth and their families reported promoting roles of support from parents, siblings, and adults outside the family in resilience to economic adversity. In this study, resilience was operationalized as competence (fewer behavioral and emotional problems). In addition, Banyard and Cantor (2004) reported social support from others as a predictor of resilience among trauma survivors in addition to internal locus of control and meaning making about traumatic events. Similarly, in Everall et al.'s (2006) qualitative study, peer support, parental support, and extrafamilial support have been reported as significant resources in promoting resilience by participants (previously suicidal female adolescents). Likewise, Werner (1995) reported one or more teachers as a significant source of support for resilient adolescents of high-risk youth of Kauai, Hawaii.

Dumont and Provost (1999) examined the protective role of social support, coping strategies, self-esteem, and social activities on experiences of stress and depression among 297 adolescents classified into three groups as: well-adjusted, resilient, or vulnerable, as mentioned above. Different from previous research, they found that social support did not significantly differentiate the three groups. Therefore, for further studies, the authors recommended investigating social support with other variables neglected in the previous resilience studies.

Research on resilience has been expected to contribute to the understanding of adolescent development (Luthar et al., 2000; Olsson et al., 2003). However, similar to the resilience research carried out with other samples, there have been various uses of the term of resilience in adolescence research (Ahern, 2006). As Ahern (2006) suggests “definitions of this concept are inconsistent, most likely to serve the purpose of the researcher or to fit the framework of reference being used by the researcher” (p. 177). Therefore, clear definitions should be given specific to the adolescent population under study.

2.3. Review of Literature Regarding the Concept of Learned Resourcefulness

At this point in the review, the literature on learned resourcefulness will be presented in an aim to reveal the importance of including a measure of learned resourcefulness in the prediction of resilience among UEE applicants.

2.3.1. The Concept of Learned Resourcefulness

The term learned resourcefulness was first used by Meichenbaum (1977, as cited in Türkel, 2006) to differentiate between learned helplessness and effective coping behaviors in stressful situations. In his stress inoculation training program, participants were trained in using cognitive and behavioral skills which would help them cope with stressful events. In this program, participants who acquired those skills were found to develop a belief regarding their abilities to cope with

manageable levels of stress, which was then called as ‘learned resourcefulness’ (Meichenbaum, 1977, as cited in Türkel, 2006). After this work, Rosenbaum (1983) labeled these self-control skills as ‘learned resourcefulness’. Rosenbaum (1990) suggested that learned resourcefulness is related to coping with difficult life events, believing in one’s capacity to deal with problems and avoiding negative thinking.

In an early definition, learned resourcefulness was defined as “an acquired repertoire of behaviors and skills (mostly cognitive) by which a person self-regulates internal responses (such as emotions, cognitions or pain) that interfere with the smooth execution of a desired behavior” (Rosenbaum & Ben-Ari, 1985, p. 200). More recently, the term has been defined as a collection of coping skills (cognitive and behavioral) learned over many years by which individuals cope effectively with stressful events and control the potential undesirable effects of negative thoughts and feelings that may affect the performance of daily activities (Rosenbaum, 1990). As the definition implies, cognitive and behavioral skills constituting resourcefulness are considered to be learned throughout life formally and informally by means of conditioning, modeling, interaction with others and/or personal experience (Rosenbaum, 1990). According to Rosenbaum (1990) these well-learned behaviors help individuals cope with stressful life events, adapt to new situations, and avoid negative outcomes (e.g., depression, learned helplessness) in the face of adversity.

Rosenbaum’s self-control model includes four components: situational factors, process regulating cognitions (perceived stress), self-control behaviors (learned resourcefulness), and a target behavior (adaptive functioning) (Rosenbaum, 1990). Situational factors are antecedents of process regulating cognitions (PRCs) and self-control behaviors. In other words, they influence an individual’s attending to changes in his/her environment and making self evaluations related his or her ability to cope with these changes (Rosenbaum, 1990). According to Rosenbaum (1990) situational factors determine the level of stress put on an individual. In addition to situational factors, physiological factors (e.g., pain, fatigue) and

personality factors (e. g., cognitions, affects) may influence the execution of self-control behaviors. Thus, situational factors and physiological factors have direct influences on learned resourcefulness and indirect influences on it through psychological factors (Rosenbaum, 1990).

According to Rosenbaum (1990) an individual undergoes certain cognitive processes before engaging in self-control behavior. In his theory, the cognitive processes preceding the self-control behavior are called process regulating cognitions (PRCs). As Rosenbaum states, “Whenever a person monitors his or her actions, assigns meanings to events, attributes causality to what has happened, and develops expectancies for the future, he or she engages his or her PRC.” (Rosenbaum, 1990, p. 4). After engaging PRCs, individuals regulate their internal environment (cognitions, emotions, and sensations) and determine a target behavior to perform (Rosenbaum, 1990).

The self-help skills constituting learned resourcefulness is composed of four main components: self-instructions to cope with physiological, emotional, and cognitive responses; problem-solving skills; postponement of satisfaction of needs (ability to delay immediate gratification for better future outcomes); and belief in ability to self-regulate internal events (Rosenbaum, 1983). In 1990, Rosenbaum re-conceptualized the term and categorized the theoretical dimensions of learned resourcefulness as: redressive self-control (use of positive self-instructions), reformative self-control (use of problem-solving and delay of gratification), and perceived self-efficacy (belief in one’s ability to deal with a problem). Redressive self-control has been considered as the process of self-instruction and self-evaluation. This type of self-control has been associated with the regulation of internal responses such as sensations, emotions, and cognitions. By using redressive control skills, individuals may minimize the negative effects of these internal processes by eliminating the effects of disturbing thoughts and feelings (Rosenbaum, 1990). Reformative self-control, which has been considered as the process of change, is related to problem-solving skills toward changing maladaptive thoughts, feelings, or behaviors and facilitating the adaptation of new

effective thoughts and behaviors, such as breaking bad habits to adapt good ones (Rosenbaum, 1990). Self-efficacy beliefs dimension, which is related to the Bandura's (1977) concept of self-efficacy, refers to individuals' perceptions regarding their abilities to perform a target behavior. These components of learned resourcefulness are related and may function together in reducing the negative effects of certain distressing thoughts and feelings on daily task performance (Rosenbaum, 1990).

In Rosenbaum's theory, target behavior is defined as the consequence of self-control mechanisms (Rosenbaum, 1990).

2.3.2. Research on Learned Resourcefulness

Theoretically, individuals with high learned resourcefulness skills are able to regulate the disturbing effects of internal events (negative emotions and cognitions) and thereby effectively cope with stressful situations. In other words, learned resourcefulness has a stress buffering effect which decreases the negative effect of perceived stress on positive adaptation (Rosenbaum, 1990).

In order to measure individuals' learned resourcefulness levels Rosenbaum (1980a) developed the Self-Control Schedule (SCS). SCS measures individuals' tendencies to apply self-control behaviors. A high score on the scale implies high levels of learned resourcefulness skills and a low score implies low levels of learned resourcefulness skills (Rosenbaum, 1980a). As sound psychometric properties of this instrument have been determined in various studies (e.g., Boonpongmanee, Zauszniewski, & Boonpongmanee, 2002; Kiefer, 2001; Ngai, Chan, & Holroyd, 2008; Redden, Tucker, & Young, 1983; Richards, 1985; Rosenbaum, 1980a, 1980b), it has been used in many studies as a measure of learned resourcefulness (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Flett, Hewitt, Blankstein, & O'Brien, 1991; Gintner et al., 1988).

Most of the major research on learned resourcefulness, which focused on the relationship between stress and self-control, has provided evidence that high resourceful individuals are better than low resourceful individuals at managing stressful events (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Flett et al., 1991; Gintner et al., 1988; Kiefer, 2001; Rosenbaum, 1980a, 1980b; Rosenbaum & Ben-Ari, 1985; Rosenbaum & Jaffe, 1983; Rosenbaum & Palmon, 1984; Rosenbaum & Rolnick, 1983). These findings are consistent with the learned resourcefulness theory which proposes that high resourceful individuals are better equipped to decrease the negative effects of stress on their adaptive functioning (Rosenbaum, 1990).

A considerable body of research indicates that learned resourcefulness is positively associated with effective coping and/or adaptive functioning (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Bekhet, Zauszniewski, & Wykle, 2008; Gintner et al., 1988), self-efficacy (e.g., Akgün, 2004; Rosenbaum & Ben-Ari Smira, 1986; Weisenberg, Wolf, Mittwoch, & Mikulincer, 1990), self-esteem (e.g., Dirksen, 2000; Dirksen & Erickson, 2002; Flett et al., 1991; McWhirter, 1997a, 1997b), health promoting behaviors and/or health (e.g., Boonpongmanee, Zauszniewski, & Morris, 2003; Kennett & Ackerman, 1995; Kennett, Morris, & Bangs, 2006; Rosenbaum & Ben-Ari Smira, 1986; Zauszniewski & Chung, 2001; Zauszniewski, Chung, & Krafcik, 2001) and negatively associated with anxiety (e.g., Zlotogorski, Tadmor, Duniec, Rabinowitz, & Diamant, 1995), and depression (e.g., Flett et al., 1991; Huang, Sousa, Tu, & Hwang, 2005; Kiefer, 2001).

Learned resourcefulness has been found to be related to coping effectively with various stressful and challenging situations such as clinical pain (e.g., Rosenbaum, 1980a, 1980b), epilepsy (e.g., Rosenbaum & Palmon, 1984), seasickness (e.g., Rosenbaum & Rolnick, 1983), learned helplessness (e.g., Rosenbaum & Ben-Ari, 1985; Rosenbaum & Jaffe, 1983; Rosenbaum & Palmon, 1984), homelessness (e.g., Wenzel, 1992), poverty (e.g., Edwards & Riordan, 1994), anxiety (e.g.,

Zlotogorski et al., 1995), and academic stress (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Gintner et al., 1988).

For example, Rosenbaum and Jaffe (1983) investigated the role of learned resourcefulness in developing learned helplessness among 60 undergraduate students. According to the researchers, low resourceful individuals were more likely to become learned helpless than high resourceful individuals when confronted with uncontrollable failure. In this study, participants were asked to solve anagrams after being exposed to a helpless induction phase. Although, the task of solving anagrams was now a controllable situation, low resourceful individuals were more likely to give up compared to high resourceful individuals who completed more anagrams. The results indicated that learned resourcefulness is an important factor for coping with learned helplessness. Similarly, Rosenbaum and Ben-Ari (1985) examined the differences between high resourceful and low resourceful undergraduate psychology students ($N = 72$) in terms of their responses to feedback indicating non-contingent success (receiving positive feedback on 80 % of the trials and negative feedback on 20 % of the trials) or non-contingent failure (receiving negative feedback on 80 % of the trials and positive feedback on 20 % of the trials) regarding their therapeutic abilities. The results revealed that high resourceful individuals checked significantly fewer statements indicating negative self-evaluations in the failure condition and checked significantly more positive self-evaluation statements in the success condition compared to low resourceful individuals.

Furthermore, many studies investigated the relationship between learned resourcefulness and different coping styles in the face of academic stress. In one of the earlier studies, Gintner et al. (1988) investigated coping strategies used by high and low resourceful students ($N = 80$ graduate students) in two-stages of an examination situation. The findings showed that high resourceful individuals used significantly more problem-focused coping strategies compared to low resourceful individuals, whereas, low resourceful individuals used more wishful thinking, distancing, and self-blame during the exam preparation time. More recently, in a

study conducted with undergraduate students ($N = 141$), Akgün and Ciarrochi (2003) examined the moderating effect of learned resourcefulness between academic stress and academic performance. The findings revealed the differences between low resourceful and high resourceful individuals as expected. The grades of low resourceful students were found to be negatively affected by high academic stress. However, high academic stress had no effect on the grades of high resourceful students. Similarly, Akgün (2004) studied the differences between high and low resourceful students with regard to their perceived stress levels, self-efficacy expectancies, and coping strategies on stressful academic situations in a sample of 255 undergraduate students. In this study, high resourceful students were found to have higher self-efficacy expectancies; use more problem-focused coping, more positive evaluation, and less escape-avoidance strategies; and ask for social support more in stages of an examination situation compared to low resourceful students.

In the studies concerning learned resourcefulness findings remarkably reported a meaningful positive relationship between self-efficacy and learned resourcefulness (e.g., Akgün, 2004; Rosenbaum & Ben-Ari Smira, 1986; Weisenberg et al., 1990). It is not surprising as Bandura's (1977) theory of self-regulation is closely related to the theory of learned resourcefulness (Rosenbaum, 1990). As Bandura (1982) states individuals high in learned resourcefulness would have high levels of self-efficacy and engage in coping. For instance, Rosenbaum and Ben-Ari Smira (1986) investigated the relationships among self-evaluations regarding past compliance (compliance with a stringent fluid intake regimen), efficacy expectations, and delay of gratification behavior within a sample of 53 dialysis patients. The findings indicated a positive relationship between learned resourcefulness scores and self efficacy expectations. In addition to this study, Weisenberg et al. (1990) reported a positive relationship between learned resourcefulness and perceived self-efficacy.

Studies increasingly report a meaningful association between learned resourcefulness and self-esteem. To begin with, Flett et al. (1991) studied the

mediating role of learned resourcefulness on the relationship between perfectionism and adjustment among a sample of 103 undergraduate students. The results revealed a significant positive correlation between learned resourcefulness and self-esteem scores. Moreover, in related studies McWhirter (1997a, 1997b) reported a positive correlation between learned resourcefulness and self-esteem among 51 and 625 college students respectively. Along with the above findings, Dirksen (2000) found that resourcefulness and social support were significant predictors of self-esteem, explaining 33 % of the variance in self-esteem scores of 84 women who had survived breast cancer. In a similar vein, Dirksen and Erickson (2002) found that resourcefulness and social support were significant predictors of self-esteem in breast cancer survivors (50 Hispanic and 50 non-Hispanic white women).

Multiple studies have shown that using learned resourcefulness skills are important in avoiding unhealthy behaviors such as smoking (e.g., Carey, Carey, Carnrike, & Meisler, 1990; Kennett et al., 2006), alcohol consumption (e.g., Carey et al., 1990), eating disturbances (e.g., Kennett & Nisbet, 1998), and engaging in health-promoting behaviors such as giving up smoking (e.g., Kennett et al., 2006), losing weight and maintaining weight loss (e.g., Kennett & Ackerman, 1995), continuing with medical requirements (e.g., Rosenbaum & Ben-Ari Smira, 1986), and engaging in positive health practices (e.g., Zauszniewski & Chung, 2001). Carey et al., (1990) found that heavy drinkers scored lower on learned resourcefulness measure compared to light and medium drinkers and also infrequent and non-drinkers ($N = 175$ college students). Besides, smokers and ex-smokers were found to be lower on learned resourcefulness scores compared to individuals never smoked. Later studies have reported somewhat parallel findings with this study (e.g., Kennett et al., 2006).

Research has shown that low learned resourcefulness scores predicted depression scores and high resourceful individuals were reported to be less likely to show depressive symptoms compared to low resourceful individuals (e.g., Flett et al., 1991; Huang et al., 2005; Kiefer, 2001). For instance, in one recent study, Huang

et al. (2005) investigated the factors that may affect the development of depression among female adolescents aged 16 to 20 years ($N = 404$). The results showed that adolescents scoring high on learned resourcefulness reported significantly fewer depression symptoms compared to low resourceful ones. In addition, research has shown that learned resourcefulness may be an important factor in preventing depression symptoms and enhancing mental health (Kiefer, 2001). Furthermore, as some studies indicated learned resourcefulness predicted outcome of cognitive behavioral therapy for depression (e.g., Simons, Lustman, Wetzel, & Murphy, 1985, as cited in Türkel, 2006) and severe depression (e.g., Burns, Rude, Simons, Bates, & Thase, 1994), in which individuals with high learned resourcefulness skills showed greater recovery compared to low resourceful individuals.

In addition, along with Rosenbaum's theory (1990), research has suggested that self-control programs are more effective for high resourceful individuals compared to low resourceful ones (e.g., Kennett & Ackerman, 1995; Kennett & Stedwill, 1996) and evidence has indicated that individuals who score low in resourcefulness were more likely to drop out from self-control programs designed for educational or health promoting purposes (e.g., Kennett, 1994; Kennett & Ackerman, 1995; Kennett & Stedwill, 1996), which is along with the reporting that high resourceful individuals are more likely to try hard, persist, and achieve their goals in spite of the obstacles they face with.

It is obvious from the above findings that learned resourcefulness help people show positive adaptation in the face of stressful events. Therefore, learned resourcefulness may be an internal asset for resilience in the major challenge of university examination preparation period.

2.4. Resilience and Learned Resourcefulness

In the previous literature control attributions such as locus of control and self-efficacy has been found to be protective factors of resilience. An internal locus of

control, which refers to beliefs in one's ability to control the situations affecting his/her life, has been shown to contribute resilience among adolescents (e.g., Banyard & Cantor, 2004; Cappella & Weinstein, 2001; Everall et al., 2006; Leontopoulou, 2006; Luthar, 1991; Luthar & Zigler, 1991; Smokowski et al., 1999; Werner, 1995). Likewise, self-efficacy, which refers to the belief that one can perform a certain behavior (Bandura, 1977), has been cited in literature as fostering resilience among adolescents (e.g., Martin & Marsh, 2006; Masten & Coatsworth, 1998; Rutter, 1987; Werner & Smith, 1992, 2001). Moreover, resilient adolescents have been found to have good problem-solving skills and use effective coping strategies (e.g., Dumont & Provost, 1999; Leontopoulou, 2006; Werner, 1995; Werner & Smith, 1982; 1992).

In a similar vein, learned resourcefulness, which includes the concepts of internal locus of control, self-efficacy, coping, and problem-solving skills (Rosenbaum, 1990), has been found to be positively associated with self-efficacy (e.g., Akgün, 2004; Rosenbaum & Ben-Ari Smira, 1986), coping (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Gintner et al., 1988), and internal locus of control (e.g., Boyraz, 2002; Dağ, 1991). Likewise, learned resourcefulness has been defined as an internal coping resource which people use to deal with stressful events (Rosenbaum, 1990). Studies continually verify that high resourceful people can cope with challenging situations more easily and effectively compared to low resourceful people (e.g., Akgün, 2004; Akgün & Ciarrochi, 2003; Gintner et al., 1988; Rosenbaum 1980b; Rosenbaum & Ben- Ari, 1985; Rosenbaum & Jaffe, 1983; Rosenbaum & Rolnick, 1983).

Although, no research has been found investigating the relationship between learned resourcefulness and resilience, in the light of the literature on resilience and learned resourcefulness, it is possible to suggest that learned resourcefulness (being closely related to internal locus of control, self-efficacy, coping, and problem-solving skills) is an internal factor promoting resilience.

However, as resilience was operationalized as self-esteem in the current study, it is worth mentioning the literature on the relationship between learned resourcefulness and self-esteem. For example, Flett et al. (1991) studied the mediating role of learned resourcefulness on the relationship between perfectionism and adjustment among a sample of 103 undergraduate students. The results indicated a significant positive correlation between learned resourcefulness and self-esteem scores. Moreover, McWhirter (1997a, 1997b) reported a positive correlation between learned resourcefulness and self-esteem among 51 ethnic minority college students and among 625 college students and respectively. In addition, Dirksen (2000) found that resourcefulness and social support were significant predictors of self-esteem, explaining 33 % of the variance in self-esteem scores. The sample of this study was composed of 84 women who had survived breast cancer. Along with the above findings, Dirksen and Erickson (2002) found that resourcefulness and social support were significant predictors of self-esteem in breast cancer survivors (50 Hispanic and 50 non-Hispanic white women).

2.5. Review of Literature Regarding the Concept of Perceived Social Support

Related literature on the concept of perceived social support and its relationship with resilience is presented below.

2.5.1. The Concept of Social Support

In an early definition, Cobb (1976) described social support as information, which leads the individuals to perceive that they are cared for, esteemed, and valued by members of their social network. Likewise, as Sarason and Sarason (1982) stated, social support was generally defined “as help that would be available to an individual in difficult or stress-arousing situations” (p. 331). In a more recent definition, social support referred to “an individual’s perceptions of general support or specific supportive behaviors (available or enacted on) from people in

their social network, which enhances functioning or may buffer them from adverse outcomes” (Demaray & Malecki, 2002a, p. 215).

There have been diversity of definitions of social support and its concepts (Cohen & Wills, 1985; Tardy, 1985) and there has been inconsistency in how to measure it (Cohen & Wills, 1985; Tardy, 1985) in the literature. Therefore, it has become difficult to compare studies and generalize the findings to different situations (Tardy, 1985).

In order to bring clarity to the different definitions of social support, Tardy (1985) presented a model addressing five aspects in the conceptualization and measurement of social support among diverse studies: direction, disposition, description/evaluation, content, and network. In terms of direction aspect, social support can be both given and received. The second aspect, disposition is related to the social support’s availability or enactment. As Tardy (1985) states, “support availability refers to the quantity or quality of support to which people have access. The actual utilization of these support resources is referred to as enacted support.” (p. 188). Description/evaluation aspect describes whether the individuals are asked to describe or evaluate (e.g., satisfaction with the support) the support they receive. With regard to content of support, Tardy (1985) presents House’s (1981, as cited in Tardy, 1985) typology of support content including emotional, instrumental, informational, and /or appraisal support. Emotional support is related to caring, empathy, and love. Instrumental support is related to giving financial aid, material resources, and sharing time and skills. Informational support involves advice that may help in problem solving whereas appraisal support refers to evaluative feedback. Lastly, with respect to network aspect, Tardy (1985) mentions about the importance of paying attention to the differences in the measurement of social support regarding individuals’ sources of their support network. Tardy (1985) also gives examples of a variety of studies together with a diversity of social support measures representing each aspect explained above.

In line with Tardy's (1985) model and House's (1981, as cited in Tardy, 1985) typology, the concept of social support has been categorized in different types by several researchers (e.g., Barrera, 1986; Cohen & Wills, 1985). These types have been frequently used in the theoretical and operational definitions of social support (Langford, Bowsher, Maloney, & Lillis, 1997).

2.5.2. Types and Functions of Social Support

Cohen and Wills (1985) categorized social support to four types: emotional (esteem) support, informational support (advice), social companionship, and instrumental support. Emotional support refers to being esteemed, loved, and cared by significant others. Informational support refers to receiving advice or information in dealing with problems. Social companionship refers to individuals' having time together and socializing. Finally, instrumental support refers to receiving financial aid and material resources in need (Cohen & Wills, 1985)

Similarly, Barrera (1986) further differentiated the concept according to different types of support including social embeddedness, enacted support, and perceived social support. Social embeddedness is related to interpersonal relationships within one's social network (e.g., one's number of social support resources or quantity and identity of individuals). Enacted support refers to actual supportive behaviors of significant others (e.g., advice, information, material support). Perceived social support refers to individuals' cognitive appraisals regarding the environment's being helpful to them.

Among all the social support types, perceived social has been the most extensively studied one (Cohen & Wills, 1985). Many researchers have agreed upon the view that it is the perception of social support that is mostly associated with psychological outcomes and it is the perception of social support that predicts psychological status (e.g., Cohen & Wills, 1985; Kazarian & McCabe, 1991).

Although there have been many definitions of social support, researchers have agreed upon the concept's positive effect on physical and psychological well-being or health in general (Cohen & Wills, 1985). There have been two basic views on the role of social support on positive outcomes in the face of stress (Cohen & Wills, 1985).

According to one view, social support has a direct effect on positive outcomes. In other words, individuals who have supportive environments score higher on positive outcomes such as psychological well-being regardless of the presence or absence of a stress factor. In non-stressful circumstances, social support provided in the environment may increase self-esteem and as a result may help individuals to avoid negative experiences. Social support in this view has a main effect on positive outcomes (Cohen & Wills, 1985).

The other approach is related to the buffering effect of social support in the relationship between stress and positive outcome. This view has been called as buffering hypothesis which assumes that social support is helpful only in the face of stress. In this view, although stressful events are accepted to lead negative outcomes on individuals, social support is expected to have a moderating role in reducing the negative effects of stressful events and resulting in better outcomes. In stressful circumstances, people who perceive that they are provided with social support may redefine the stressful event as more controllable, because they may expect that social support sources will help in coping with the problem or coping with the effects of the problem. Social support in this view has an indirect effect (Cohen & Wills, 1985).

Based on their review of literature, Cohen and Wills (1985) concluded that different types of social support may have different functions in buffering the negative effects of stressful events. For example, emotional social support may help in maintaining self-esteem that may decrease as a response to stress. Informational support may help in redefining the stressful event and in finding ways to solve the problem; thereby individuals perceive the stressful event as

more controllable. Emotional and informational support may buffer the negative effects of a variety of stressor, while instrumental support may help in the specific circumstances that may occur as a result of stress (e.g., financial aid in economical problems).

In the social support literature, there has been empirical evidence supporting both views that social support serves as a buffer between a diversity of stressors and positive outcomes as well as it has a direct effect on well-being (Cohen & Wills, 1985).

As both views have support in the literature, the function of social support can be summarized as increasing the individuals well-being (Cohen & Wills, 1985).

2.5.3. Research on Perceived Social Support among Adolescents

Theoretically, perceived social support is believed to serve as a coping source for individuals (Cohen & Wills, 1985). Moreover, the positive effects of perceived social support on health have been well documented in the empirical literature (Cohen & Wills, 1985).

As social support has been believed to help individuals in coping and adaptation to the changes brought about during transition periods (Cobb, 1976), a variety of studies have been carried out with adolescent samples regarding perceived social support and its correlates (e.g., Bru, Murberg, & Stephens, 2001; Cauce, Hannan, & Sargeant, 1992; Demaray & Malecki, 2002a, 2002b; Domagala-Zyśk, 2006; Gavazzi, 1994; Lam, 2005; Laursen, Furman, & Mooney, 2006; Liu, 2002; Mahon & Yarcheski, 2001; Malecki & Demaray, 2002; Malecki & Elliott, 1999; Murberg & Bru, 2004; Newman, Newman, Griffen, O'Connor, & Spas, 2007; Robinson, 1995; Sabatelli & Anderson, 1991; Smokowski et al., 1999; Stice, Ragan, & Randall, 2004; Wight, Botticello, & Aneshensel, 2006; Yarcheski, Mahon, & Yarcheski, 2001).

Over the years, a vast number of studies have consistently indicated a positive relationship between perceived social support from different sources (family, friends, teachers, and significant others etc.) and positive psychological outcomes such as resilience (e.g., Bruwer, Emsley, Kidd, Lochner, & Seedat, 2008); adjustment (e.g., Demaray & Malecki, 2002a, 2002b; Newman et al., 2007); academic achievement (e.g., Domagala-Zyśk, 2006); self-esteem/self-worth (e.g., Lam, 2005; Laursen et al., 2006; Robinson, 1995; Yarcheski et al., 2001); self-concept (e.g., Demaray & Malecki, 2002a, 2002b; Kazarian & McCabe, 1991; Malecki & Demaray, 2002; Malecki & Elliot, 1999); psychological health (e.g., Chou, 2000); well-being (Yarcheski et al., 2001); hopefulness (Yarcheski et al., 2001) and a negative relationship between perceived social support and psychological distress such as depression or anxiety (e.g., Bruwer et al., 2008; Chou, 2000; Demaray & Malecki, 2002a; Kazarian & McCabe, 1991; Liu, 2002; Mahon & Yarcheski, 2001; Murberg & Bru, 2004; Newman et al., 2007; Sabatelli & Anderson, 1991; Wight et al., 2006; Zimet et al., 1988); academic-related stress (Smith & Renk, 2007), and problematic internalizing and externalizing behaviors (Demaray & Malecki, 2002a; Wight et al., 2006) among adolescents from a diversity of cultures.

Bruwer et al. (2008) examined the psychometric properties of the MSPSS among 787 high school students in South Africa. In this study, perceived social support was found to correlate positively with Connor- Davidson Resilience Scale and negatively correlate with depression scores.

In one of the most frequently cited studies, Demaray and Malecki (2002a) investigated the relationships between perceived social support (parents, teachers, classmates, and friends) and a variety of academic, behavioral, and social indicators among 1711 American students (grade 3 to grade 12). The results revealed that students reporting higher levels of perceived social support from parents, teachers, classmates, and friends scored higher on positive behavior indicators such as self-concept, social skills and adaptive skills and scored lower on problematic internalizing (such as depression and anxiety) and externalizing

behaviors (such as aggression, hyperactivity) compared to students with low perceived social support. Similarly, Wight et al. (2006) with a large sample of United States adolescents ($N = 18,417$) reported that perceived social support (from family, friends, and other adults) was negatively associated with internalizing problems (e.g., depressive symptoms) and externalizing behaviors (e.g., minor delinquency and violent behavior). Similar findings have been reported with university undergraduates (Kazarian & McCabe, 1991; Sabatelli & Anderson, 1991; Zimet et al., 1988).

Domagala-Zyśk (2006) reported positive relationship between perceived social support (from parents, peers, and teachers) and school success in a sample of 200 Polish adolescents (mean age = 14). In line with this, Smith and Renk (2007) reported that social support from significant others was negatively correlated with academic-related stress among 93 undergraduate college students from diverse ethnic backgrounds of Asian American, African American, Hispanic American, and Caucasian.

Regarding the relationship between perceived social support and self-esteem/self-worth, Robinson (1995) reported a significant positive relationship between perceived social support (from parents, best friend, teacher etc.) and self-worth among 370 European American adolescents (7th to 12th Grades). In addition, in a study carried out with 142 adolescents (White, African American, Latino and Asian American), Yarcheski et al. (2001) found a significant positive correlation between perceived social support and well-being, perceived social support and hopefulness and, perceived social support and self-esteem. Similarly, Lam's (2005) study indicated a significant positive relationship between perceived social support and self-esteem among 152 Vietnamese American adolescents. Consistent with these findings, Laursen et al. (2006) with a sample of 199 adolescents from different ethnic backgrounds of African American, Asian American, European American, Hispanic American, and Native American (10th to 12th Grades) found that students who reported high levels of perceived social support (from mother, close friends, romantic partners) also reported higher levels of self-worth

compared to students with low levels of perceived social support. In the same line with the studies presented above, some studies with similar age groups indicated a positive relationship between perceived social support and a positive self-concept (Demaray & Malecki, 2002a, 2002b; Kazarian & McCabe, 1991; Malecki & Demaray, 2002; Malecki & Elliot, 1999).

In terms of the relationship between perceived social support and various measures of psychological distress, Mahon and Yarcheski (2001) found that perceived social support was negatively correlated with depressive mood and depressive symptoms among 144 adolescents (7th and 8th Graders; White, African American, Asian American and Latino). Accordingly, Murberg and Bru (2004) reported a negative relationship between perceived social support (from parents, friends, and teachers) and depressive symptoms among 1053 Norwegian 8 grade adolescents. In a similar vein, with a sample of 458 Taiwanese adolescents (7th graders), perceived social support (from family and friends) was found to be negatively correlated with depression scores (Liu, 2002). Likewise, Newman et al.'s (2007) study revealed that changes in perceived social support from peers and parents were significantly associated with depressive symptoms among adolescents (104 eight graders and 101 ninth graders) in the period of transition to high school.

In conclusion, the literature review on perceived social support suggests that perceived social support is associated with positive psychological constructs and help people show positive adaptation in the face of stressful events. Therefore, perceived social support can be regarded as an external asset for resilience in the major challenge of university entrance examination preparation period.

2.6. Resilience and Perceived Social Support

Theoretically, social support decreases the psychological distress in the face of adverse circumstances (Cohen & Wills, 1985). As Werner and Smith (1982) stated positive relationships with people in the environment promote resilience in

all ages. Furthermore, social support from peers, teachers, and parents has been regarded as a protective factor for children and adolescents (Benard, 1993, 2004). Specifically, the single most important factor promoting resilience in all ages has been regarded as having positive and caring relationships (Benard, 2004; Werner & Smith, 1982; Wright & Masten, 2005).

Using either qualitative or quantitative methods, many studies have proposed an association between social support and resilience or between caring relationships and resilience among adolescents (e.g., Banyard & Cantor, 2004; Carbonell et al., 1998; Carbonell et al. 2002; Conger & Conger, 2002; Dumont & Provost, 1999; Everall et al., 2006; Smokowski et al., 1999; Werner, 1995).

In the light of the research evidence, it seems clear that social support plays an important role in promoting resilience in diverse samples. However, as resilience was operationalized as self-esteem in the current study, it is worth mentioning the literature on the relationship between perceived social support and self-esteem.

Multiple studies have indicated a positive relationship between self-esteem and perceived social support among adolescents. For example, Robinson (1995) reported a significant positive relationship between perceived social support (from parents, best friend, teacher etc.) and self-worth among 370 European American adolescents (9th to 12th grades). In addition, in a study carried out with 142 adolescents (White, African American, Latino and Asian American), Yarcheski et al. (2001) found a significant positive correlation between perceived social support and well-being, perceived social support and hopefulness and perceived social support and self-esteem. Similarly, Lam's (2005) study indicated a significant positive relationship between perceived social support and self-esteem among 152 Vietnamese American adolescents. Consistent with these findings, Laursen et al. (2006) with a sample of 199 adolescents (10th to 12th grades) found that students, who reported high levels of perceived social support (from mother, close friends, romantic partners) also reported higher levels of self-worth compared to students with low levels of perceived social support. In line with the

studies presented above several studies with similar age groups indicated a positive relationship between perceived social support and a positive self-concept (Demaray & Malecki, 2002a, 2002b; Kazarian & McCabe, 1991; Malecki & Demaray, 2002; Malecki & Elliot, 1999).

2.7. Resilience and Gender

Gender has been regarded as an internal factor that relates to resilience. However, literature on resilience has revealed inconsistent results regarding the effects of gender on resilience (Smith & Carlson, 1997). This is not surprising when it is considered that there have been inconsistency in the definition of resilience across studies among different samples with different risk factors. Although, this complexity makes it difficult to compare research studies, it can be concluded that the effect of gender changes with age of the sample as Smith and Carlson (1997) stated. In one of the most comprehensive reviews regarding resilience in children and adolescents, Smith and Carlson (1997) concluded that males tend to score lower on resilience scores during early and middle childhood compared to females. However, in adolescence period, the situation changes and males score higher on resilience measures compared to girls. Moreover, in one of the most comprehensive meta-analysis studies regarding the gender differences in self-esteem, Kling et al., (1999) examined the gender differences in global self-esteem of participants in two studies. First study included 97,121 respondents, and second study included 48,000 respondents. In both studies, results indicated that males scored higher on self-esteem compared to females. Likewise, O'Brien et al. (1996, cited in Quatman & Watson, 2001) in a meta-analysis of 80 research studies, reported that males were found to score higher on global self-esteem measures in various studies compared to females.

2.8. Related Studies in Turkey

There have been several studies in the Turkish literature on the major variables of the present study separately. However, no research has been found investigating

the relationships among learned resourcefulness, perceived social support, and resilience and no research has been found examining the differences in resilience scores among UEE applicants with respect to entrance time, graduation area, and school type variables. Therefore, the most relevant research to the purposes of the present study will be presented separately for each variable.

2.8.1. Studies on Resilience in Turkey

So far, only a relatively small number of studies have focused on resilience concept in Turkey.

Gizir (2004) carried out the leading study on resilience in Turkey with 872 eight grade students living in poverty. Some internal and external factors were tested as predictors of academic resilience in this risk group. The results indicated that home high expectations, school caring relationships and high expectations, and peer caring relationships predicted academic resilience. In terms of internal factors, having positive self-perceptions about one's academic abilities, high educational aspirations, having emphatic understanding, internal locus of control, and being hopeful for the future were internal predictors. However, inconsistent with the literature, external factors of home caring relationships, community caring relationships and high expectations, and peer high expectations, and internal factor of problem-solving ability were found to be vulnerability factors in this study.

Özcan (2005) examined protective factors and resiliency traits among 152 high school students in terms of their gender and the marital status of their parents. The results revealed that students whose parents were married had significantly higher levels of protective factors and resilience traits than students whose parents were divorced. Gender was not a significant variable for protective factors or resilience traits.

In another study, Terzi (2006) examined the validity and reliability of the Resilience Scale (RS) developed by Wagnild and Young (1993, as cited in Terzi, 2006) among 155 Turkish university students. The scale was found to be a reliable measure for the sample and a significant positive correlation was reported between RS and Generalized Self-Efficacy Scale ($r = .83$) indicating concurrent validity evidence.

In an experimental study, Gürgan (2006) investigated the effects of a group resiliency education program on the resiliency levels of Turkish university students who scored low on resilience in pre-test measures ($N = 20$ for experimental group and $N = 16$ for control group). Participants in the experimental group received a cognitive-based resiliency education program developed by the researcher. The findings provided evidence regarding the effectiveness of the resiliency training.

In a more recent study, Kaya (2007) examined the role of self-esteem, hope, and external factors in predicting resilience among 391 regional boarding elementary school students (6th, 7th and 10th grades). According to the findings of the study, hope together with some external assets (home caring relationships, high expectations, and meaningful participation; community caring relationships and high expectations; school and community meaningful participation; peer caring relationships and high expectations) were found to predict resilience scores, but self-esteem and two external assets (school caring relationships and high expectations; and school connectedness) were not found to be significant predictors of resilience.

Lastly, Karairmak (2007) investigated the role of some personal qualities in predicting psychological resilience among 408 earthquake survivors in Turkey. In this study, dispositional hope, optimism, positive affect, life satisfaction, and self-esteem served as independent latent variables; whereas three factors of psychological resilience were regarded as latent dependent variables. According to the suggested model in this study, self-esteem, dispositional hope, and

optimism were found to have indirect effect on resilience components through positive affect and life satisfaction.

2.8.2. Studies on Learned Resourcefulness in Turkey

Parallel to the studies conducted abroad, learned resourcefulness has also been studied in relation to a diversity of variables such as well-being (Cenkseven, 2004), social adaptation (Sarıcı, 1999), locus of control (Dağ, 1992; Demirci, 1998; Mizrahi, 1993), humor styles (Aslan, 2006), psychological relationship patterns within family (Coşkun, 2007), depression (Siva, 1991; Uçman 1990), stress (Yılmaz, 1993), separation anxiety (Ceyhan, 2006), computer anxiety (Ceyhan, 2006), burnout (Maraşlı, 2003), parenting styles (Türkel & Tezer, 2008), conflict behaviors (Öztürk, 2006), casual attributions (Yıldız, 1997), and institutionalization (Boyras, 2002).

Cenkseven (2004) investigated the role of learned resourcefulness, locus of control, extraversion, neuroticism, academic situation, socio-economic status, health status, satisfaction with social interactions, and recreation activities in subjective and psychological well-being of university students. In this study, learned resourcefulness and internal locus of control have been found to be positively correlated with subjective and psychological well-being. Moreover, Sarıcı (1999) reported a significant positive correlation between learned resourcefulness and social adaptation among university students.

Mizrahi (1993) investigated the effects of trait anxiety, health locus of control orientation, pain duration, and severity on learned resourcefulness and reported a positive relationship between low trait anxiety, internal orientation, low pain intensity, high level of commitment, and cognitive self-control strategies that lead to high level of learned resourcefulness. Similarly, Demirci (1998) reported a positive association among high learned resourcefulness, internal locus of control, and high need for cognition constructs. In another study, Dağ (1992) examined the relationship between learned resourcefulness, locus of control, and

psychopathology. The findings indicated a positive significant relationship between learned resourcefulness and internal locus of control. Moreover, predictor roles of low learned resourcefulness and internal locus of control on psychological symptoms have been reported (Dağ, 1992). The results of this study is consistent with the earlier findings of Uçman (1990) who examined the relationship between psychological disorders and coping in working women, and reported a negative relationship between depression and learned resourcefulness scores. Siva (1991), who studied coping with stress, learned resourcefulness, and depression in infertility reported a negative relationship between learned resourcefulness and depression scores. Likewise, Yılmaz (1993), who examined the relationships between stress, coping, and psychopathology, reported a negative relationship between learned resourcefulness and stress levels of university students.

Yıldız (1997) investigated the relationship between causal attributions to successful and unsuccessful situations. In this study, high resourceful individuals were found to attribute success to their own efforts and abilities while low resourceful individuals were found to attribute success to chance.

Türkel and Tezer (2008) examined the relationship between parenting styles and learned resourcefulness among high school students. In this study, students who perceived their parents as authoritative were found to score higher on learned resourcefulness compared to those who perceived their parents as authoritarian and neglectful. Similarly, Coşkun (2007) found a significant correlation between learned resourcefulness of the high school students and their psychological relationship patterns within family.

2.8.3. Studies on Perceived Social Support in Turkey

In line with the studies conducted abroad, perceived social support has been studied in relation to a diversity of variables such as academic achievement (Yıldırım & Ergene, 2003), problem-solving skills (Budak, 1999), self-esteem/self-worth (Çakır & Palabıyıkoglu, 1997; Terzi-Ünsal & Kapçı, 2005),

self-acceptance (Başer, 2006), psychological health/psychological well-being or psychological symptoms (Banaz, 1992; Bayram, 1999; Sayar, 2006; Soylu, 2002; Terzi-Ünsal & Kapçı, 2005), satisfaction with life (Duru, 2007), hopelessness (Terzi-Ünsal & Kapçı, 2005), loneliness (Duru, 2007; Erdeğer, 2001), depression (Çakır & Palabıyıkoglu, 1997; Eldeleklioglu, 2006; Yıldırım, 2004), anxiety (Çakır & Palabıyıkoglu, 1997; Koçkar & Gençöz, 2004), and suicidal ideation (Eskin, Ertekin, Dereboy, & Demirkıran, 2007; Terzi-Ünsal & Kapçı, 2005) among Turkish youth.

Yıldırım and Ergene (2003) investigated the role of social support in predicting academic achievement among 663 high school senior students. The results indicated that although peer support was not found to be a significant predictor of academic achievement, family support, and teacher support significantly predicted academic achievement of students.

Budak (1999) investigated the relationship between perceived social support (from family, friends, and teachers) and problem-solving skills among 267 high school students. The results of the study demonstrated a positive correlation between perceived social support from family and friends and problem-solving skills. However, for teacher support the results did not reach significance.

Başer (2006) found a significant positive correlation between perceived social support from family and self-acceptance among 418 university students. Likewise, Duru (2007) reported a positive correlation between perceived social support and life satisfaction and a negative correlation with loneliness among 340 university students. Moreover, Erdeğer (2001) found a negative correlation between perceived social support and loneliness among 375 high school students.

Terzi-Ünsal and Kapçı (2005), with a sample of 605 high school students, found that perceived social support correlated positively with self-worth and psychological health, and correlated negatively with hopelessness. These variables, in turn, were found to predict suicidal ideation (Terzi-Ünsal & Kapçı,

2005). Similarly, in Eskin et al.'s (2007) study, perceived social support from family and friends were found to be negatively associated with suicidal ideation among 805 first-year high school students.

Çakır and Palabıykoğlu (1997) explored the psychometric properties of the MSPSS among 960 Turkish adolescents between 12 and 22 years of age. The results provided satisfactory evidence for the reliability and validity of the scale for the sample. In this study, perceived social support scores were found to be positively correlated with self-esteem and negatively correlated with depression and anxiety scores.

Bayram (1999) examined the relationship between perceived social support and psychological health among 625 high school students. The results indicated a significant positive correlation between perceived social support and psychological health. In another study, Banaz (1992) reported a negative correlation between perceived social support from family and perceived psychological problems among 385 high school students. Similarly, Sayar (2006) found that perceived social support was negatively correlated with depression symptoms and positively correlated with psychological adaptation among 237 adolescents coming from low socioeconomic status.

Yıldırım (2004) reported that family support and teacher support significantly predicted depression, while peer support did not predict depression among 485 high school students (8th -11th grades). Similarly, Eldeleklioğlu (2006) reported a negative relationship between perceived social support from family and depression among 325 university students. However, contrary to the findings of Yıldırım (2004), in this study, perceived social support from peers was found to be negatively and significantly correlated with depression scores.

Koçkar and Gençöz (2004) with a sample of 340 adolescents preparing for university examinations reported separate findings for females and males in terms of relationships among perceived social support from family, friends, and

significant others and anxiety. For females, total perceived social support and for males perceived social support from family and friends predicted anxiety scores.

2.8.4. Studies on UEE Applicants in Turkey

There has been a considerable body of research on UEE applicants in the Turkish literature considering the importance of the exam both for students and their families. Some of the studies has focused on students beliefs related to the exam (e. g., Kelecioğlu, 2002), some have focused on students' attitudes towards the exam (e. g., Ekici, 2005), some have investigated a variety of familial factors (e. g., Dursun, 2005; Karadeniz, 2005; Kısa, 1996; Pakır, 2006; Sakızlıoğlu, 2003; Soylu, 2002) and some have examined the variables related to being successful in the university entrance exams (e. g., Ekşioğlu, 2005; Erkan, 1991; Kemer, 2006; Pakır, 2006). Yet, most of the major research focused on negative factors related to university entrance examination such as stress, anxiety, depression, low-self esteem, and problems in relationships (e. g., Akpınar, 1999; Aksakal, 1997; Alyaprak, 2006; Börü, 2000; Çankaya, 1997; Dursun, 2005; Ekşi, 1998; Ergene & Yıldırım, 2004; Erkan, 1991; Karadeniz, 2005; Kısa, 1996; Koçkar & Gençöz, 2004; Mutlu, 2003; Özdemir, 2002; Özdemir, 2006; Sakızlıoğlu, 2003; Soylu, 2002; Yıldırım & Ergene, 2003).

Most of the studies conducted with UEE applicants have revealed the negative effects of university entrance examination on students. Anxiety and depression have been the most widely investigated symptoms that have been reported among UEE applicants. One of the earlier studies conducted with 4771 students preparing for university entrance examination revealed that the anxiety levels of students were higher than the anxiety level of patients who were going to have surgical operations (Baltaş, 1993, as cited in Bozkurt, 2003). Furthermore, in a more recent study, both UEE applicants and their parents have scored above average on anxiety levels ($N = 156$ students and $N = 156$ parents) (Karadeniz, 2005). Moreover, in one of the most frequently cited studies conducted by Özdemir (2002) additional negative psychological effects of the preparation period for the

university entrance examination symptoms were reported. In this study, 11th grade students ($N = 663$) who are going to enter the exam in the near future scored higher on depression symptoms, anxiety, and hostility levels and scored lower on academic self-concept and achievement expectancy scores compared to 10th graders ($N = 307$). After the results of the university entrance examination had been announced, the reported psychological symptoms declined, whereas the reported self-esteem levels increased regardless of the results of the exam (being placed or non-placed) ($N = 119$). As Özdemir (2002) proposed, these findings may indicate that students may perceive the university entrance examination as a self-threat which may negatively influence their self-evaluations and may reflect the negative effect of the preparing process of the exam on students rather than the results of it. Likewise, Ergene and Yıldırım (2004) reported depression symptoms among UEE applicants in the preparation process for the exam. In this study, 45 % of UEE applicants were found to be depressive and 17 % of them were found to be mild depressive. Consistent with the findings of these studies, in another study, high levels of stress, anxiety, and relationship problems have been identified among UEE applicants ($N = 250$) (Özdemir, 2006). The author stated that such findings may imply the fact that students isolate themselves from social life during the preparation period for the university entrance examination.

In some of these studies, variables of entrance time, graduation area, and school type have been widely examined in relation to a diversity of variables such as anxiety, depression, self-confidence, and hope.

To begin with, some studies investigated differences among UEE applicants entering the exam for the first time and entering the exam more than once. For example, in one of the recent studies, Alyaprak (2006) found that UEE applicants entering the exam for the second time or more scored higher on test anxiety and state-trait anxiety measures compared to applicants entering the exam for the first time ($N = 220$). However, in the same study, social phobia scores did not indicate a significant difference between entrance time groups. In another study, Mutlu (2003), with a sample of 683 UEE applicants, reported that there was not

significant difference among participants entering the exam for the first time, second time, or third time (or more) in terms of depression scores.

Secondly, some studies investigated differences among UEE applicants with respect to their graduation areas. To illustrate, Alyaprak (2006) and Dursun (2005) reported that applicants' test anxiety scores did not differ among graduation areas such as qualitative, quantitative, social sciences, or language areas. Moreover, Karadeniz (2005), with a sample of 156 UEE applicants, found no significant difference among graduation areas in terms of anxiety scores. Likewise, in Mutlu's (2003) study results showed no significant difference among graduation areas (quantitative, qualitative, social sciences, and vocational areas) in depression scores.

Lastly, some studies examined differences among UEE applicants with regard to school type. For instance, Mutlu (2003) found that UEE applicants who are graduates of Anatolian High School, General High School, Super Lycee, or Vocational High Schools did not differ in depression scores. Likewise, Ekşi (1998); Sakızlıoğlu (2003); and Dursun (2005) reported that there was not significant differences in test anxiety measures among samples of 697; 160; and 400 UEE applicants respectively with regard to test anxiety measures. However, being inconsistent with these findings, Kemer (2006), within a sample of 786 UEE applicants, found that Anatolian High School graduates, Super Lycee graduates, and private high school graduates scored more self-efficacious and hopeful compared to General High School graduates. Similarly, Özdemir (2006) reported that Anatolian High School graduates scored higher on self-confidence compared to other school types ($N = 250$).

Considering the findings above, it can be concluded that there have been inconsistencies among studies investigating the variables of entrance time, school type, and graduation areas in relation to variables such as anxiety and depression. Some of these studies indicated findings favoring applicants entering the exam for the first time and applicants who are graduates of Anatolian High Schools.

However, some indicated no significant difference among UEE applicants in anxiety and depression measures grouped on these variables.

CHAPTER III

METHOD

This chapter consists of seven sections regarding the methodological details of the study. The first section presents the overall design of the study. The second section describes the participants of the study. The third section presents data collection instruments. The fourth section explains the data collection procedure. In the fifth section, variables of the study are introduced. Next, in the sixth section, data analyses conducted are given. Finally, in the last section limitations of the study are presented.

3.1. Overall Design of the Study

The overall design of the study is correlational. Correlational research that can be called as a form of descriptive research attempts to investigate the relationships among two or more variables without any manipulation. Another purpose of correlational research, which is parallel with the aim of the present study, is to make predictions about a variable called criterion variable by considering its relationship/s with other variable/s called predictor variable/s (Fraenkel & Wallen, 2005).

The purpose of the study is to investigate the differences in resilience scores of UEE applicants in terms of entrance time to university entrance examination, graduation area, and school type and to examine the predictive roles of gender, learned resourcefulness, perceived social support from family, friends, and significant others in resilience scores of UEE applicants in the 2007-2008

academic year. A demographic data form (Appendix A), Self-Control Schedule (SCS) (Appendix B), The Multidimensional Scale of Perceived Social Support (MSPSS) (Appendix C), Harter's Self-Perception Profile for Adolescents (SPPA) (Appendix D) and Life Events Inventory for University Students (LEIU) (Appendix E) were administered to 988 UEE applicants preparing for the exam in twelve different private courses located in Ankara and three different private courses located in Bursa. Descriptive statistics, one-way analysis of variance, and multiple regression analysis were conducted to analyze the data.

3.2. Participants

The participants of the study were volunteered UEE applicants preparing for the exam in twelve different private courses located in Ankara and three different private courses located in Bursa. Similar to participant selection, convenient sampling method was used in the selection of the private courses. There were three criteria for sample selection: (1) students entering the university entrance examination in the 2008 academic year (first time, second time, or more), (2) students filling out the scales properly, and (3) students scoring above "2" on the mean total of Achievement-Related Negative Life Events Subscale of the Life Events Inventory for University Students (LEIU).

As mentioned before, university entrance examination is suggested to be a stressful experience for students by many researchers (e.g., Bozkurt, 2003; Ekici, 2005; Ergene & Yildirim, 2004; Özdemir, 2002; Yildirim, 2004) regarding the negative effects of the preparation period for the exam such as depression and anxiety symptoms (Baltaş, 1993, as cited in Bozkurt, 2003; Ergene & Yildirim, 2004; Karadeniz, 2005; Özdemir, 2002; Özdemir, 2006; Yildirim, 2004). As a result, adolescents in this period have been considered as a major risk group (Koçkar & Gençöz, 2004), and the examination itself has been regarded as a risk factor for the high prevalence of anxiety symptoms among UEE applicants (Özdemir, 2002). However, as some researchers suggested (e.g., Luthar et al., 2000; Masten, 2001; Schoon, 2006) some people may not perceive their life

events as being highly stressful, although some scientists regard those life circumstances as being a risk factor. Therefore, in the present study, in order to assess whether students perceive university entrance examination preparation period as a stressful event, their achievement related negative life events were measured using intensity scores of the Life Events Inventory for University Students (LEIU). Detailed information related to the inventory and factor analysis results for the present study sample are presented in section 3.3.5. However, it is worth mentioning here that the scale, which was originally developed by Oral (1999) and modified by Gençöz and Dinç (2006), is composed of two subscales: achievement-related life events and social life events. For the purpose of the present study, Achievement-Related Life Events Subscale was used after excluding some items that may not be applicable for the characteristics of the present sample (e.g., “Difficulties of studying in a language other than my mother tongue”, “Anxiety about the job interviews”, “Problems at work”).

At the beginning, the number of the participants was 988. In ninety-seven of the cases, more than half of the scales were left unanswered; thus these cases were not included in the analysis. Moreover, based on the mean total scores computed on the screening measure of Achievement-Related Negative Life Events Subscale of LEIU, the sample was found to report achievement-related negative life events with high intensity levels ($M = 3.83$; $SD = .86$). Therefore, in order to differentiate the participants who have experienced achievement-related negative life events and who have not, the participants (26 cases) scoring below “2” (below 2 on this scale indicates that the participant does not experience achievement related negative life event whatsoever) on the mean total values were also excluded from the analysis. The analyses were carried out with the remaining participants. After excluding the cases that do not fulfill the inclusion criteria, the sample size became 865 (505 females and 360 males).

Of the sample, 35.3 %, 48.4 %, and 16 % of the participants were going to enter the exam for the first time, second time, and third time respectively (with three missing values). As can be seen from Table 3.1, the ages of the participants

ranged from 16 and 20 with a mean of 18.1. The reason for this range value is due to some participants' entering the exam in the previous year/s at least once. Eighteen percent of students were entering the exam from the social sciences area, 39.5 % of them were entering from equally weighted area, and 42.3 % of them were entering from quantitative area. Of the participants, 57.8 % were from General High Schools, 27.2 % of them were from Anatolian High Schools, 1.6 % of them were from Private High Schools, and 12.7 % of them were from Vocational High Schools.

Table 3.1

Percentages, Means, Standard Deviations, and Ranges of the Demographic Variables

	Percentage	Mean	SD	Range
Age		18.1	.89	16-20
Gender				
Female	58.4			
Male	41.6			
Entrance Time				
First	35.3			
Second	48.4			
Third	16.0			
Missing Value	.3			
Graduation Area				
Quantitative	42.3			
Equally Weighted	39.5			
Social Sciences	18.0			
Missing Value	.1			
School Type				
General High School	57.8			
Anatolian High School	27.2			
Vocational High School	12.7			
Private High School	1.6			
Missing Value	.7			

3.3. Data Collection Instruments

In the present study, the data were gathered with the following instruments: Demographic data form developed by the researcher, Self-Control Schedule (SCS; Rosenbaum, 1980a), The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), and The Self-Perception Profile for Adolescents (SPPA; Harter, 1988). In addition, Achievement-Related Negative Life Events Subscale of Life Events Inventory for University Students (LEIU; Gençöz & Dinç, 2006; Oral, 1999) was used as a screening measure in the participant selection process.

3.3.1. Demographic Data Form

In the demographic data form students were asked to state their age, gender, high school graduation area, high school type, and entrance time to university entrance examination (see Appendix A).

3.3.2. Self- Control Schedule (SCS)

Self-Control Schedule (SCS) was used in this study as a measure of learned resourcefulness (see Appendix B). The scale measures individuals' tendencies to use self-control skills, which is composed of positive self-talk in the face of negative experiences, problem-solving skills, the ability to delay gratification, and self-efficacy beliefs in ones' ability to control internal events in demanding situations (Rosenbaum, 1980a).

The original version of the scale was developed by Rosenbaum (1980a). The schedule consists of 36 Likert-type items. In the original scale, the score for each item ranges from +3 (very characteristic of me) to -3 (very uncharacteristic of me) with no "neutral" alternative. As a result, the possible highest score that can be obtained is +108 (indicating high level of learned resourcefulness); whereas the

possible lowest score is -108 (indicating low level of learned resourcefulness). It is worth mentioning that eleven items are presented in reversed order (4, 6, 8, 9, 14, 16, 18, 19, 21, 29, and 35). An individual's learned resourcefulness score is determined by summing all of his/her responses after the reversed items are transformed (Rosenbaum, 1980a).

Sound psychometric properties of the scale has been shown in various studies with diverse samples indicating appropriate levels of reliability and validity (e.g., Boonpongmanee et al., 2002; Kiefer, 2001; Ngai et al., 2008; Redden et al., 1983; Richards, 1985; Rosenbaum, 1980a, 1980b).

Rosenbaum (1980a) gathered data from six samples (more than 600 individuals whose ages ranged from 21.5 years to 62 years) to examine reliability and validity of the scale. In this study, the reported Cronbach alpha coefficients ranged from .78 to .84 indicating high internal consistency among items. Besides, the test-retest reliability of the scale yielded a coefficient of .86 in a four-week interval indicating stability in responses over time. Moreover, in order to examine the construct validity of the scale, the scores on the SCS was compared with the scores on the Rotter's Locus of Control Scale (1966, as cited in Rosenbaum, 1980a), Jones' Irrational Beliefs test (1968, as cited in Rosenbaum, 1980a), MMPI subscales, and factors of Cattell's 16 PF. The results revealed significant positive correlations between SCS and G factor (related to self-control as a measure of personality trait) of the 16 PF and significant negative correlations between SCS and Rotter's Locus of Control Scale, Irrational Belief Test, and three MMPI subscales (Psychasthenia, Schizophrenia and the F scale). Moreover, as part of an examination of validity, Rosenbaum (1980a) designed an experiment and hypothesized that high learned resourceful individuals would tolerate pain more compared to low resourceful individuals. The results confirmed this hypothesis providing further evidence for the validity of the scale (Rosenbaum, 1980a). These findings were replicated by Rosenbaum (1980b).

Redden et al. (1983) reported similar findings with a Cronbach alpha coefficient of .82 in a sample of approximately 1000 university students. Factor analysis in this study indicated six factors that were named as planful behavior and impulse control, control of unwanted thoughts, delay of immediate gratification, mood control, pain control, and personal efficacy yielding consistent factors that were previously mentioned by Rosenbaum (1980a). In addition, a significant negative correlation between SCS and Croskey's Communication Apprehension ($r = -.37$, $p < .001$) was reported as a validity evidence for the scale. Along with these finding, Richards (1985) also reported a significant relationship between SCS and Rotter's Locus of Control Scale ($r = -.37$, $p = .002$) and Manifest Anxiety Scale ($r = -.56$, $p = .001$) among 121 university students, providing further evidence for the validity of the scale.

In different samples, the SCS also demonstrated good internal consistency. For instance, Ngai et al. (2008) reported a Cronbach alpha coefficient of .83 and test-retest reliability of .91 with a sample of 360 Chinese childbearing women. In this study, factor analysis revealed three factors corresponding the conceptual dimensions pointed out by Rosenbaum (1980a) in the original scale and significant correlations between SCS and Generalized Self-Efficacy Scale ($r = .48$), Rosenberg's Self-Esteem Scale ($r = .41$), and Edinburgh Postnatal Depression Scale ($r = -.46$) indicated good construct validity. Moreover, Boonpongmanee et al. (2002) investigated the psychometric properties of the Thai version of the SCS. They reported a Cronbach alpha coefficient of .81 and promising results of construct validity.

The scale was translated and adapted to Turkish by Siva (1991). Siva (1991) modified the scoring system of the original scale and developed a new scoring system with a 5-point Likert scale in which higher scores represent high learned resourcefulness and lower scores represent low learned resourcefulness with the possible highest score of 180 and possible lowest score of 36. The internal consistency reliability coefficient was found to be .79 for the SCS with a sample of 100 adults. Parallel to these findings, Dağ (1991) reported a Cronbach alpha

coefficient of .79 with a sample of 532 university students and a test-retest correlation of .80 with 99 university students. In this study, criterion related validity procedures demonstrated a correlation of -.29 between the SCS scores and Rotter's Locus of Control Scale, and factor analytic procedures yielded 12 factors with Eigenvalues above 1 (accounting for the 58.2 % of the total variance) indicating satisfactory evidence of validity of the scale.

Another study carried out by Boyraz (2002) with institutionalized adolescents ($N = 103$) and high school students ($N = 105$) revealed consistent findings with these studies. Cronbach alpha coefficient of .78 was found for both institutionalized group and total group. In the same study, validity evidence was also searched by correlating SCS scores and Rotter's Locus of Control Scale scores using Pearson Product Moment Correlation. The results provided satisfactory evidence for the criterion-related validity of the scale with correlation coefficients of -.27 for institutionalized group, and -.24 for the whole group. In a more recent study, Türkel (2006) reported a Cronbach alpha coefficient of .76 with a sample of 834 high school students. The results of this study yielded 11 factors with Eigenvalues greater than 1, accounting for the 55.6 % of the total variance. Similarly, Öztürk (2006) reported 10 factors with Eigenvalues greater than 1 accounting for the 58.4 % of the total variance with a sample of 393 university students. In the same study, the Cronbach alpha coefficient was found to be .80. Overall, these studies provide satisfactory evidence for reliability and validity of the SCS.

3.3.2.1. The Validity and Reliability of the SCS for the Sample of the Present Study

In order to examine construct validity of the scale, a principle component analysis with oblique rotation (direct oblimin) with Kaiser normalization was used based on the procedures carried out in previous studies (e. g., Ngai et al., 2008). Preceding the analyses, statistical assumptions of multivariate normality and sampling adequacy for factor analyses were checked. The Bartlett test of sphericity ($\chi^2 = 6126.89$, $df = 630$, $p < .0001$) yielded a significant difference

between the sample data and an identity matrix, and the Kaiser–Meyer–Olkin value was .85 indicating that the data provided the statistical assumptions of multivariate normality and sampling adequacy for factor analysis (Field, 2005). Factor loadings above .30 were regarded as significant (Pallant, 2001). The factor analysis yielded 10 factors with Eigenvalues > 1, accounting for the 54.11 % of the total variance (see Table 3.2). These findings are parallel with the findings of the previous studies carried out in Turkish samples (e.g., Boyraz, 2002; Dağ, 1991; Öztürk, 2006; Türkel, 2006).

The reliability analysis yielded a Cronbach’s alpha coefficient of .80 in the current study. This indicates high internal consistency among items especially for psychological constructs (Kline, 1999, as cited in Field, 2005).

Overall, it is apparent that the SCS provides satisfactory evidence for the reliability and validity of the scale for the sample of the study.

Table 3.2

Factor Loadings (Pattern Matrix) for the Self-Control Schedule (SCS) Items

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9	Factor 10
32	.73									
33	.69									
34	.67									
11	.58									
7	.39									
6		.82								
21		.74								
35		.57								
9		.38								
23			.84							
31			.82							
19				.86						
14				.83						

Table 3.2 continued.

Factor Loadings (Pattern Matrix) for the Self-Control Schedule (SCS) Items

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9	Factor 10
4				.36	-.30					
27					-.81					
26					-.75					
28					-.67					
25					-.31					
5						-.81				
13						-.75				
17						-.58				
15						-.39				.39
29							-.76			
18							-.63			
22							-.54			
30							-.37			
2								-.65		
1								-.60		
3								-.52	-.36	
20								-.51		
10	.34							-.40		
8									.59	
16									-.55	-.35
24										.55
36			.32							.39
12	.43									.39
Vari- ance (%)	16.94	8.13	4.89	4.18	3.84	3.66	3.41	3.20	2.99	2.87

3.3.3. The Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) (see Appendix C) was used in this study as a measure of perceived social support from family,

friends, and significant others, considering the sound psychometric features of the scale reported in previous studies (e.g., Bruwer et al., 2008; Chou, 2000; Duru, 2007; Edwards, 2004; Eker & Arkar, 1995; Eker, Arkar, & Yaldız, 2000; 2001; Kazarian & McCabe, 1991; Zimet et al., 1988; Zimet, Powell, Farley, Werkman, & Berkoff, 1990). The scale is considered to be an ideal one to use as it provides the opportunity to measure perceived social support from separate resources (family, friends, and significant others). Moreover, the scale is easier to administer compared to other social support measures (Bruwer et al., 2008; Zimet et al., 1988).

The scale was developed by Zimet et al. (1988) to assess individuals' perceptions about social support adequacy from three resources: family, friends, and significant others. As a result, the MSPSS has three subscales. Each subscale has four items (family subscale: items 1, 2, 7, 10; friends subscale: items 3, 4, 8, 12, and significant other/s subscale: items 5, 6, 9, 11) yielding totally 12 items. The response alternative for each item ranges from 1 (very strongly disagree) to 7 (very strongly agree) constituting a 7-point scale. For each subscale and the total scale, higher scores indicate high level of perceived social support (Zimet et al., 1988).

Zimet et al. (1988) examined the psychometric properties of the MSPSS with a sample of 275 (136 females and 139 males) undergraduate university students. The scale has shown good internal and test-retest reliability, and strong factorial and construct validity. The Cronbach's alpha coefficients were found to be .87, .85, .91, and .88 for the family subscale, friend/s subscale, significant other/s subscale and total scale respectively. Besides, the test-retest reliabilities of the family subscale, friend/s subscale, significant other/s subscale and total scale were reported as .85, .75, .72, and .85 respectively in a two to three months period indicating stability in responses over time. As part of validity procedures, principal components factor analysis with oblique rotation with Kaiser normalization yielded three factors with highly loading items as expected. Moreover, in order to investigate the construct validity of the scale, the scores on

MSPSS was compared with the scores on the Depression and Anxiety subscales of the Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974, as cited in Zimet et al., 1988). The results revealed significant negative correlations between MSPSS subscales and the Depression and Anxiety subscales of the HSCL as expected (Zimet et al., 1988).

Following Zimet et al. (1988), Zimet et al. (1990) reported similar findings with Cronbach alpha coefficients ranging from .81 to .92 among three subscales and the scale as a whole in three different participant groups (265 pregnant women, 74 adolescents living in Europe, and 55 pediatric residents). The ages of the participants ranged from 15 to 42 years. Factor analysis confirmed the three-subscale structure of the MSPSS. Moreover, strong evidence for the validity of the Family and Significant Other Subscales were reported.

In different samples, the MSPSS also demonstrated good internal consistency. For instance, Kazarian and McCabe (1991) reported Cronbach alpha coefficients ranging from .84 to .94 among three subscales and the scale as a whole in two different samples (university undergraduates and adolescent inpatient psychiatric sample). In this study, for both samples, factor analysis revealed three factors corresponding the conceptual dimensions pointed out by Zimet et al. (1988) in the original scale. Besides, MSPSS's significant positive correlations with Social Support Behaviors scale, and self-concept scale and significant negative correlations with depression scores indicated additional support for the validity of the scale.

In a recent study, Bruwer et al. (2008) examined the psychometric properties of the MSPSS among 502 South African youth. In this study, Cronbach alpha coefficients ranged from .86 to .90 among the three subscales and the entire scale. Confirmatory factor analyses indicated the validity of the 3-subscale structure of the MSPSS. MSPSS's significant positive correlation with resilience and significant negative correlations with depression, exposure to community

violence, and other potentially life threatening trauma indicated further support for the validity of the scale

The scale has been adapted to Turkish by Eker and Arkar (1995). The researchers examined the psychometric properties of the scale among university students (university students having psychological problems, psychiatric inpatients and outpatients, renal disease patients, and normal controls). The Cronbach's alpha coefficients ranged between .85 to .91 among the samples, providing satisfactory evidence for the high reliability of each subscale and the total scale. With regard to construct validity, MSPSS scores were found to be negatively correlated with the scores of State-Trait Anxiety Inventory (STAI) in university students, renal disease patients, and normal samples. Moreover, negative correlations between MSPSS scores and Beck Depression Inventory were demonstrated among university students supporting the construct validity of the instrument (Eker & Arkar, 1995). Similarly, with 340 Turkish university students, Duru (2007) reported internal consistency coefficients ranging from .85 to .90, and test-retest reliabilities ranging from .78 to .88 over a four-week period among the scale and its subscales. Besides, in this study, exploratory and confirmatory factor analyses indicated the validity of the 3-subscale structure of the MSPSS, and significant positive correlation of the total scale score with life satisfaction and significant negative correlation with loneliness indicated support for the concurrent validity of the scale (Duru, 2007).

Eker, Arkar, and Yaldiz (2000; 2001) further examined the generality of factor structure of support sources and psychometric properties of the MSPSS in Turkey by making some revisions on the items to make the scale more suitable for Turkish culture. They reported parallel findings with Eker and Arkar (1995) among three samples: psychiatry, surgery, and normal (each including 50 participants approximately at 35 years of age). In this study, the principal components analysis with both varimax and oblique rotation yielded three factors as expected: perceived social support from family, friend/s, and significant other/s factors explaining 45 %, 17.9 %, and 12.4 % of the total variance respectively.

These findings indicated parallel results with previous studies (Eker & Arkar, 1995; Zimet et al., 1988) and provided satisfactory evidence for the similarity of the scale across the cultures.

Among adolescents, Çakır and Palabıyıkoglu (1997) reported internal consistency coefficients ranging from .76 to .84, and test-retest reliabilities ranging from .72 to .84 with a 30-day interval among the scale and its subscales. Furthermore, in this study, principal components analysis with varimax rotation yielded three factors as expected: perceived social support from family, friend/s, and significant other/s factors explaining 45.4 %, 20.9 %, and 10.8 % of the total variance respectively, indicating the validity of 3-subscale structure. Additionally, negative correlations between depression and anxiety measures together with positive correlation between self-esteem measures indicated support for the concurrent validity of the scale (Çakır & Palabıyıkoglu, 1997). Similarly, İlden (1999), with a sample of 340 UEE applicants, reported Cronbach alpha coefficients ranging from .86 to .89 among the subscales as an evidence of reliability of the scale.

3.3.3.1. The Validity and Reliability of the MSPSS for the Sample of the Present Study

In order to examine construct validity of the scale, a principle component analysis with varimax and oblique rotation was used based on the procedures carried out in previous studies (e. g., Duru, 2007; Eker, Akar, & Yaldiz, 2000; 2001). Both procedures gave the same number of factors. Preceding the analyses, statistical assumptions of multivariate normality and sampling adequacy for factor analyses were checked. The Bartlett test of sphericity ($\chi^2 = 6386.90$, $df = 66$, $p < .0001$) yielded a significant difference between the sample data and an identity matrix, and the Kaiser–Meyer–Olkin value was .83 indicating that the data provided the statistical assumptions of multivariate normality and sampling adequacy for factor analysis (Field, 2005). Factor loadings above .30 were regarded as significant (Pallant, 2001). The factor analysis yielded 3 factors with Eigenvalues > 1 accounting for the 74.30 % of the total variance. The scree plot also indicated a

three factor solution. Consistent with Duru (2007), and Eker, Arkar, and Yaldiz (2001) only the pattern matrix of oblique rotation is presented in Table 3.3. As the table indicates, 12 items were highly loaded to the factors as they were expected. Factor I (Eigenvalue = 4.66, 38.81 % variance) corresponds to friend/s support, factor II (Eigenvalue = 2.27, 18.88 % variance) corresponds to significant other/s support, and factor III (Eigenvalue = 1.99, 16.62 % variance) corresponds to family support. These findings are consistent with the findings of the previous studies carried out in Turkish samples (Duru, 2007; Eker & Arkar, 1995; Eker, Arkar, & Yaldiz, 2000, 2001; İlden, 1999).

The reliability analysis yielded Cronbach's alpha coefficients of .82, .88, .93 for the subscales of family, friend/s, significant other/s respectively and .85 for the total scale, which indicates high internal consistency among items especially for psychological constructs (Kline, 1999, as cited in Field, 2005).

Table 3.3

Factor Loadings (Pattern Matrix) for the Multidimensional Scale of Perceived Social Support (MSPSS) Items

Item	Factor 1	Factor 2	Factor 3
	Friends	Significant Other	Family
4	.89		
12	.85		
3	.84		
8	.83		
6		-.92	
9		-.91	
5		-.90	
11		-.89	
2			.88

Table 3.3 continued.

Factor Loadings (Pattern Matrix) for the Multidimensional Scale of Perceived Social Support (MSPSS) Items

Item	Factor 1	Factor 2	Factor 3
	Friends	Significant Other	Family
1			.82
7			.80
10			.73
Variance (%)	38.81	18.88	16.62

Overall, these findings provide satisfactory evidence for the reliability and validity of the scale for the sample of the current study.

3.3.4. Self-Perception Profile for Adolescents (SPPA)

The SPPA was used in this study as a measure of participants' level of resilience (self-esteem) (see Appendix D). This scale has been chosen as a measure of resilience because it has been widely used as a measure of outcome in adolescent resilience studies (e.g., Fellows, 2004; Heinzer, 1993; Leontopoulou, 2006; Massey, 1999; Masten et al., 1995; Masten et al., 2004) as well as a measure of self-esteem (Aghazarian, 1996; Hamilton, 1996; Leontopoulou, 2006; Rust, 2008; Zuckerman, 2003) among adolescents. In addition, in line with the purposes of the present study, the SPPA was used in a recent study as a measure of resilience operationalized as self-esteem among youth at an educational transition point (Leontopoulou, 2006).

The SPPA was developed by Harter (1988) to measure adolescents' self-concept across 9 domains, namely: Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Job Competence, Romantic Appeal, Behavioral Conduct, Close Friendship, and Global Self-Worth. The scale enables

to measure self-esteem in a variety of domains that are salient for adolescents at 9th-12th grades.

The SPPA consists of 45 items (5 items for each of the 9 subscales). In each item, participants are given alternative (opposite) descriptions regarding two groups of adolescents, and are asked to choose the adolescent group that describes them best. Next, they are asked to decide between the alternatives “sort of true for me” or “really true for me” for each description, and mark only one answer out of the four possible response alternatives for each question. The responses for each item are scored on a 4-point scale in which higher scores represent high levels of self-esteem.

The scale has proved sound psychometric properties with acceptable levels of reliability and validity. Harter (1988) examined the psychometric properties of the SPPA with a sample of 651 students ranging from eighth to twelfth grades. The scale has shown good internal reliability and strong factorial validity. The Cronbach’s alpha coefficients for the subscales ranged from .78 to .92 in four different samples. As part of validity procedures, exploratory factor analysis with oblique rotation was performed to investigate whether the eight subscales emerge as separate factors with the items loadings as expected. Harter (1988) excluded the global self-worth scale because global self-worth scale was unlikely to emerge as a distinct factor, and it would be heavily influenced on an individual domain. The oblique rotation yielded eight clear factors which load highly on factors that they were intended. There were no cross-loadings greater than .30. Scholastic competence had coefficients ranging from .47 to .81. Athletic competence had coefficients ranging from .64 to .89. Social acceptance had coefficients ranging from .23 to .68. Close friendship had coefficients ranged from .34 to .84. Romantic appeal had coefficients ranging from .36 to .75. Physical appearance had coefficients ranged from .41 to .85. Behavioral conduct had coefficients ranging from .42 to .82. Job competence had coefficients that ranging from .21 to .79.

The scale was translated and adapted to Turkish by Şahin and Berkem-Güvenç (1996). The internal consistency reliability coefficients ranged from .78 to .92 for the subscales, and it was .88 for the total scale with a sample of 400 (200 females, 200 males) high school students (16-18 ages). Moreover, the researchers reported a test-retest correlation of .87 with 130 subjects in a three-week interval.

3.3.4.1. The Validity and Reliability of the SPPA for the Sample of the Present Study

In order to examine construct validity of the scale, a principle component analysis with oblique rotation was used based on the procedures carried out by Harter (1988). Preceding the analyses, statistical assumptions of multivariate normality and sampling adequacy for factor analyses were checked. The Bartlett test of sphericity ($\chi^2 = 7711.69$, $df = 780$, $p < .0001$) yielded a significant difference between the sample data and an identity matrix and the Kaiser–Meyer–Olkin value was .84 indicating that the data provided the statistical assumptions of multivariate normality and sampling adequacy for factor analysis (Field, 2005). Factor loadings above .30 were regarded as significant (Pallant, 2001). Consistent with the procedure carried out by Harter (1988), global self-worth dimension was not included in the factor analysis. Factor analysis with the included items yielded 11 factors with Eigenvalues > 1 , accounting for the 59.12 % of the total variance (see Table 3.4). Although, items generally loaded to the factors intended, a clear eight factor pattern did not emerged as reported by Harter (1988). The reliability analysis yielded Cronbach’s alpha coefficient of .89 for the total scale, which indicates high internal consistency among items especially for psychological constructs (Kline, 1999, as cited in Field, 2005). Based on the suggestions of the researcher who adapted the scale to Turkish, the total score of the scale was used in the present study, as it has a sound internal consistency.

Table 3.4

Factor Loadings (Pattern Matrix) for the Self-Perception Profile for Adolescents (SPPA) Items

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8	Factor 9	Factor 10	Factor 11
24	.69										
31	.63			-.36							
33	.55										
24	.53										
6	.47										
37	.39								.37		
38	.35										
25	.32										
44		.82									
17		.78									
26		.64									
35		.64									
43			.68								
34			.63								
16			.62								
7			.54						.42		
22				-.88							
13				-.84							
4				-.65							
40	.43			-.64							
21					-.81						
3					-.80						
12					-.78						
39					-.64						
30					-.54						.32
23						.78					
5						.74					
42							.90				
15							.89				

Table 3.4 continued.

Factor Loadings (Pattern Matrix) for the Self-Perception Profile for Adolescents (SPPA) Items

11												.69	
2												.67	
8												.58	-0.31
20												.55	
1													.75
19													-0.74
10													-0.69
28													-0.67
14												.34	-0.37
41												.37	.56
32													.54
Vari- ance (%)	17.34	7.00	5.85	5.52	4.64	3.60	3.50	3.20	3.07	2.87	2.52		

3.3.5. Screening Measure: Life Events Inventory for University Students (LEIU)

Achievement-Related Negative Life Events subscale of LEIU was used in this study to identify the participants, who had experienced achievement-related negative life events in the last year. Despite the fact that university entrance exam stress had the potential to induce enough adversity to the lives of applicants as suggested by a number of studies (e. g., Ergene & Yıldırım, 2004; Koçkar & Gençöz, 2004; Özdemir, 2002; Özdemir, 2006; Yıldırım & Ergene, 2003), achievement-related negative life events of applicants were also assessed in order to determine the risk group experiencing academic stress generated by the preparation period for university entrance examination. Therefore, only the items of the Achievement-Related Negative Life Events Subscale of LEIU was used in the present study to meet the participant selection criterion. It is worth mentioning that for the purpose of the current study, some of the items in the revised version

of the LEIU were excluded, and some items were modified to make them more appropriate for the UEE applicants after taking permission and suggestions from one of the researchers who revised the scale. The data were collected with this newly modified scale (see Appendix E).

The original LEIU, which consists of 49 items, was developed by Oral (1999) to measure daily stress of the university students. In this 5-point Likert type scale, 1 stands for “never” and 5 stands for “always”. The participants are asked to rate the frequency of negative life events (i.e. excessive course load, anxiety about future and health problems) that had been experienced in the last month. The original scale has been found to indicate good reliability and validity among Turkish university students. Oral (1999) reported a Cronbach’s alpha coefficient of .90 for the total scale. In terms of validity measures, a correlation coefficient of .52 was found between LEIU and Beck Depression Inventory.

The LEIU was modified by Gençöz and Dinç (2006). These researchers added several items to the scale to increase the representativeness of the life events, and based on the suggestions of Oral (1999) they included intensity scores instead of frequency scores of the life events. Factor analysis with varimax rotation revealed two factors with Eigenvalues of 11.45 and 3.37 for achievement-related (e.g., frequency of exams; not being able to study enough) and social (e.g., loneliness, illness of a family member) life events, respectively. These two factors explained 27.44 % of the total variance (21.20 % for achievement-related, 6.24 % for social life events). The internal consistency of the scale was found to be .88 and .86 for achievement-related and social life events, respectively (Gençöz & Dinç, 2006). Based on these findings the scale has proved acceptable levels of reliability and validity.

3.3.5.1. The Validity and Reliability of the LEIU for the Sample of the Present Study

In order to examine factorial structure of the scale for the present study, a principle component analysis with varimax rotation was used based on the procedures carried out by previous studies (Dinç, 2001; Gençöz & Dinç, 2006). Preceding the analyses, statistical assumptions of multivariate normality and sampling adequacy for factor analyses were checked. The Bartlett test of sphericity ($\chi^2 = 13868.56$, $df = 1225$, $p < .0001$) yielded a significant difference between the sample data and an identity matrix and the Kaiser–Meyer–Olkin value was .94 indicating that the data provided the statistical assumptions of multivariate normality and sampling adequacy for factor analysis (Field, 2005). Factor loadings above .30 were regarded as significant (Pallant, 2001). The initial principle component analysis yielded ‘11’ factors with Eigenvalues over 1, explaining 56.65 % of the total variance, eventhough the scree plot indicated a two-factor solution. Consistent with the procedure carried out by Dinç (2001) and based on the scree plot, a two-factor solution was performed because Dinç (2001) suggests that the items of LEIU is composed of items related to negative life events in two domains (achievement and social). Table 3.5 presents the item loadings of the two-factor solution. The items 2, 5, 25, 44 whose loadings were under .30 were excluded. The first factor, which is thought to be related to social life events explained the 17.34 % of the variance, and the second factor which is thought to be related to achievement related negative events due to university entrance examination explained 16.83 % of the variance. Although a similar pattern to the Dinç’s (2001) study emerged with a two-factor solution, the results were not identical to each other. This may be due to the differences between samples of the study (university students versus UEE applicants).

The reliability analysis yielded Cronbach’s alpha coefficient of .94 for the Achievement-Related Negative Life Events Subscale (representing achievement related negative life events due to UEE in the present study), .90 for the Social

Related Negative Life Events Subscale, and .93 for the total scale indicating a very high internal consistency among items.

Table 3.5

Factor Loadings for the Life Events Inventory for University Student (LEIU) Items

Item	Factor 1 Social Life Events	Factor 2 Achievement-Related Life Events
27	.61	
18	.61	
50	.60	
26	.59	
39	.57	
13	.57	
14	.55	
47	.55	
38	.55	
3	.55	
46	.53	
9	.51	
19	.49	
36	.48	
42	.48	
7	.47	
11	.47	
45	.46	
16	.45	
28	.45	
17	.44	
40	.44	
43	.43	
24	.39	
30	.38	

Table 3.5 continued.

Factor Loadings for the Life Events Inventory for University Student (LEIU) Items

Item	Factor 1 Social Life Events	Factor 2 Achievement-Related Life Events
24	.39	
30	.38	
4	.36	
15	.35	
35	.35	
10	.35	
21	.33	
31	.33	
34		.82
49		.82
37		.81
23		.80
20		.79
22		.79
32		.77
33		.77
6		.76
1		.75
8		.75
48		.46
Variance (%)	17.34	16.83

3.4. Data Collection Procedure

A set of four scales (SCS, MSPSS, LEIU, SPPA) and a demographic data form were used to collect data. Before collecting data, permission from the Ethics Committee of Middle East Technical University was taken in order to conduct the research study. The committee examined the proposal of the study in terms of its

purpose, significance, method, and measures that were going to be administered to the volunteered participants together with informed consent forms. After having approval from the committee, the researcher asked directory units of the variety of university entrance examination private preparation courses located in Ankara and Bursa to collect data from the students that were going to take the university entrance examination in the 2008 academic year. Twelve different private courses located in Ankara and three different private courses located in Bursa gave permission to administer the scales in regular class hours.

The scales were administered to the volunteered students after the purpose and significance of the study were explained by the researcher. The volunteered students were also given the informed consent forms to read and sign. In informed consent form, participants were debriefed about the purpose of the study, confidentiality and anonymity of participants, importance of giving sincere answers to the questions, and right to refrain from the study at any time. Besides, contact information was provided to the participants for further information. Next, instructions related to filling out of scales were given. Participants completed the scales approximately in 45 minutes.

3.5. Variables

Learned Resourcefulness: The mean total of scores as measured by the Self-Control Schedule (SCS).

Perceived Social Support from Family: The mean total of scores as measured by the Family Subscale of the Multidimensional Scale of Perceived Social Support (MSPSS).

Perceived Social Support from Friends: The mean total of scores as measured by the Friends Subscale of the Multidimensional Scale of Perceived Social Support (MSPSS).

Perceived Social Support from Significant Others: The mean total of scores as measured by the Significant Others Subscale of the Multidimensional Scale of Perceived Social Support (MSPSS).

Gender: A dichotomous variable with categories of (1) female and (2) male. For multiple regression analysis, this variable was dummy coded as 1 for females and 0 for males.

Resilience: The mean total of scores as measured by the Self-Perception Profile for Adolescents (SPPA).

Entrance Time: A categorical variable with categories of (1) entering the UEE for the first time, (2) entering the UEE for the second time, and (3) entering the UEE for the third time.

School Type: A categorical variable with categories of (1) General High School, (2) Anatolian High School, (3) Private High School, and (4) Vocational High School.

Graduation Area: A categorical variable with categories of (1) Quantitative, (2) Equally Weighted, and (3) Social Sciences.

3.6. Data Analyses Procedures

As a data cleaning procedure, 97 cases were excluded from the analyses because of participants' not filling out the scales properly. Besides, 26 cases were found to score below 2 on achievement related negative life events on LEIU. Therefore, these cases were also excluded from the analyses.

In an aim to summarize the characteristics of the sample in detail, descriptive statistics were employed.

To examine whether there is a difference in resilience scores of UEE applicants entering the university entrance examination for the first time, second time, and third time, one-way analysis of variance was conducted. In addition, to examine whether there is a difference in resilience scores of UEE applicants whose graduation area is equally weighted, quantitative, and social sciences, one-way analysis of variance was employed. Similarly, to examine whether there is a difference in resilience scores of UEE applicants whose graduation school type is General High School, Anatolian High School, Private High School, and Vocational High School, one-way analysis of variance was conducted.

In order to investigate the role of gender, learned resourcefulness, perceived social support from family, friends, and significant others in predicting resilience (operationalized as self-esteem) scores of UEE applicants, simultaneous multiple regression analysis was conducted.

The analyses were carried out with SPSS 15.0 (Statistical Package for Social Sciences) for Windows. The alpha level of .05 was chosen as a criterion for statistical significance in all of the statistical analyses performed in this study.

3.7. Limitations of the Study

This study has several limitations in terms of generalizability and interpretation of the expected findings.

First, resilience was defined in this study as self-esteem considering the previous studies (e.g., Leontopoulou, 2006) with similar samples. As Luthar et al. (2000) suggest people who show resilience in one domain may not show resilience in another domain for a particular risk factor in a particular time. Hence, generalizations cannot be made about other positive outcome criteria mentioned in the literature as a measure of resilience such as psychological well-being, absence of emotional and psychological problems.

Second, generalizations cannot be made to other risk group adolescents who had been exposed to stressful events other than the stress experienced during the preparation period of university entrance examination. Moreover, possible negative life events other than the ones asked in LEIU were not measured. Yet, there may be additional negative life events related to the university entrance examination.

Third, this study aimed to investigate the predictive role of gender, learned resourcefulness, perceived social support from family, friends, and significant others as internal and external assets in resilience scores of UEE applicants. However, as mentioned in the literature, there may be many other internal or external assets that are related to resilience. For instance, as Benard (2004) stated, social competence (responsiveness, communication, empathy, caring, compassion, altruism, forgiveness); problem solving (planning, flexibility, resourcefulness, critical thinking, insight); autonomy (positive identity, internal locus of control, initiative, self-efficacy, mastery, adaptive distancing, resistance, self-awareness, mindfulness, humor); and sense of purpose (goal direction, achievement motivation, educational aspirations, special interest, creativity, imagination, optimism, hope, faith, spirituality, sense of meaning) may be important internal assets that are related to resilience. Furthermore, caring relationships, opportunity for meaningful participation and high expectations in family, school, and peer environments (Benard, 2004) may be other important external factors related to resilience or competence with this group of adolescents.

Fourth, in the present study, resilience scores were collected with self-report measures of SPPA in various domains. No additional data from other possible sources such as family members, peers, school staff or private courses' personnel were gathered. Thus, the scores may reflect only the perceptions of students regarding their resilience, and some of the data may reflect social desirability.

In addition, in this study, a convenient sampling method was used. Thus, the results by no means represent all the students preparing for university entrance

exam (UEE) in Turkey, especially the ones who are not attending a particular preparation course.

Next, as the present study was not a longitudinal one, possible change in resilience and asset scores could not be measured in the long run. Therefore, resilience and asset scores measured in the preparation period for this study may only be related to this particular time.

Finally, since the findings of this study are correlational in nature, direct causal inferences cannot be made among variables.

CHAPTER IV

RESULTS

This chapter includes six main sections. In the first section, preliminary analyses performed are presented. In the second section, descriptive statistics of major variables including means and standard deviations of the criterion and predictor variables are given. In the third section, assumption checks for statistical analyses of the study are explained. In the fourth section, one-way analysis of variance results regarding the first three research questions are summarized. Next, intercorrelations among predictor variables and the criterion variable are reported. In the last section, results of multiple regression analysis regarding the main research question are summarized.

4.1. Preliminary Analyses

Preceding the main statistical analyses, the data were checked in terms of possible mistakes made when entering the data. In line with this aim, minimum and maximum values, and frequencies of each major variable (gender, entrance time, graduation area, school type, learned resourcefulness, perceived social support from family/friends/significant others, and resilience) were inspected for scores that are not within the range of possible values. The scores detected as out-of-range values were corrected by checking the questionnaires.

A missing value analysis was performed with 865 cases. The missing values in the cases were not greater than 5 %. Therefore, missing values were handled by computing mean total values of the major variables and by “excluding cases

listwise” in the main statistical analyses performed (Field, 2005). Missing values were not replaced by series mean scores to prevent scores’ closing to the mean, which may affect the results of the analyses and increase the probability of making Type I error (Tabachnick & Fidell, 2001).

In order to identify possible univariate and multivariate outliers, and in order to identify possible influential cases, descriptive statistics (z-scores) and diagnostic techniques of regression analysis were employed. According to the descriptive statistics employed, more than 1 % of the cases were found to have standardized residual with a value greater than 2.58 on the criterion variable and predictor variables. These cases were identified as possible univariate outliers. Moreover, 3 cases (Case 126, 497, 841) were identified as possible multivariate outliers based on casewise diagnostics of regression analysis (outliers outside +/-3 standard deviations). Thus, these cases were investigated further in terms of their Mahalanobis distances, leverage values, standardized DFBeta values, and Cook’s distances to inspect whether they are influential cases that may have large effect on the statistical analyses. No cases were identified to have a Mahalanobis distance greater than the high cutoff value 20.52 for five predictors (Tabachnick & Fidell, 2001), a standardized DFBeta greater than the high cutoff value of 1, and a Cook’s distance greater than the high cutoff value of 1. Moreover, the centered leverage value ranged from .001 to .024 (no case > .50). As a result, no cases were identified as influential cases based on the diagnostic procedures employed. Consistent with the suggestions that outliers may not have large effects on statistical analyses if they are not identified as influential cases (Hair, Anderson, Tatham, & Black, 1998), and if their Cook’s distance is < 1 (Stevens, 1992), no cases were excluded from the analyses.

4.2. Descriptive Statistics for the Major Study Variables

Descriptive statistics were used to describe the predictor variables consisting of gender, learned resourcefulness, perceived social support from family, perceived social support from friends and perceived social support from significant others,

and the criterion variable (resilience). Since percentages for gender variable is given in Table 3.1, means, standard deviations, possible and actual score ranges (in terms of mean total scores) for other predictor variables and the criterion variable are presented in Table 4.1.

Table 4.1
Descriptive Statistics of the Major Study Variables

Variables	Mean	SD	Possible Range	Actual Range
Criterion Variable				
Resilience (SPPA)	2.9	.37	1-4	1.2-3.9
Predictor Variables				
Learned Resourcefulness (SCS)	3.2	.45	1-5	1.7-4.5
Perceived Social Support from Family* (MSPSS)	5.5	1.5	1-7	1-7
Perceived Social Support from Friends* (MSPSS)	5.6	1.5	1-7	1-7
Perceived Social Support from Significant Others* (MSPSS)	4.9	2.0	1-7	1-7

Note. *Subscales of MSPSS

According to the descriptive statistics presented in Table 4.1., the sample reported moderate levels of learned resourcefulness ($M = 3.2$, $SD = .45$); high levels of perceived social support from family ($M = 5.5$, $SD = 1.5$); friends ($M = 5.6$, $SD =$

1.5) and significant others ($M = 4.9$, $SD = 2.0$); and high levels of resilience ($M = 2.9$, $SD = .37$) when compared with the actual score ranges of the variables.

4.3. Testing of Assumptions for Statistical Analyses

Assumptions underlying the statistical analyses performed were assessed to assure that no violation existed. The results of the testing of assumptions underlying each analysis are summarized below.

4.3.1. Testing Assumptions for One-Way Analysis of Variance (ANOVA)

The main assumptions underlying one-way analysis of variance (ANOVA) are as follows: (1) the dependent variable should be a continuous variable; (2) independent observations (the responses of participants should be independent from each other); (3) normality (the dependent variable should be normally distributed at each level of the independent variable); (4) homogeneity of variance (the groups of the independent variable should have equal variances) (Green & Salkind, 2004).

To start with, in all of the one-way ANOVAs performed, the dependent variable is resilience (total self-esteem) measured by SPPA scores, which constitutes a continuous variable.

Secondly, independent observations assumption can be assumed for the present study as the researcher observed the participants' responding to the questions independently of one another in the data collection process.

Next, normality tests; skewness and kurtosis values; histograms; stem-and-leaf plots; and Q-Q plots of the dependent variable (resilience) at each level of the each independent variable (entrance time, school type, and graduation area) were explored to examine the validity of normality assumption. Approximately all the significance values reported by normality tests (Kolmogorov-Smirnov and

Shapiro-Wilk) indicated no significant difference between a perfect normal distribution (having the same mean and standard deviation with the samples) and the samples of interest ($p > .05$). These findings with a reasonably large sample size ($N = 865$) can be accepted as an evidence of normality (Tabachnick & Fidell, 2001). In addition, skewness and kurtosis values were close to zero which provided another evidence for normality (Tabachnick & Fidell, 2001). Moreover, visual inspection of histograms, stem-and-leaf plots, and Q-Q plots indicated no great deviations from normality.

Lastly, homogeneity of variance tests (Levene's test) for all three ANOVAs demonstrated the equality of variances among the levels of each independent variable. Therefore, the homogeneity of variance assumption can be assumed for all of the ANOVAs performed.

4.3.2. Testing Assumptions for Multiple Regression

The main assumptions underlying multiple regression are as follows: (1) variable types (variables should be quantitative or categorical with two levels); (2) non-zero variance of all variables; (3) no perfect multicollinearity; (4) homoscedasticity; (5) normally distributed errors; (6) linearity; (7) independence of errors; and (8) independent observations (Field, 2005).

To begin with, four of the predictor variables (learned resourcefulness, perceived social support from family, friends, and significant others) and the dependent variable (resilience operationalized as total self-esteem) were quantitative variables. Gender was dummy coded (females = 1, males = 0) and then was entered as a predictor variable. The outcome variable (SPPA scores) was unbounded with measures ranging from 1.2 to 3.9 (actual range: 1-4). All predictors and the criterion variable all of which should have non-zero variance seemed to have sufficient variances (see Table 4.1). All of these indicated no violation with regard to the assumptions of variable types and non-zero variance of variables (Field, 2005).

In terms of no perfect multicollinearity assumption, correlation matrix of the variables were checked to detect predictors that have high correlations ($r > .90$) which provides the evidence of substantial collinearity (Tabachnick & Fidell, 2001). The correlation matrix revealed no multicollinearity among predictor variables (see Table 4.5). Furthermore, collinearity diagnostics of VIF and tolerance statistics revealed no values greater than 4 and smaller than .20 respectively, indicating no multicollinearity problem (Tabachnick & Fidell, 2001).

To address the assumption regarding homoscedasticity (constant variance of the error term), the scatter plot of regression standardized residuals against regression standardized predicted values and partial regression plots of criterion variable against each predictor variables were inspected (Field, 2005). The scatterplots indicated that the residuals appeared to be randomly dispersed around zero. As a result, the homoscedasticity assumption was met.

Although, predictors do not need to be normally distributed in multiple regression, the distribution of residuals should be normal (Field, 2005). To test the normality of residuals, normal probability plot and histogram of regression standardized residuals were inspected (Field, 2005). The histogram revealed approximately a normal distribution. Similarly, the normal P-P plot with approximately all points lying on the reasonably straight line showed that the distribution of the residuals was normal. Thus, the assumption of normally distributed errors was met.

Linearity assumption, which refers to the necessity of linear relationships between each predictor variable and the criterion variable (Field, 2005), was checked by inspecting partial plots for each predictor variable on the criterion variable and by inspecting bivariate scatterplots between these pairs of variables. The scatterplots revealed a linear relationship between each predictor variable and the criterion variable. As a result, there was no evidence for the violation of the assumption of linearity. The correlation between each predictor and criterion variable supported this conclusion (see Table 4.5).

To test the assumption of independent errors which requires errors' not being correlated, Durbin-Watson statistic was checked (Field, 2005). The Durbin-Watson value ranges from 0 to 4. The value should be close to 2 (should not be greater than 2.5 and less than 1.5) in order not to violate the assumption (Tabachnick & Fidell, 2001). In the present study, the Durbin-Watson value was 1.87 indicating no violation.

Independent observations assumption can be assumed for the present study as the researcher observed the participants' responding to the questions independently of one another in the data collection process.

Overall, these findings indicate no violation of the main assumptions of multiple regression analysis. However, as the sample of the study was not selected randomly, cautions should be taken when making generalizations from the current sample to population.

4.4. The Results of One-Way Analysis of Variances (ANOVA)

Related to the research question 1, one-way ANOVA was conducted to investigate whether the three groups of UEE applicants (entering the exam for the first time, second time, or third time) differed on resilience scores (total self-esteem) measured by SPPA. The results indicated that the groups were not significantly different with respect to their resilience scores, $F(2, 859) = .79, p > .05$. The summary of ANOVA results is presented in Table 4.2.

Table 4.2

One-Way ANOVA Summary for Entrance Time

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	.22	2	.11	.79
Within Groups	118.99	859	.14	
Total	119.21	861		

Note. Significance value is $p < .05$

Related to the research question 2, comparing the three groups of UEE applicants (coming from equally weighted, quantitative, or social sciences graduation areas) with regard to their resilience scores (total self-esteem), one-way ANOVA showed that the three groups were not significantly different on resilience scores, $F(2, 861) = .27, p > .05$. The summary of ANOVA results is presented in Table 4.3.

Table 4.3

One-Way ANOVA Summary for Graduation Area

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	.08	2	.04	.27
Within Groups	119.25	861	.14	
Total	119.32	863		

Note. Significance value is $p < .05$

Related to the research question 3, comparing the four groups of UEE applicants (graduating from General High School, Anatolian High School, Private School, or Vocational High School) in terms of resilience scores (total self-esteem), one-way ANOVA indicated that the groups were not significantly different on resilience scores, $F(3, 855) = 1.2, p > .05$. The summary of ANOVA results is presented in Table 4.4.

Table 4.4

One-Way ANOVA Summary for School Type

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	.53	3	.18	.28
Within Groups	117.76	855	.14	
Total	118.29	858		

Note. Significance value is $p < .05$

4.5. Bivariate Correlation Matrices of the Major Study Variables

Correlations among the scores of predictor variables and the criterion variable are presented in Table 4.5.

Table 4.5

Correlation Matrix of the Major Study Variables

Variables	1	2	3	4	5	6
Resilience (SPPA)	1.00					
Learned Resourcefulness (SCS)	.32***	1.00				
Perceived Social Support from Family (MSPSS)	.18***	.17***	1.00			
Perceived Social Support from Friends (MSPSS)	.25***	.10**	.27***	1.00		
Perceived Social Support from Sig. Others (MSPSS)	.21***	.09**	.24***	.31***	1.00	
Gender (male as reference category)	-.12***	.01	.13***	.07*	.11***	1.00

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

As can be seen from the Table 4.5, Pearson-Product-Moment correlation coefficients among predictor variables and the criterion variable yielded a

significant correlation between resilience scores and each predictor variable. Resilience was significantly and positively correlated with learned resourcefulness ($r = .32, p < .001$), perceived social support from family ($r = .18, p < .001$), perceived social support from friends ($r = .25, p < .001$), perceived social support from significant others ($r = .21, p < .001$), and negatively correlated with gender ($r = -.12, p < .001$) scores. The findings indicate that UEE applicants who score high on learned resourcefulness, and perceived social support from family/friends/significant others scores have higher resilience scores measured with total self-esteem scores. Additionally, according to the results, being male was found to be associated with higher levels of resilience. However, correlation coefficients were small in value. According to Table 4.5, each predictor was correlated significantly with one another except the predictors of learned resourcefulness and gender. Meanwhile, the intercorrelations among the predictor variables were low (ranging from .32 to .07) indicating no multicollinearity problem.

4.6. Results of Multiple Regression Analysis

For the fourth research question, multiple regression analysis was employed to examine how well the five set of predictors namely gender, learned resourcefulness, perceived social support from family, friends, and significant others predicted resilience scores of UEE applicants. In line with this aim, all predictor variables were entered into the model simultaneously in order to determine the linear combination of predictor variables to optimally predict the criterion variable and to identify variables that explain the variance among the resilience scores of UEE applicants. The assumptions of multiple linear regression were checked as an initial step and the results indicated no violations as mentioned before.

Results revealed that the multiple regression coefficient was significant ($R = .44, p < .001$) for the model. In other words, the linear combination of predictor variables was significantly related to the resilience scores of UEE applicants, F

(5,859) = 40.34; $p < .001$). Combination of five variables explained 19 % of the total variance in resilience scores ($R^2 = .19$; $\Delta R^2 = .19$). The role of gender, learned resourcefulness, perceived social support from family, friends, and significant others in predicting resilience scores are presented in Table 4.6.

Table 4.6

Results of the Multiple Regression Analysis: Predicting Resilience from Gender, Learned Resourcefulness, Perceived Social Support from Family, Friends and Significant Others

Predictor Variables	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>
(Constant)	1.76	.09		19.08
Learned Resourcefulness	.23	.03	.28	8.94***
PSS from Family	.02	.01	.07	2.15*
PSS from Friends	.04	.01	.18	5.30***
PSS from S. Others	.02	.01	.13	3.91***
Gender	-.12	.02	-.16	-4.99***

Note. $R = .44$, $R^2 = .19$, Adjusted $R^2 = .19$, * $p < .05$, ** $p < .01$, *** $p < .001$

As can be seen in Table 4.6, standardized coefficients (β) revealed that learned resourcefulness was the most important and significant predictor of resilience scores ($t = 8.94$, $p < .001$), followed by perceived social support from friends ($t = 5.30$, $p < .001$), gender ($t = -4.99$, $p < .001$), perceived social support from significant others ($t = 3.91$, $p < .001$), and perceived social support from family ($t = 2.15$, $p < .05$).

Overall, it can be concluded that the model of linear combination of learned resourcefulness, perceived social support from family, perceived social support from friends, perceived social support from significant others, and gender significantly predicted the resilience scores of UEE applicants. Moreover, all of the variables entered in the model significantly predicted resilience scores.

However, unlike learned resourcefulness, perceived social support from family, friends, and significant others, gender correlated negatively with resilience scores. This finding indicates that being male (coded as 0, the reference category for the dummy coded gender variable) was associated with higher levels of resilience scores.

CHAPTER V

DISCUSSION

In this chapter, results of the present study are discussed in line with the relevant literature.

5.1. Discussion of the Results

One of the purposes of the study was to investigate whether resilience scores of UEE applicants changed regarding entrance time, school types, and graduation areas. For this aim three separate one-way ANOVAs were conducted to investigate any significant differences among groups of each variable. As there is no research to our knowledge examining the differences in resilience scores or self-esteem scores of UEE applicants in terms of entrance time, school type, and graduation area, the results of the present study will be discussed with the studies examining each variable with related constructs.

The main purpose of this study was to examine how well the five set of predictors namely gender, learned resourcefulness, perceived social support from family, friends, and significant others predicted resilience scores of UEE applicants. A multiple regression analysis was performed with these five predictor variables and one criterion variable in line with this aim. As there is no research to our knowledge investigating the role of gender, learned resourcefulness, perceived social support from family, perceived social support from friends, and perceived social support from significant others in predicting resilience scores operationalized as self-esteem among UEE applicants, adolescent resilience

studies investigating each predictor variable separately in relation to resilience will be presented in order to discuss the findings of the study. Moreover, literature on the relationships between each predictor and self-esteem will be presented as an indirect support for the current findings.

5.1.1. Differences in Resilience Scores of UEE Applicants According to Entrance Time, School Type, and Graduation Area

To investigate whether resilience scores of participants differed in terms of entrance time, one-way ANOVA was conducted with the three groups of UEE applicants (entering the exam for the first time, second time, or third time). The results revealed that the groups were not significantly different with respect to their resilience scores. In other words, applicants entering the exam for the first time, second time, or third time reported approximately same levels of self-esteem. Although applicants entering the exam for the third time may be expected to score lower on self-esteem measure compared to applicants entering the exam for the first time, previous studies indicating no difference among entrance time groups in depression and social phobia scores (Alyaprak, 2006; Mutlu, 2003) support the present finding. However, there have also been contradictory findings in the literature. For example, Alyaprak (2006) reported that applicants entering the exam for the second time or more obtained significantly higher anxiety scores compared to applicants entering the exam for the first time. This may be due to the differences among years entered to the exam, which also makes it difficult to compare the samples of the studies.

Comparing the three groups of UEE applicants (coming from quantitative, equally weighted, or social sciences graduation areas), one-way ANOVA results showed that the three groups were not significantly different on resilience scores. Given the results of previous research indicating no difference among UEE applicants coming from different graduation areas in terms of psychological distress (Alyaprak, 2006; Dursun, 2005; Karadeniz, 2005; Mutlu, 2003), it is not surprising to obtain such a finding in the current study.

Comparing the four groups of UEE applicants (graduating from General High School, Anatolian High School, Vocational High School, or Private High School) in terms of resilience scores, one-way ANOVA results indicated that the groups were not significantly different on resilience scores. There have been contradictory findings in the literature regarding this variable. For example, Sakızlıoğlu (2003) reported no significant difference between applicants coming from General High Schools and applicants coming from Anatolian High Schools with respect to anxiety scores. Similarly, Mutlu (2003) found no significant differences among different school type groups in terms of depression scores. These two studies seem to be consistent with the result of the present study. Yet, Ekşi (1998) found that applicants coming from General High Schools had higher anxiety levels compared to applicants coming from Private High Schools. Moreover, Özdemir (2006) reported that applicants coming from Anatolian High Schools scored higher on self-confidence measures compared to other groups. In line with this, Kemer 's (2006) study revealed that students coming from Anatolian High Schools, Super Lycees, and Private High Schools scored more self-efficacious and hopeful regarding university entrance exam compared to General High Schools. These results seem to be contrary to the present findings. In terms of self-confidence and self-efficacy and hopefulness measures, applicants coming from Anatolian High Schools, Super Lycees and Private High Schools may be more advantageous compared to other groups. The reason may be that Anatolian High School students and Super Lycee students have been already selected students because of their past successes, and Private High School students may have more financial opportunities compared to other groups. Therefore, this group of applicants may feel more confident, efficacious, and hopeful. However, considering the differences of exam years among studies, it may not be surprising to get contradictory findings with regard to anxiety measures. As the number of applicants that will be placed into different departments of universities changes each year, it becomes difficult to compare and contrast the studies carried out in different years.

Taken together, the findings of the present study that there was not any significant difference among UEE applicants' self-esteem scores in terms of entrance time, graduation area, and school type may provide indirect support for the findings and suggestions of Özdemir (2002). Özdemir (2002) found that reported self-esteem levels of UEE applicants increased regardless of the results of the exam (being placed or non-placed) after the results of the university entrance examination had been announced. Based on the results, the researcher proposed that students may perceive the exam as a self-threat which may negatively influence their self-evaluations and may reflect the negative effect of the preparing process of the exam on students' self-esteem levels rather than the results of it. Likewise, considering the findings of the current study, university entrance examination may have similar effects on applicants in terms of self-esteem regardless of entrance time, school type, and graduation areas. However, there may be other factors that influence self-esteem levels of applicants such as parental attitudes, behaviors (acceptance of their adolescent children), and respect for them that associate with self-worth of UEE applicants, despite the fact that these variables were not included in the present study.

5.1.2. Predictors of Resilience

Two major resources learned resourcefulness, and perceived social support were investigated as possible predictors of resilience, because social support and locus of control (a dimension of learned resourcefulness) have been regarded as the most thoroughly examined stress-buffering variables (Ainslie et al., 1996). Gender was also entered as a predictor as gender differences have been well-documented in the resilience literature (e.g., Leontopoulou, 2006; Smith & Carlson, 1997).

In order to examine the predictive power of gender, learned resourcefulness, perceived social support from family, perceived social support from friends, and perceived social support from significant others in explaining resilience, a multiple regression analysis was conducted. In line with this aim, all predictor variables were entered into the model simultaneously to determine the linear

combination of predictor variables to optimally predict the criterion variable and to identify variables that explain the variance among the resilience scores of UEE applicants.

The results of multiple regression analysis revealed that all variables entered to the model significantly predicted resilience scores of UEE applicants. Combination of five variables explained 19 % of the total variance in resilience scores. Taken individually, all of the variables entered in the model significantly predicted resilience scores. Although, learned resourcefulness, perceived social support from family, friends, and significant others correlated positively with resilience scores, gender correlated negatively with resilience scores indicating that being male was associated with higher level of resilience score.

The finding of the present study that the combination of five variables explained 19 % of the total variance in resilience scores indicates that there may be other factors associated with resilience scores and explaining the remaining variance in resilience scores other than the variables examined in the current study. For example, optimism, hopefulness, humor, forgiveness, opportunities for participation in family and school may play significant role in resilience among children and adolescents as suggested by Benard (2004).

The finding regarding the predictive power of learned resourcefulness supported the past studies indicating a positive relationship between an internal locus of control and resilience (e.g., Banyard & Cantor, 2004; Cappella & Weinstein, 2001; Dumont & Provost, 1999; Everall et al., 2006; Leontopoulou, 2006; Luthar, 1991; Smokowski et al., 1999; Werner, 1995); a positive relationship between self-efficacy and resilience (e.g., Martin & Marsh, 2006; Masten & Coatsworth, 1998; Werner & Smith, 1992, 2001); a positive relationship between effective coping strategies, problem-solving skills and resilience (e.g., Conger & Conger, 2002; Dumont & Provost, 1999; Leontopoulou, 2006; Masten et al., 2004; Smith & Carlson, 1997; Smokowski et al., 1999; Werner, 1995), as learned

resourcefulness has been defined as an internal coping resource including the concepts of internal locus of control, self-efficacy, and coping.

Although resilience was operationalized differently in these studies, they may provide some indirect support for the findings of the present study.

As resilience was operationalized as self-esteem in the current study, it is worth discussing the literature on the relationship between learned resourcefulness and self-esteem with the current findings. In the present study, learned resourcefulness was found to be a significant predictor of resilience measured with self-esteem scores. This finding is not surprising considering the previous findings indicating a positive significant relationship between learned resourcefulness and self-esteem among diverse samples (e.g., Dirksen, 2000; Dirksen & Erickson, 2002; Flett et al., 1991; McWhirter, 1997a, 1997b).

The findings that perceived social support from family, friends, and significant others can be regarded as consistent with the literature indicating the promoting effects of various sources of perceived social support in adolescent resilience. For example, Smokowski et al. (1999) found that motivational support from family members and teachers contribute to successful adjustment measured by academic performance. In addition, Werner (1995) reported one or more teachers as a significant source of support for resilient adolescents of high-risk youth of Kauai, Hawaii. Furthermore, in a study conducted with a group of late adolescents at risk for major depression or other diagnoses, family cohesion and social support were found to be associated with resilience. According to this study, it was inferred that although adolescents at this age begin to develop a sense of autonomy adolescents still benefit from family support (Carbonell et al., 1998). In addition to family support and support from other adults in the environment, peer support has been reported as a factor promoting resilience (Hauser, 1999; Smith & Carlson, 1997; Smokowski et al., 1999). Everall et al.'s (2006) qualitative study revealed that peer support, parents support, and extrafamilial support have been reported as significant resources in promoting resilience by participants (previously suicidal

female adolescents). In the light of the research evidence, it seems clear that perceived social support plays an important role in promoting resilience among a diverse sample of adolescents.

As in the case of learned resourcefulness, resilience has been operationalized differently in many of these studies. Nevertheless, considering the resilience framework, which implies positive outcomes in the face of stressful events, the studies presented above may provide some indirect support for the findings of the current study.

Since, resilience was operationalized as self-esteem in the current study, it is also worth discussing the literature on the relationship between perceived social support and self-esteem with the present findings.

The significant positive relationship between self-esteem and perceived social support among adolescents has been well documented in the literature. For example, Robinson (1995) reported a significant positive relationship between perceived social support (from parents, best friend, teacher etc.) and self-worth among European American adolescents (9th to 12th grades). In addition, in a study carried out with White, African American, Latino, and Asian American adolescents, Yarcheski et al. (2001) found a significant positive correlation between perceived social support and well-being, perceived social support and hopefulness, and perceived social support and self-esteem. Similarly, Lam's (2005) study indicated a significant positive relationship between perceived social support and self-esteem among Vietnamese American adolescents. Consistent with these findings, Laursen et al. (2006) found that adolescent students (10th to 12th grades) who reported high levels of perceived social support (from mother, close friends, romantic partners) also reported higher levels of self-worth compared to students with low levels of perceived social support. In line with the studies presented above, some studies with similar age groups indicated a positive relationship between perceived social support and a positive self-concept (e.g.,

Demaray & Malecki 2002a, 2002b; Kazarian & McCabe, 1991; Malecki & Demaray, 2002; Malecki & Elliot, 1999).

Considering gender, being male was found to be associated with higher levels of resilience in the present study. Likewise, Smith and Carlson (1997) in their comprehensive review on adolescent resilience stated that males tend to score higher on resilience measures compared to girls in adolescence. Current finding regarding the differences in terms of self-esteem favoring males is also supported by the previous studies. Kling et al. (1999) who conducted one of the most comprehensive meta-analysis studies regarding the gender differences in self-esteem reported that males score higher on self-esteem compared to females.

According to the results of the present study, similar to the findings of the studies in the Western literature, learned resourcefulness and perceived social support were found to be associated with self-esteem. It appears that social support plays important role in showing positive outcomes among Turkish adolescents. As Turkish culture has been characterized as “a culture of relatedness” (Kağıtçıbaşı, 1996, p.89), interpersonal relationships may be significant resources associated with positive psychological attributes such as self-esteem. Indeed, in one of the studies carried out within Turkish culture, family, friendship, and school have been found to be dominant sources of belongingness among Turkish adolescents (Yıldırım, 1997). Moreover, similar to the studies carried out within Western cultures (e.g., Akgün, 2004; Gintner et al., 1988; Rosenbaum, 1980a), learned resourcefulness and relatedly, self-regulation and coping skills seem to be associated with positive outcomes among Turkish youth. Based on these findings, Turkish culture and society appears not to be very different from Western world. As a matter of fact, studies of Turkish culture propose a combination of Western and Eastern values (İmamoğlu, 1998). Cultural attributions can also be made considering the finding that being male was associated with higher resilience scores. Since, gender roles are suggested to be important in representation of self and identity (Karakitapoğlu-Aygün, 2004) and females tend to describe themselves with relational attributes, whereas males tend to be more independent

within Turkish culture (Eskin et al., 2007), it can be argued that gender socialization and values associated with Turkish culture may play important role in variables related to self-concept such as self-esteem among Turkish adolescents. As males are socialized to be more independent, they may also be encouraged to cope with problems by themselves, which may in turn enhance their self-esteem and coping skills. As a result, within Turkish culture, it may not be surprising that being male is associated with higher resilience scores.

In sum, findings of the present study indicate that learned resourcefulness, perceived social support from family, friends and significant others, and being male are associated with resilience scores. However, entrance time, graduation area, and school type do not have any significant effect on resilience scores of UEE applicants.

5.2. Implications of the Findings

Considering the findings of the current study, several important implications can be drawn for practice.

To begin with, in the present study, UEE applicants who had experienced achievement related negative life events such as test anxiety, anxiety related to future and insomnia were chosen as a sample. By considering the finding that many applicants reported a number of achievement related negative life events with high intensity levels points out the importance of focusing on determining risk factors for UEE applicants. Counselors in schools or in private courses may determine the negative life events facing UEE applicants by interviewing with students, their parents, and teachers or by administering scales measuring negative life events in order to develop prevention and intervention strategies to eliminate the risk factors themselves or to decrease their effects. Although it may not be possible to eliminate the negative life events totally, their effects can be minimized. This approach is consistent with the resilience framework suggesting risk-focused strategies (Masten & Powell, 2003; Masten & Reed, 2002). Based on

the results of the present study, for example, workshops and training programs may be developed for promoting cognitive and behavioral skills used in coping with stress or anxiety mostly experienced by UEE applicants.

Besides, the emergence of learned resourcefulness and perceived social support from family, friends, and significant others as predictors of positive outcome in the face of adversity underlies the importance of focusing on strengths. As it is mentioned above, eliminating negative life events may not be possible. As a result, development of prevention and intervention strategies aiming to improve personal or environmental assets becomes important. This approach is consistent with the resilience framework suggesting asset-focused strategies (Masten & Powell, 2003; Masten & Reed, 2002). Based on the findings of the current study for example, training programs related to improving cognitive and behavioral skills corresponding learned resourcefulness skills may be developed for UEE applicants. As mentioned before, learned resourcefulness can be learned through modeling or formal education (Rosenbaum, 1990). Hence, training programs may be helpful in improving learned resourcefulness levels of individuals, which in turn may promote resilience. Additionally, as perceived social support from various sources have been found to predict resilience in this study, social skills training programs and cognitive restructuring methods can be applied to UEE applicants scoring lower on perceived social support measures. As mentioned in the literature, it is the perception of social support that correlates mainly with positive outcomes rather than the quantitative measures of social support such as network size (Cohen & Wills, 1985). Thus, training programs aiming to change appraisals of social support of individuals who score low on these measures in turn may promote resilience.

Lastly, the finding that females scored lower on self-esteem measures compared to males indicates the importance to pay attention to gender differences in the training or interventions programs developed.

5.3. Recommendations for Future Research

For further studies, more empirical studies (both quantitative and qualitative) on resilience with a diversity of samples, risk factors, assets, and positive outcomes are recommended in Turkey. Considering the developments on resilience research abroad, being referred as “the rise of the fourth wave in resilience research” (see Masten & Obradović, 2006, p. 23), there should be more advanced research in Turkey reflecting the developments in the current literature. In Turkey, future studies may focus on prevention and intervention strategies together with processes including interactions among various internal and external factors promoting resilience. Furthermore, resilience studies may be integrated across disciplines reflecting fourth wave in resilience research (Masten & Obradović, 2006).

Another recommendation may be including experimental and longitudinal studies that may examine the cause-effect relationships among variables.

In future studies, additional data from other possible sources such as family members, peers, or significant others in the environment may be collected to measure positive outcomes. Besides, resilience scales developed in different cultures may be translated and adapted to Turkish or new resilience scales may be developed for Turkish samples.

In addition, random sampling rather than convenient sampling may be used to increase the generalizability of the findings.

Lastly, additional studies focusing on positive factors among UEE applicants may be conducted in Turkey, as the majority of the studies carried out previously have focused on the negative factors such as depression and anxiety.

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APPENDIX A

DEMOGRAFİK VERİ FORMU

Sayın Katılımcı,

Bu çalışma, Orta Doğu Teknik Üniversitesi, Eğitim Bilimleri Bölümü, Psikolojik Danışmanlık ve Rehberlik Programı yüksek lisans öğrencisi Burcu Dayıođlu tarafından, Yrd. Doç. Dr. Zeynep Hatipođlu Sümer danışmanlığında yürütölen yüksek lisans tez çalışması kapsamında gerçekleştirilmektedir. Çalışmanın amacı, üniversite sınavına hazırlanan gençlerin psikolojik sağlamlık düzeylerini belirlemede kişisel ve çevresel bazı deđişkenlerin rolü ile ilgili bilgi toplamaktır. Anketlerdeki soruların dođru ya da yanlış cevapları yoktur. Anketlerde, vereceđiniz bilgilerde samimi olmanız araştırma amaçları açısından çok önemlidir. Sizden beklenen, her bölümün başındaki açıklamaları dikkatlice okuyarak, soruları size en uygun şekilde yanıtlamanız ve yanıtsız soru bırakmamanızdır.

Anketlerde, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Verdiğiniz bilgiler tamamen gizli tutulacak, sadece araştırmacı tarafından deđerlendirilecek ve elde edilecek bilgiler yalnızca araştırma amaçları dahilinde kullanılacaktır.

Çalışmaya katılım, tamamen gönüllölük esasına dayanmaktadır. Anketlerde sizi rahatsız edecek sorular bulunmamaktadır. Ancak, katılım sırasında herhangi bir rahatsızlık hissettiđinizde, yanıtlama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda anketleri uygulayan kişiye, anketi tamamladıđınızı söylemek yeterli olacaktır. Katılımınız sonunda, bu çalışma ile ilgili sorularınız cevaplanacaktır.

Bu çalışmaya katılımınız ve desteđiniz için teşekkür ederim.

Arş. Gör. Burcu Dayıođlu,
Orta Dođu Teknik Üniversitesi,
Psikolojik Danışmanlık ve Rehberlik Programı.

Çalışma hakkında daha fazla bilgi almak ve bu çalışmayla ilgili sorularınız için:

Burcu Dayıoğlu (Orta Doğu Teknik Üniversitesi, Psikolojik Danışmanlık ve Rehberlik Programı, e-posta: dburcu@metu.edu.tr Tel: 0 312 210 40 45) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Tarih İmza

----/----/-----

1. Cinsiyetiniz: Kız () Erkek ()

2. Yaşınız: ()

3. Mezun olunacak/olunan alan:

Türkçe-Matematik () Fen () Sosyal () Yabancı Dil () Diğer (lütfen belirtiniz):

4. Mezun olunacak/olunan lise:

Lise () Süper Lise () Anadolu Lisesi () Fen Lisesi () Özel Okul () Diğer:

5. Üniversite sınavına kaçınıcı kez giriyorsunuz?

İlk kez () İkinci kez () Üçüncü kez () Diğer (lütfen belirtiniz):

APPENDIX B

ROSENBAUM'UN ÖĞRENİLMİŞ GÜÇLÜLÜK ÖLÇEĞİ

Aşağıda, kötü bir durum ya da olayla karşılaşıldığında kişilerin neler yapabileceğini anlatan 36 ifade vardır. Lütfen her maddeyi dikkatle okuyarak o maddede yer alan ifadenin size ne derece uygun olduğuna veya olmadığına karar veriniz. Verdiğiniz karara göre her bir ifadenin yanındaki ölçeği dikkate alarak sizin için en uygun olan kutucuğa (X) işareti koyunuz. Lütfen hiçbir cümleyi yanıtızsız bırakmayınız.

	Hiç tanımlamıyor	Biraz tanımlıyor	İyi tanımlıyor	Oldukça iyi tanımlıyor	Çok iyi tanımlıyor
1. Sıkıcı bir iş yaparken işin en az sıkıcı yanını ve bitirdiğimde elde edeceğim kazancı düşünürüm.					
2. Beni bunaltan bir iş yapmak zorunda olduğumda, bunaltımı nasıl yenebileceğimi hayal eder, düşünürüm.					
3. Duygularımı düşüncelerime göre değiştirebilirim.					
4. Sinirlilik ve gerginliğimi yardım almadan yenmek bana zor gelir.					
5. Kendimi bedbin (üzüntülü) hissettiğimde hoş olayları düşünmeye çalışırım.					
6. Geçmişte yaptığım hataları düşünmekten kendimi alamam.					
7. Güç bir sorunla karşılaştığımda düzenli bir biçimde çözüm yolları ararım.					

	Hiç tanımlamıyor	Biraz tanımlıyor	İyi tanımlıyor	Oldukça iyi tanımlıyor	Çok iyi tanımlıyor
8. Birisi beni zorlarsa işimi daha çabuk yaparım.					
9. Zor bir karar vereceksem bütün bilgiler elimde olsa bile bu kararı ertelerim.					
10. Okuduğum şeye kendimi veremediğimi farkettiğim zaman, dikkatimi toplamak için yollar ararım.					
11. Çalışmayı planladığımda, işimle ilgili olmayan herşeyi ortadan kaldırıyorum.					
12. Kötü bir huyumdan vazgeçmek istediğimde, bu huyumu devam ettiren nedir diye araştırırım.					
13. Beni sıkan düşünce karşısında, güzel şeyler düşünmeye çalışırım.					
14. Günde iki paket sigara içiyor olsam, sigarayı bırakmak için muhtemelen başkasının yardımına ihtiyaç duyarım.					
15. Kendimi kötü hissettiğimde neşeli görünmeye çalışarak ruh halimi değiştiririm.					
16. Kendimi sinirli ve gergin hissettiğimde, sakinleştirici ilacım varsa bir tane alırım.					
17. Bedbin (üzüntülü) olduğumda, kendimi hoşlandığım şeylerle uğraşmaya zorlarım.					
18. Hemen yapabilecek durumda bile olsam, hoşlanmadığım işleri geciktiririm.					
19. Bazı kötü huylarımdan vazgeçebilmem için başkalarının yardımına ihtiyaç duyarım.					
20. Oturup belli bir işi yapmam güç geldiğinde, başlayabilmek için değişik yollar ararım.					
21. Beni kötümser yapsa da gelecekte olabilecek bütün felaketleri düşünmekten kendimi alamam.					
22. Önce yapmam gereken işi bitirip daha sonra gerçekten hoşlandığım işlere başlamayı tercih ederim.					

	Hiç tanımlamıyor	Biraz tanımlıyor	İyi tanımlıyor	Oldukça iyi tanımlıyor	Çok iyi tanımlıyor
23. Bedenimin herhangi bir yerinde ağrı hissettiğimde bunu dert etmemeye çalışırım.					
24. Kötü bir huyumu yendiğimde, kendime olan güvenim artar.					
25. Başarısızlıkla birlikte gelen kötü duyguları yenmek için, sık sık kendime bunun bir felaket olmadığını ve bir şeyler yapabileceğimi telkin ederim.					
26. Kendimi patlayacakmış gibi hissettiğimde, “dur, bir şey yapmadan önce düşün” derim.					
27. Birine çok öfkelensem bile davranışlarımı kontrol ederim.					
28. Genellikle bir karar vereceğim zaman, ani kararlar yerine, bütün ihtimalleri göz önüne alarak sonuca varmaya çalışırım.					
29. Acilen yapılması gereken şeyler olsa bile, önce yapmaktan hoşlandığım şeyleri yaparım.					
30. Önemli bir işi elimde olmayan nedenlerle geciktirdiğimde, kendi kendime sakin olmayı telkin ederim.					
31. Bedenimde bir ağrı hissettiğim zaman, ağrıdan başka şeyler düşünmeye çalışırım.					
32. Yapılacak çok şey olduğunda genellikle bir plan yaparım.					
33. Kısıtlı param olduğunda kendime bir bütçe yaparım.					
34. Bir iş yaparken dikkatim dağılırsa işi küçük bölümlere ayırırım.					
35. Sık sık beni rahatsız eden nahoş düşünceleri yenediğim olur.					
36. Aç olduğum halde, yemek yeme imkanım yoksa, ya açlığımı unutmaya, ya da tok olduğumu düşünmeye çalışırım.					

APPENDIX C

ÇOK BOYUTLU ALGILANAN SOSYAL DESTEK ÖLÇEĞİ

Aşağıda 12 cümle ve her bir cümle altında da yanıtlarınızı işaretlemeniz için 1' den 7' ye kadar rakamlar verilmiştir. Her cümlede söylenenin **sizin için ne kadar doğru olduğunu veya olmadığını** belirtmek için, o cümle altındaki rakamlardan **yalnız bir tanesini** daire içine alarak işaretleyiniz. Bu şekilde **12 cümlenin her birine bir işaret koyarak** yanıtlarınızı veriniz. **Lütfen hiçbir cümleli yanıtı bırakmayınız.** Sizin için en uygun olan rakamı işaretleyiniz.

1. Ailem (örneğin: annem, babam, kardeş/lerim) bana gerçekten yardımcı olmaya çalışır.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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2. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin: annemden, babamdan, kardeşlerimden) alırım.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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3. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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4. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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5. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin: öğretmen, psikolojik danışman, rehber öğretmen, flört, komşu, akraba, doktor vb.) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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6. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin: öğretmen, psikolojik danışman, rehber öğretmen, flört, komşu, akraba, doktor vb.) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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7. Sorunlarımı ailemle (örneğin: annemle, babamla, kardeş/lerimle) konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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8. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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9. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin: öğretmen, psikolojik danışman, rehber öğretmen, flört, komşu, akraba, doktor vb.) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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10. Kararlarımı vermede ailem (örneğin: annem, babam, kardeş/lerim) bana yardımcı olmaya isteklidir.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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11. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin: öğretmen, psikolojik danışman, rehber öğretmen, flört, komşu, akraba, doktor vb.) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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12. Sorunlarımı arkadaşlarımla konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
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APPENDIX D

HARTER'IN ERGENLERDE BENLİK ALGISI ÖLÇEĞİ

Aşağıdaki sorularda kendinizi tanımlamaya yardım edecek cümleler yer almaktadır. Her cümlede iki tip genç grubundan söz edilmektedir. Lütfen her bir soruyu dikkatlice okuyarak hangi genç grubuna daha çok benzediğinizi **sadece bir kutuya** X işareti koyarak belirtiniz. Bazen sol taraftaki bazen de sağ taraftaki kutulardan birini işaretlemek size uygun düşebilir. Her cümlede, iki tarafı birden **değil** sadece size en çok uyan **tek kutuyu** işaretleyiniz.

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
1			Bazı gençler yaşlıları kadar akıllı olduklarını düşünürler	<i>OYSA</i>	Bazıları da yaşlıları kadar akıllı olup olmadıklarından pek emin değildirler.		
2			Bazı gençler arkadaş edinmekte güçlük çekerler	<i>OYSA</i>	Bazıları için de bu oldukça kolaydır.		
3			Bazı gençler tüm spor dallarında çok başarılıdırlar	<i>OYSA</i>	Bazıları da spor söz konusu olduğunda kendilerine pek fazla güvenemezler.		
4			Bazı gençler görünüşlerinden pek memnun değildirler	<i>OYSA</i>	Bazıları da görünüşlerinden memnundurlar.		
5			Bazı gençler, kendilerini yarım günlük bir işte çalışabilmeye hazır hissederler	<i>OYSA</i>	Bazıları da kendilerini, yarım günlük bir işin üstesinden gelmeye yeterince hazır hissetmezler.		
6			Bazı gençler, karşı cinsten ilgi duydukları birinin kendilerinden hoşlanacağını düşünürler	<i>OYSA</i>	Bazıları da karşı cinsten ilgi duydukları birinin kendilerinden hoşlanmayacağından endişe ederler.		
7			Bazı gençler doğru olanı yaparlar	<i>OYSA</i>	Bazıları da çoğu zaman doğru bildiklerini yaparlar.		
8			Bazı gençler yakın arkadaşlık kurabilirler	<i>OYSA</i>	Bazıları da yakın arkadaşlıklar kurmada güçlük çekerler.		
9			Bazı gençler çoğunlukla kendileriyle barışık değildirler	<i>OYSA</i>	Bazıları da kendileriyle oldukça barışıklırlar.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
10			Bazı gençler derslerini oldukça yavaş yaparlar	<i>OYSA</i>	Bazıları da derslerini daha hızlı yapabilirler.		
11			Bazı gençlerin birçok arkadaşı vardır	<i>OYSA</i>	Bazılarının da pek arkadaşı yoktur.		
12			Bazı gençler her yeni spor faaliyetinde başarılı olabileceklerini düşünürler	<i>OYSA</i>	Bazıları da her yeni spor faaliyetinde başarılı olacaklarını düşünmezler.		
13			Bazı gençler bedenlerinin şimdikinden farklı olmasını isterler	<i>OYSA</i>	Bazıları da bedenlerinin şimdiki halinden memnundurlar.		
14			Bazı gençler bir işte başarılı olmalarına yetecek becerilere sahip olmadıklarını düşünürler	<i>OYSA</i>	Bazıları da bir işte başarılı olmalarına yetecek becerilere sahip olduklarını düşünürler.		
15			Bazı gençler esas hoşlandıkları kişilerle flört etmiyorlar	<i>OYSA</i>	Bazıları da gerçekten hoşlandıkları kişilerle flört ediyorlar.		
16			Bazı gençlerin yaptıkları şeylerden dolayı başları sık sık derde girer	<i>OYSA</i>	Bazıları da genellikle başlarını derde sokacak şeyleri yapmazlar.		
17			Bazı gençlerin sırlarını paylaşabilecekleri yakın bir arkadaşı vardır	<i>OYSA</i>	Bazılarının da sırlarını paylaştıkları yakın bir arkadaşı yoktur.		
18			Bazı gençler hayatta kendileri için çizdikleri yoldan hoşnut değildiler	<i>OYSA</i>	Bazıları da hayatta kendileri için çizdikleri yoldan hoşnut oldular.		
19			Bazı gençler derslerinde çok başarılıydılar	<i>OYSA</i>	Bazıları da derslerinde pek başarılı değildiler.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
20			Bazı gençler sevilmesi zor kişilerdir	<i>OYSA</i>	Bazılarının da sevilmesi kolaydır.		
21			Bazı gençler sporda yaşlılarından daha iyi olduklarını düşünürler	<i>OYSA</i>	Bazıları da sporda yaşlıları kadar iyi olmadıklarını düşünürler.		
22			Bazı gençler dış görünüşlerinin daha farklı olmasını isterler	<i>OYSA</i>	Bazıları da dış görünüşlerinden memnundurlar.		
23			Bazı gençler kendilerini bir iş bulacak ve bu işi sürdürebilecek kadar büyümüş hissederler	<i>OYSA</i>	Bazıları da kendilerini bir işin üstesinden gelebilecek kadar büyümüş hissetmezler.		
24			Bazı gençler karşı cinsten yaşlılarının kendilerini çekici bulacağına inanırlar	<i>OYSA</i>	Bazıları da karşı cinsten yaşlılarının kendilerini çekici bulup bulmayacağından endişe ederler.		
25			Bazı gençler davranış tarzlarından memnundurlar	<i>OYSA</i>	Bazıları da her zamanki davranış tarzlarından memnun değildirler.		
26			Bazı gençler pek çok şeyi paylaşacak kadar yakın bir arkadaşı olsun isterler	<i>OYSA</i>	Bazılarının da pek çok şeyi paylaştıkları yakın bir arkadaşı vardır.		
27			Bazı gençler çoğu zaman kendilerinden hoşnuturlar	<i>OYSA</i>	Bazıları da kendilerinden hoşnut değildirler.		
28			Bazı gençler derslerde soruları cevaplamakta güçlük çekerler	<i>OYSA</i>	Bazıları da derslerde hemen her zaman soruları cevaplandırabilirler.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
29			Bazı gençler yaşlıları arasında popülerdirler	<i>OYSA</i>	Bazıları da yaşlıları arasında pek popüler değildirler.		
30			Bazı gençler açık-havada oynanan oyunlarda pek başarılı değildirlir	<i>OYSA</i>	Bazıları da bu tür oyunlarda kolaylıkla başarılı olurlar.		
31			Bazı gençler kendilerini güzel/yakışıklı bulurlar	<i>OYSA</i>	Bazıları da kendilerini güzel/yakışıklı bulmazlar.		
32			Bazı gençler para kazanmak için çalıştıkları işte, daha iyi yapabilirlerdi diye düşünürler	<i>OYSA</i>	Bazıları da para kazanmak için çalıştıkları işte kendilerini gerçekten başarılı görürler.		
33			Bazı gençler karşı cinsten biriyle beraberken kendilerini çok eğlenceli ve ilginç bulurlar	<i>OYSA</i>	Bazıları da karşı cinsten biriyle beraberken kendilerinin eğlenceli ve ilginç olup olmadıklarını merak ederler.		
34			Bazı gençler yapmamaları gereken şeyleri yaparlar	<i>OYSA</i>	Bazıları da yapmamaları gereken şeyleri hemen hiç yapmazlar.		
35			Bazı gençler tam anlamıyla güvenebilecekleri arkadaşlıklar kurmada güçlük çekerler	<i>OYSA</i>	Bazıları da tam anlamıyla güvenebilecekleri arkadaşlıklar kurabilirler		
36			Bazı gençler kendi kişiliklerinden memnundurlar	<i>OYSA</i>	Bazıları da çoğu zaman başka biri olmayı isterler.		
37			Bazı gençler kendilerini oldukça zeki bulurlar	<i>OYSA</i>	Bazıları da zeki olup olmadıkları konusunda endişelidirler.		

	Bana Tam Uyuyor	Bana Kısmen Uyuyor				Bana Kısmen Uyuyor	Bana Tam Uyuyor
38			Bazı gençler sosyal ilişkilerinde kabul edildiklerini hissederler	<i>OYSA</i>	Bazıları da daha çok sayıda yaşıtı tarafından kabul edilmeyi isterler.		
39			Bazı gençler kendilerinin atletik yapıda olmadıklarını düşünürler	<i>OYSA</i>	Bazıları da kendilerini atletik yapılı görürler.		
40			Bazı gençler görünüşlerini gerçekten beğenirler	<i>OYSA</i>	Bazıları da görünüşlerinin farklı olmasını isterler.		
41			Bazı gençler ücretli bir işin tam anlamıyla üstesinden geldiklerine inanırlar	<i>OYSA</i>	Bazıları da işlerini gerektiği kadar iyi yapıp yapmadıklarını merak ederler.		
42			Bazı gençler asıl flört etmek istedikleri kişilerle genellikle çıkmazlar	<i>OYSA</i>	Bazıları da asıl flört etmek istedikleri kişilerle çıkarlar.		
43			Bazı gençler kendilerinden beklenen biçimde hareket ederler	<i>OYSA</i>	Bazıları da kendilerinden beklenen biçimde hareket etmezler.		
44			Bazı gençlerin özel duygu ve düşüncelerini paylaşabilecekleri kadar yakın bir arkadaşı yoktur	<i>OYSA</i>	Bazılarının da özel duygu ve düşüncelerini paylaşabilecekleri kadar yakın bir arkadaşı vardır.		
45			Bazı gençler şimdiki durumlarından çok memnundurlar	<i>OYSA</i>	Bazıları da daha farklı olmayı isterler.		

APPENDIX E

ÜNİVERSİTE ÖĞRENCİLERİ İÇİN YAŞAM OLAYLARI ENVANTERİ

Aşağıda günlük yaşantınızda size sıkıntı verebilecek bazı olaylar ve sorunlardan bahsedilmektedir. Her maddeyi dikkatli bir şekilde okuyarak, son bir yıl içerisinde bu olay ya da sorunun size ne yoğunlukta bir sıkıntı yaşattığını ve ne kadar sıklıkla böyle bir olay ya da sorunla karşılaştığınızı maddelerin karşılarında bulunan seçeneklerden uygun rakamları işaretleyerek belirtiniz.

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?					Bu sorunu ne sıklıkla yaşadınız?				
	Hiç	Az	Orta	Fazla	Çok fazla	Hiç	Az	Orta	Fazla	Çok fazla
1. Derslerin ağırlığı ve yoğunluğu	1	2	3	4	5	1	2	3	4	5
2. Genel sağlık problemleri	1	2	3	4	5	1	2	3	4	5
3. Kız/erkek arkadaşıyla olan problemler	1	2	3	4	5	1	2	3	4	5
4. Barınma ile ilgili sorunlar	1	2	3	4	5	1	2	3	4	5
5. Ulaşım sorunu	1	2	3	4	5	1	2	3	4	5
6. Zamanın sıkışıklığı	1	2	3	4	5	1	2	3	4	5
7. Anne ve babamla aramızdaki çatışmalar	1	2	3	4	5	1	2	3	4	5

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?					Bu sorunu ne sıklıkla yaşadınız?				
	Hiç	Az	Orta	Fazla	Çok fazla	Hiç	Az	Orta	Fazla	Çok fazla
8. Gelecekle ilgili kaygılar	1	2	3	4	5	1	2	3	4	5
9. Arkadaş ilişkilerinde yaşanan sorunlar	1	2	3	4	5	1	2	3	4	5
10. Ülkedeki olumsuz siyasi gelişmeler	1	2	3	4	5	1	2	3	4	5
11. Sevdiğim insanlardan ayrı olmak (aile, arkadaşlar vs.)	1	2	3	4	5	1	2	3	4	5
12. Çevresel koşullardan (Gürültü, havalar, kirlilik vs.) dolayı yaşanan sorunlar	1	2	3	4	5	1	2	3	4	5
13. Okula uyum sağlayamamak	1	2	3	4	5	1	2	3	4	5
14. Maddi problemler	1	2	3	4	5	1	2	3	4	5
15. Sosyal faaliyetlere katılamamak (spor, sinemaya, tiyatroya gitmek vs.)	1	2	3	4	5	1	2	3	4	5
16. Öğretmenlerle ilgili sorunlar	1	2	3	4	5	1	2	3	4	5
17. İnsanların birbirine karşı duyarsız olmaları	1	2	3	4	5	1	2	3	4	5
18. Yalnızlık kaygıları	1	2	3	4	5	1	2	3	4	5
19. Kişiliğimle ilgili kendimi sorgulamak	1	2	3	4	5	1	2	3	4	5
20. Yorgunluk	1	2	3	4	5	1	2	3	4	5
21. İçki, sigara ve	1	2	3	4	5	1	2	3	4	5

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?					Bu sorunu ne sıklıkla yaşadınız?				
	Hiç	Az	Orta	Fazla	Çok fazla	Hiç	Az	Orta	Fazla	Çok fazla
benzeri alışkanlıkların verdiği rahatsızlıklar										
22. Karar vermekte güçlük çekmek	1	2	3	4	5	1	2	3	4	5
23. Uykusuzluk	1	2	3	4	5	1	2	3	4	5
24. Beslenme problemi	1	2	3	4	5	1	2	3	4	5
25. Sorumluluklarımı yerine getirememek	1	2	3	4	5	1	2	3	4	5
26. Reddedilme korkusu	1	2	3	4	5	1	2	3	4	5
27. Fiziksel görünüşümle ilgili endişeler	1	2	3	4	5	1	2	3	4	5
28. Okulda başarısız olmak	1	2	3	4	5	1	2	3	4	5
29. Aileden birinin rahatsızlığı	1	2	3	4	5	1	2	3	4	5
30. Ödevler ya da projelerin verdiği rahatsızlıklar	1	2	3	4	5	1	2	3	4	5
31. Okuduğum alandan (Türkçe-Matematik, Fen, Yabancı Dil, Sosyal vb.) memnun olmamak	1	2	3	4	5	1	2	3	4	5
32. Tüm ya da bazı konularda emeğimin karşılığını alamamak	1	2	3	4	5	1	2	3	4	5
33. Yeterince ders çalışmamak	1	2	3	4	5	1	2	3	4	5
34. Sınavların sıkışıklığı, sınav kaygısı	1	2	3	4	5	1	2	3	4	5
35. Okula devamsızlık	1	2	3	4	5	1	2	3	4	5

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?					Bu sorunu ne sıklıkla yaşadınız?				
	Hiç	Az	Orta	Fazla	Çok fazla	Hiç	Az	Orta	Fazla	Çok fazla
problemleri	1	2	3	4	5	1	2	3	4	5
36. Kardeşim/lerimle ilgili sorunlar	1	2	3	4	5	1	2	3	4	5
37. Zamanımı yeterince iyi değerlendirememek	1	2	3	4	5	1	2	3	4	5
38. Kendimi insanlara yeterince ifade edememek	1	2	3	4	5	1	2	3	4	5
39. Ailevi problemler	1	2	3	4	5	1	2	3	4	5
40. Yayın organlarındaki kötü haberlerle ilişkili kaygılar	1	2	3	4	5	1	2	3	4	5
41. Cinsel sorunlar	1	2	3	4	5	1	2	3	4	5
42. Kilomla ilgili kaygılar	1	2	3	4	5	1	2	3	4	5
43. Mezun olamama kaygısı	1	2	3	4	5	1	2	3	4	5
44. Hata yapma kaygısı	1	2	3	4	5	1	2	3	4	5
45. Eleştirilmekten duyduğum rahatsızlık	1	2	3	4	5	1	2	3	4	5
46. Tatmin edici ilişkiler kuramama/bulamama	1	2	3	4	5	1	2	3	4	5
47. Kız/erkek arkadaştan ayrılma	1	2	3	4	5	1	2	3	4	5
48. Ailemin beklentilerini yerine getirememe kaygısı	1	2	3	4	5	1	2	3	4	5
49. Tüm ya da bazı derslerde başarısız olma endişesi	1	2	3	4	5	1	2	3	4	5

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?					Bu sorunu ne sıklıkla yaşadınız?				
	Hiç	Az	Orta	Fazla	Çok fazla	Hiç	Az	Orta	Fazla	Çok fazla
50. Yaşadığım yere uyum sağlayamamak	1	2	3	4	5	1	2	3	4	5