SHAME-PRONENESS VS GUILT-PRONENESS AND THEIR RELATIONSHIP TO ATTRIBUTIONAL STYLES, COPING STRATEGIES AND DEPRESSIVE SYMPTOM LEVELS OF UNIVERSITY STUDENTS

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ABSTRACT

SHAME-PRONENESS VS GUILT-PRONENESS AND THEIR RELATIONSHIP TO ATTRIBUTIONAL STYLES, COPING STRATEGIES, AND DEPRESSIVE SYMPTOM LEVELS OF UNIVERSITY STUDENTS

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The purpose of the present study is to investigate the link between shame-proneness, guilt-proneness, attributional styles, and coping strategies, and then to determine which of these variables are significantly related to depressive symptomatology in the sample of Turkish undergraduates. Moreover, the association between shame-proneness, guilt-proneness and depressive symptomatology through attributional styles and coping strategies is examined.

Four hundred undergraduates from different universities completed the Ways of Coping Inventory, Attribution Styles Questionnaire, Test of Self-Conscious Affect-3 and Beck Depression Inventory in addition to the questionnaire surveying sociodemografic variables.

The findings of the analyses have revealed that shame- and guilt-proneness have a significant effect on coping strategies, attributional styles, and depressive symptomatology. The attributional styles also have predictive effects on the use of coping strategies. However, contrary to the researcher's predictions, no relationship between attributional styles and depressive symptomatology has been found. In order to test the mediation model, mediation analyses have been conducted and the results of the analyses have been tested by structural equation modeling, which have confirmed the mediation effect of problem-focused coping only between shame- and guilt-proneness and depressive symptomatology. In conclusion, shame- and guilt-proneness are the strongest predictors of depressive symptomatology and their significant effect on depressive symptoms are above and beyond the other variables.

The findings of the present study have suggested that the analysis of shame-proneness, frequency, and duration of feelings of shame and related occasions are crucial in psychotherapy process. The results of the study have emphasized the importance of taking shame-proneness into account and dealing with it in the psychotherapy process.

Key words: shame-proneness, guilt-proneness, attribution styles, coping strategies, depressive symptomatology.

ÖZ

ÜNİVERSİTE ÖĞRENCİLERİ ÖRNEKLEMİNDE UTANCA YATKINLIK, SUÇLULUĞA YATKINLIK VE BUNLARIN ATIF BİÇİMLERİ, BAŞA ÇIKMA STRATEJİLERİ VE DEPRESYON İLE İLİŞKİSİ

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Bu çalışmanın amacı, moral duygular olan utanç ve suçluluk duygusuna yatkınlık ile negatif ve pozitif yaşam olayları hakkındaki yükleme biçimleri, başa çıkma stratejileri ve depresif semptom düzeyi arasındaki ilişkileri saptamaktır. Ayrıca, yükleme biçimleri ve başa çıkma stratejileri vasıtasıyla utanca yatkınlık ve suçluluğa yatkınlık ile depresif semptomatoloji arasında bir ilişki olup olmadığının araştırılması da bu çalışmanın diğer bir hedefidir.

Çeşitli üniversitelerden olmak üzere, araştırmanın örneklemini dört yüz öğrenci oluşturmaktadır. Öğrencilere Yükleme Biçimleri Ölçeği, Başa Çıkma Yolları Ölçeği, Moral Duygular Ölçeği ve Beck Depresyon Envanteri uygulanmıştır.

Korelasyon ve regresyon analizleri, utanca yatkınlık ve suçluluğa yatkınlığın, yükleme biçimleri, başa çıkma stratejileri ve depresif semptomatoloji üzerinde anlamlı bir etkisi olduğunu göstermektedir. Ayrıca, yükleme biçimlerinin başa çıkma stratejilerinin seçimini anlamlı bir şekilde yordadığı da sonuçlarda gözlenmektedir. Fakat yükleme biçimleri, beklenenin aksine, depresif semptom düzeyi ile hiçbir şekilde ilişkili bulunmamıştır.

Başa çıkma stratejileri aracılığı ile, utanca yatkınlık ve suçluluğa yatkınlığın depresif semptomatoloji ile olan ilişkisine bakıldığında ise, sadece problem odaklı başa çıkma stratejilerinin utanca yatkınlık ve suçluluğa yatkınlık ile depresif semptom düzeyi arasındaki ilişkiyi kısmi olarak etkilediği görülmektedir.

Sonuç olarak, tüm analiz sonuçları utanca yatkınlığın pozitif olarak, suçluluğa yatkınlığın ise negatif olarak diğer tüm değişkenlerin üzerinde ve ötesinde depresif semptomatoloji üzerindeki en kuvvetli belirleyiciler olduğunu ortaya koymaktadır.

Bu çalışmanın bulguları, utanca yatkınlığın, utanç duygusunun ve bu duygu ile ilgili durumların depresif semptomatolojide gözardı edilemeyecek kadar önemli bir yeri olduğuna işaret etmektedir. Tüm bulgular ilgili literatür ışığında tartışılmıştır.

Anahtar kelimeler: utanca yatkınlık, suçluluğa yatkınlık, yükleme biçimleri, başa çıkma stratejileri, depresif semptomatoloji.

To my husband and mother

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CHAPTER I

INTRODUCTION

1. Statement of the Problem

Emotions have been of great importance for human beings. Therefore, studies on emotions have kept a very important place in literature for decades. Emotions, such as shame and guilt, have a strong and reciprocal relationship with cognitions and behaviors. Shame and guilt are important socialization mechanisms. Although guilt is a more functional emotion, shame is a destructive one and it is sometimes an important causal factor for psychopathology, especially depression. Studies on the relationships between emotions, cognitions, behaviors, and psychopathology have been conducted for a long time in western countries. However, in Turkey, few studies on these relationships have been done and no study has been conducted to examine the relationships between shame, guilt, and cognitive factors, and their effects on behaviors and psychopathology in Turkish sample.

2. Aim of the Study

This study aimed to analyze the relationship between shame-proneness, guilt-proneness, attribution styles, and coping strategies, and then to determine which of these variables are significantly related to depressive symptomatology in a sample of Turkish undergraduates. First, the dual relationships among variables are presented in the study. Second, shame-proneness, guilt-proneness, attribution styles, and coping strategies are hypothesized to be the predictors of depressive symptomatology and

then a predicted mediational relationship is investigated between these variables and depressive symptomatology.

3.   **Research Questions**

This study focuses on the following questions:

- Is there a significant relationship between shame-proneness, guilt-proneness, and attributional styles?

- Do shame-proneness and guilt-proneness influence the selection of coping strategies?

- Do attribution styles relate to coping styles? If such is the case, which attributions are related to which coping strategies?

- Do coping strategies influence depressive symptomatology?

- Do attribution styles predict depressive symptomatology?

- Do shame-proneness and guilt-proneness predict depressive symptomatology?

- What are the significant associates of depressive symptomatology?

4.   **Significance of the study**

In the literature, emotions are accepted as an integral part of cognitions, behaviors, and psychopathology, which are in a reciprocal relationship. Both in research area and applications of clinical psychology, depression is one of the most studied psychopathologies. Almost all of its aspects have been investigated worldwide, including Turkey.

The merging of emotions, such as shame and guilt, and cognitions has a crucial role in the formation of personality. Nevertheless, some self conscious emotions, especially shame, are presented as the causes of depression together with some problematic attributions and ineffective coping strategies. Therefore, emotions of shame and guilt, which arise at very early stages of life, may have a key role in the solution of psychological problems in later years.

Thus, this study has aimed to discover the dual relationships between shame-proneness, guilt-proneness, attributional styles, coping strategies, and depressive symptomatology in the Turkish sample and then to reveal the effects of all these variables on depressive symptomatology.

The findings of the present study are likely to make a significant contribution to the literature and applications of clinical psychology. Although emotions, such as shame and guilt, and cognitive–behavioral predictors (attribution styles and coping strategies) of depression have been studied for long years in both western and eastern parts of the world, the findings obtained from Turkish population are limited. As a result, the findings of the study regarding the associations among shame, guilt, attributions, and coping strategies and their effects on depressive symptomatology provides the researchers with valuable information and contributes to the applications in Turkey. The study also emphasizes the importance of shame and guilt in the process of psychotherapies. Since the findings of the study have revealed that shame and guilt are significant components of cognitions and behaviors and especially shame leads to depressive symptomatology, discovering different effects of these two emotions and dealing with them in the psychotherapy process are of great importance and critical for successful and effective treatment.

CHAPTER II

REVIEW OF LITERATURE

Topics of shame and guilt have aroused the interest of many researchers for decades. Shame and guilt are functional human emotions that have important associations with both adaptive and maladaptive intrapersonal and interpersonal processes. These emotions are functional when people experience them moderately since they motivate altruistic behavior, moral behavior and prevent them from developing antisocial behaviors. However, extreme levels of emotions, especially shame, may result in maladaptiveness and psychopathology.

In the present study, shame and guilt are examined in relation to theories of learned helplessness and attribution, coping strategies and depressive symptomatology. The followings are the findings related with these concepts.

1.   Learned Helplessness and Attribution Theories

Seligman's (1992) Learned Helplessness Theory of depression has emphasized that individuals need to control their environment. According to the theory, need of control is of great importance. Otherwise, expectation of uncontrollability of events may cause hopelessness and depression (Seligman, 1992).

Learned Helplessness Theory was first developed by doing animal experiments in laboratories. Then, it was applied to human subjects in laboratories. Later, animal and human data were combined and a theoretical framework was established (Seligman, 1992). The main idea of the theory is

that if the individual learns that whatever s/he does, it would not influence the result, s/he perceives the result as uncontrollable and experiences motivational, cognitive, and affective deficits (Abramson et al., 1978).

The causes, symptoms, and treatments of diverse problems of humans were tried to be explained with the theory (Peterson & Seligman, 1984); however, in this theoretical framework, the "cognition" of humans was disregarded and so a variety of reactions which belong to human beings could not have been explained (Sweeney, Anderson, & Bailey, 1986; Abramson et al., 1978). One of the vague issues that could not be explained was individual differences in severity and duration of depression. Another issue was that this theory failed to explain the loss of self-esteem in times of depression, which contradicts with the idea of uncontrollability. In other words, if events are uncontrollable, it is not expected for people to lose their self-esteem (Peterson & Seligman, 1984). Lastly, contrary to arguments of the model, depressed people were observed to attribute their failures to internal factors (Sweeney, Anderson, & Bailey, 1986).

In the course of time, studies showed that Learned Helplessness Theory was not sufficient to explain reactions of both humans and animals. Rizley (1978) tested causal attributions of depressed and nondepressed college students in conditions of failure and success using an achievement task and exposing them to interpersonal influence situations. According to Learned Helplessness Theory, depressed individuals are supposed to make external causal attributions if they think events are not under their control. However, the results have showed that depressed students attribute failure to internal factors but they attribute success to external factors in achievement related tasks. In addition, in interpersonal influence situations, depressed students attribute other people's behaviors to internal factors more than did nondepressed individuals. They believe that their own behaviors influence other individuals' behaviors.

Moreover, there are other studies (Klein, Fencil-Morse, & Seligman, 1976; Kupier, 1978) showing depressed individuals have a higher tendency to attribute failure to internal factors than nondepressed individuals contrary to Learned Helplessness Theory.

Because of theoretical contradictions on the effects of perception of uncontrollability, Abramson, Seligman, and Teasdale (1978) have reformulated Learned Helplessness Theory in attribution theory terms and also included causal explanations of bad events. Reformulated Helplessness Theory provides explanations for ambiguous issues, such as self-esteem loss, individual differences in generality, severity and duration of depression, and internal attributions of failures.

According to Reformulated Learned Helplessness Theory, that is, Attribution Theory, explanation style (causality attributions) of people alters their reactions to uncontrollable negative events. Attribution Theory proposes three attribution dimensions and also an importance attribution (Abramson et al., 1978; Peterson & Seligman, 1984; Sweeney, Anderson, & Bailey, 1986).

The first dimension is internality, which has two ends, namely external and internal explanations. The main focus of this dimension is "self-other dichotomy" (Abramson et al., 1978, p.53). Reformulated Learned Helplessness model suggests two helplessness types: personal helplessness and universal helplessness. If the individual believes that s/he cannot solve problems which others can solve, s/he experiences personal helplessness. Alternatively, if one believes that nobody can solve the problem that has been encountered, s/he experiences universal helplessness. While the individual experiencing universal helplessness makes external attributions about failures, individual experiencing personal helplessness makes internal attributions (Abramson et al., 1978). In addition, it is

proposed that self-esteem loss takes place if the person perceives herself/himself responsible (makes internal attributions) for uncontrollable event (Abramson et al., 1978; Peterson & Seligman, 1984).

The second dimension is stability, which has an impact on duration of helplessness and depressive symptoms. One end of the dimension refers to stable explanations for uncontrollable event and the other refers to unstable explanations. Stable attributions have long-lasting, repetitive characteristics, whereas unstable attributions are transitory. Attributing causes of uncontrollable events to stable factors leads to long-lasting symptoms of depression, whereas attributing them to unstable factors produces more transient symptoms (Abramson et al., 1978; Peterson & Seligman, 1984).

The third dimension, which is globality, has also two ends as global explanation and specific explanation. The individual learns in particular situations that certain outcomes and responses are independent. Then, s/he makes some attributions for the causes of outcomes. These attributions influence expectations about subsequent response-outcome relations. Expectations of uncontrollability cause motivational and cognitive deficits, which causes helplessness. Therefore, if uncontrollable events are attributed to generally existing factors, helplessness is likely to generalize in a variety of different situations. On the other hand, if uncontrollable events are attributed to specific factors, helplessness is experienced in a limited sphere of situations (Abramson et al., 1978; Alloy et al., 1984).

Lastly, perceived importance of the situation influences the severity of depressive symptoms. If the person gives too much importance to cause of the event, s/he is more likely to experience depressive symptoms in the face of a negative event (Abramson et al., 1978; Sweeney, Anderson, & Bailey, 1986).

1.1. Attribution Styles and Depressive Symptoms

If the individual accredits that the probability of undesired outcomes is much higher than the probability of desired outcomes and s/he has no expectation toward changing the undesired outcome, "(helplessness) depression" (Abramson et al., 1978, p.68) takes place. The generality, severity, and duration of depression depend on attributions, and attributing uncontrollable negative events to internal, stable, and global causes heightens the probability of experiencing depression (Abramson et al., 1978).

Concealed attribution style for bad events is not a sufficient condition for depression; it is rather a risk – vulnerability – factor for depression. In order for depression to be experienced, a bad outcome should really occur or it should be expected to occur and the cause of it should be attributed to internal, stable and global factors (Abramson et al., 1978). At the same time, individuals with proneness to depression are likely to attribute failures to internal, stable, and global causes and successes to external, unstable, and specific causes (Abramson et al., 1978; Seligman et al., 1979).

There are lots of studies supporting the relationship between attributions and depression. In one of these studies, Adler, Kissel, and McAdams (2006) examined the relationship among attributions, depression, traits of neuroticism, life satisfaction, and subjective report of physical health in adults through CAVE technique. Content Analyses of Verbatim Explanations (CAVE) were used as an alternative to Attributional Style Questionnaire (ASQ) to assess depressogenic attributions in the study. Researchers listened to detailed life-stories of adult participants, and then they rated participants' causal attributions when exposed to negative life events in terms of stableness and globalness. The results have revealed that

there is a significant positive correlation between depressogenic attributional style (stable and global attributions for negative experiences) with self-reported depressive symptoms and trait of neuroticism, and there is a significant negative correlation between depressogenic attributional style and life satisfaction, and ratings of physical health (Adler, Kissel, & McAdams, 2006).

The hypothesis that interaction between cognitive vulnerability (causal attributions to stable and global factors for negative events) and stress would predict hopelessness, which in turn causes lessened goal-directed behavior, was tested by Haeffel et al. (2008). The results of the study have supported the hypothesis of the researchers that hopelessness fully mediates the relationship between the interaction of cognitive vulnerability and stress and goal-directed behavior. Specifically, stable and global causal attributions for real negative life events predict hopelessness and successively low level of goal-directed behavior. Moreover, an association between cognitive vulnerability and depressive symptoms via goal-directed behavior is found. In other words, higher level of depressive symptoms are likely to be experienced by the individuals with decreased goal-directed behaviors (Haeffel et al., 2008).

Similarly, in their study, Sturman, Mongrain, and Kohn (2006) have found that stable and global causal attributions for negative life events predict hopelessness depression characterized by insomnia, psychomotor retardation, fatigue, impaired concentration, and suicidality.

The relationship between improvement of attribution style and recovery from hopelessness depression was tested by Needles and Abramson (1990). According to their hypothesis, improvement of attributional style (making global and stable attributions for positive events) of depressive individuals is relevant to increased positive events and

controlled negative events. In this case, individuals would recover from hopelessness and therefore depression. The results of the study generally have supported the hypothesis. In the condition of both improved attributional style and increased positive life events, recovery from hopelessness occur. Improvement in only one condition (attributional style or positive life events) is not found to be sufficient for recovery (Needles & Abramson, 1990).

Consequently, if individuals have typical attributional tendencies, they have an attributional style. In the case of causal vagueness about an uncontrollable event or outcome, causal attributions are shaped by individuals' accustomed attributional styles (Alloy et al., 1984).

Some studies have focused on the relationship between causal attributions for positive outcomes and depressive symptom level. For example, the study of Seligman et al. (1979) has revealed that there is correlation among low scores of internal and stable attributions for good outcomes and high scores of depressive symptomatology; but, the significance of this relationship is not as powerful as the correlation among high scores of internal and stable attributions for bad outcomes and high scores of depressive symptomatology. One possible explanation for the indirect effect might be that influence of bad outcomes is diminished by internal, stable, and global attributions for good outcomes. The other explanation could be related with the ego: internal, stable, and global attributions for good outcomes strengthen the ego (Seligman et al., 1979). Sweeney, Anderson, and Bailey (1986) have reviewed 104 studies with respect to the relationship between attributional styles and depression scores; the conclusion of their review have supported the view mentioned above that relationship between internal, stable and global attributions for negative events and depression scores was stronger.

Rizley (1978) conducted a study with students in order to test the reformulated helplessness model. A cognitive task was given to participants and they were asked to make attributions about their failure and success on the task. It has been reported that depressed students attribute failure mostly to internal, stable, and global factors, whereas nondepressed students attribute their failure to external, stable, and specific factors. On the other hand, success is attributed to external, stable, and specific factors by depressed students, while it is attributed to internal, stable, and global factors by nondepressed students (Rizley, 1978).

In addition, Luten, Ralph, and Mineka (1997) has found that pessimistic attributional style characterized by internal, global, and stable attributions for negative events is closely associated with depressive symptoms and negative affect.

According to the results of four studies with university students by Joiner (2001), negative attributional style is (tendency to attribute negative events to stable and global causes) significantly associated with hopelessness depression symptoms.

Peterson and Seligman (1984) used various research strategies, such as cross-sectional correlational studies, causal modeling with longitudinal data, experiments of nature, labaratory experiments, and case studies, in order to assess the relationship between attributional style and depressive symptomatology. Moreover, they studied with several different sample groups like college students, lower-socioeconomic class women, children, depressed patients, and nondepressed medical and surgical patients. The results of their studies have suggested that there is a relationship between attributional style and depression (Peterson & Seligman, 1984).

2.   Coping Strategies

According to Lazarus and Folkman (1984), cognitions and behaviors which individuals use to decrease stress level and to moderate its emotional impact form their coping responses. When individuals encounter with an event, they evaluate the event in terms of threat, and then, evaluate their coping resources (Lazarus, 1993). Depending on their judgment about the threatening situation that they have to deal with, individuals choose a particular way of coping with it. Folkman and Lazarus (1980) have defined coping as "...the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them." (p. 223).

According to phenomenological theory of psychological stress, the relationship of environment and individual is two-sided, and appraisal and coping mediate this reciprocal relationship (Folkman & Lazarus, 1980). Stress appraisal is a determinant factor in coping responses; however, at the same time, these two concepts affect each other mutually. The appraisal triggers coping responses and the outcome of coping responses influence appraisal, leading to alternative coping responses (Folkman & Lazarus, 1980).

These coping efforts have two important functions. Firstly, the problem-focused function channels individuals' resources to solve the problem. This function is performed when individuals appraise that something can be done to alter the problematic situation and take action to change the stressful person-environment relationship using problem-focused coping activities. Secondly, the emotion-focused function, which reduces tension and regulates stressful emotions, eventuates via emotion-focused coping activities. Emotion-focused coping activities cause different evaluations for ongoing events, avoidance from thinking about the

threatening situation, and reappraisal of threatening situation in a nonthreatening way (Folkman & Lazarus, 1980; Lazarus, 1993).

Coping is generally a complex process. Sometimes people may use specific coping strategies in specific stressful situations, and/or other times they may use various coping strategies in a trial-and-error way. A coping strategy that works in a stressful situation may not work in another one. Moreover, some coping strategies which are usually related to personality are more stable and used in a variety of stressful situations. While some coping strategies lead to positive emotional outcomes, others cause negative emotional outcomes (Folkman & Lazarus, 1985; Lazarus, 1993).

2.1. Relationship between Coping Responses and Depressive Symptomatology

The relationship among stressful life events, coping strategies, attributions, and depressive symptomatology have captured the attention of researchers for a long time.

How and to what extend depressed and nondepressed individuals differ from each other was tested by Folkman & Lazarus in 1986. On the basis of cognitive-phenomenological theory, Folkman and Lazarus (1986) have proposed that depressed people's appraisal of daily stressful events and coping ways of these stressful events are different from that of nondepressed people. The results of the study have revealed that there are important differences among depressive and nondepressive people in terms of appraisal for stressful life events and coping processes. In the appraisal and coping process, people with high level of depressive symptomatology are more likely to perceive hostility and threat. Stressful life events are more negatively judged and appraised by people with high level of depressive

symptoms than people with low level of depressive symptoms. People with high level of depressive symptoms reported more worry and fear and less confidence and security. Moreover, results have suggested that it is more probable for people with high level of depressive symptoms to use confrontive coping, behave in self-control direction, and accept responsibility (consistent with attribution of failure to internal factors) (Folkman & Lazarus, 1986).

Seltzer, Greenberg, and Krauss (1995) have compared particular coping strategies of aging mothers of adults with mental illnesses and aging mothers of adults with mental retardation in their study. The result of the study has indicated that there is no significant difference between the two groups of mothers in terms of using problem-focused coping strategies; However, there is a difference between them in terms of using emotion-focused coping strategies in that aging mothers of adults with mental illnesses use emotion-focused coping strategies more than aging mothers of adults with mental retardation. In addition, there are important differences between these two groups of mothers in terms of the relationship between coping strategies and maternal depressive symptoms; using problem-focused coping strategies prevent aging mothers of adults with mental retardation from depressive symptoms; however, no relationship has been found between coping strategies (problem-focused coping vs. emotion-focused coping) and prevention of depression in aging mothers of adults with mental illnesses (Seltzer, Greenberg, & Krauss, 1995).

Hewitt, Flett, and Endler (1995) have explored the relationship between perfectionism and coping, and then the relationship between the interactions of perfectionism dimensions and coping dimensions and depression. They have found that self-oriented perfectionism and emotion-focused coping interaction produces higher levels of depressive symptomatology.

The association between personality factors, appraisal, coping, health symptoms, and psychological symptoms has been analyzed by Folkman et al. (1986). It is proposed that in order to influence health status and psychological symptoms, similar appraisal and coping processes should be used frequently across different stressful situations. It means that stableness feature of appraisal and coping processes is a necessary factor for an influence on long term adaptational status. Coping processes are generally found to be more stable than appraisal. It has also been found that planful problem solving coping is negatively related and confrontive coping is positively related to psychological symptoms.

2.2. Relationship between Attributional Style, Coping Responses, and Depressive Symptomatology

Investigators have tried to explain the factors influencing depression. Janoff-Bulman (1979) has defined two types of self-blame as characterological self-blame and behavioral self-blame. These two types of self-blame involve attributions. If individuals have a tendency toward characterological self-blame, they consider their ugly behavior as an extension of their self-concept, and accuse their character in self-deprecating and maladaptive ways. This belief is stable and global rather than changeable. While characterological self-blame is related to uncontrollable attributions and self-deprecating responses, the behavioral self-blame is related to controllable and changeable aspect of the self. Behavioral self-blame is characterized by the belief that transgression or misbehavior can be corrected. The focal point of individuals with a tendency toward behavioral self-blame is their specific behavior and thus they try to repair their failures. Similarly, Reformulated Learned Helplessness Model of Abramson et al. (1978) have offered three attribution dimensions related to depressive

symptomatology. In addition to the internalization of self-blame, the model has proposed two more attribution dimensions affecting depressive symptomatology, namely, stableness and globalness. Abramson et al. (1978) have suggested that people who attribute negative outcomes to internal, stable, and global causes (like characterological self-blame) display higher levels of depressive symptoms when they encounter with a negative life event than those who attribute negative outcomes to external, unstable, and specific causes. These two perspectives are similar to that of Lazarus and Folkman (1984), who have pointed out that appraisal and explanation of environmental events have a serious influence on coping responses and therefore depressive symptomatology. As a result, internal, stable, and global attributions (characterological self-blame) have a different impact on coping and depressive symptomatology than external, unstable, and specific attributions (behavioral self-blame).

Mikulincer (1989) has stated that problem-focused coping can be related to stable and global attributions. The attribution of failure especially to stable/global causes might reduce problem-focused coping; on the other hand, the use of problem-focused coping might be facilitated by unstable and specific attributions for failure, causing one to be hopeful about future outcomes. In contrast, emotion-focused coping can be related to all three attributional dimensions. The internal, stable, and global attributions of failure increase threat perception against self-esteem, which in turn may lead to using emotion-focused coping strategies to deal with the inner tension. However, external, unstable, and specific attributions for failure may reduce emotion-focused coping (Mikulincer, 1989). He tested his hypothesis in two different study groups with undergraduates. He has concluded that selection of coping strategies is determined via attributional style. Individuals who attribute failure to internal and global causes were more likely to use emotion-focused and distancing coping and less likely to use problem-focused coping than individuals making external and specific

attributions. It has been claimed that "coping is a consequence of attribution" (Mikulincer, 1989, p. 578). The findings of the study have also indicated that performance effects of causal attribution are mediated by coping strategies. In the case of low level of problem-focused coping and high level of distancing coping, individuals experience more performance deficits (Mikulincer, 1989).

Moreover, in order to analyze the mediating effect of coping strategies in the relationship between causal attributions and post-traumatic stress disorder, a study was conducted by Mikulincer and Solomon (1989). In this study, the participants were Israeli soldiers who participated in Lebanon War and experienced combat stress reaction. Based on the integration of attributional and stress-coping models, it has been claimed that, after the war, both internal and external demands are met by using adaptive resources. In this process, causal appraisal and explanations determine the ways of coping with these demands, influencing the psychological health. Specifically, it has been hypothesized that unstable and controllable attributions may lead to the use of problem-focused coping. On the contrary, stability and uncontrollability attributions for bad events might lead to the use of emotion-focused coping, which decreases adaptive responses and increases post-traumatic stress disorder symptoms. The results have verified the hypothesis of study that coping strategies mediate the relationship between attributions and psychopathology. The unstable and controllable attributions are associated with problem-focused coping, whereas stable and uncontrollable attributions are associated with emotion-focused coping. The interaction of emotion-focused coping and stable/uncontrollable attributions for bad events was found to be related to the severity of PTSD symptoms.

In the study of Major, Mueller, and Hildebrandt (1985), the role of causal attributions in predicting coping and depressive symptomatology

after first-trimester abortion has been investigated. Researchers have hypothesized that women who make internal, stable, and global attributions (characterological self-blamers) for unwanted pregnancy would not cope with the situation well and experience more depressive symptoms than women making external, unstable and specific attributions (behavioral self-blamers). The results of the study have verified the hypothesis and it has been found that women who blame their character more for pregnancy cope worse with the negative real-life event and experience higher level of depressive symptoms than women who blame their character less. However, no relation has been found between blaming behavior (attributions to external, unstable and specific causes), coping and depressive symptomatology.

3. Shame and Guilt

3.1. Differentiation of Shame and Guilt

A variety of disciplines makes distinctions between shame and guilt. Some researchers have claimed that guilt is experienced as a response to the violation of internal norms, while shame is experienced as a response to disapproval or criticism by others since the person perceives that the relationship of herself/himself is under threat (Gilbert, 1997). However, other researchers have demonstrated that shame might be experienced in the absence of other people and without the evaluations of other people (Piers & Singer, 1953; Tangney, Miller et al., 1996).

Furthermore, according to Affect Theory (Tomkins, 1987), shame and guilt are emanated from the same physiological affect which is shame-humiliation. However, despite the similarities of these emotions, shame and

guilt are experienced differently since individuals perceive their causes and consequences differently (Tomkins, 1987).

Moreover, psychoanalytic perspective first overemphasized guilt and suggested that conflict between id or ego and moral standards of superego results in feelings of guilt. Later, the distinction between shame and guilt was studied by Neo-Frueudian psychologists. They clarified the distinction between ego-ideal and superego and this distinction created a new notion of shame and guilt (Tangney & Dearing, 2002). For example, Piers and Singer (1953) suggested that shame is a reaction against the conflict between ego and ego-ideal, whereas guilt is a reaction to the conflict between ego and superego. Later, this structural distinction of Neo-Freudians was scrutinized and criticized especially in terms of its practical applications. Besides, the results of Lindsay-Hartz' (1984) study were contradictory to Piers and Singer's assumption that the cause of shame experience is not the recognition of one's failure to live up to his/her positive ego ideal; instead, its cause is associated with negative ideal; that is, shame is associated with the recognition of "... we are who we do not want to be." (Lindsay-Hartz, 1984, p. 697).

According to anthropological perspective, some situations result in experiencing shame and some situations leads to experiencing guilt. Anthropological view has suggested that public exposure or transgression leads to shame, whereas guilt is a more private emotion and experienced mostly when the person is alone (Tangney & Dearing, 2002). However, some research results contradicted with public – private distinction and revealed that both emotions are experienced in the presence and absence of others and (Tangney, Miller, Flicker, & Barlow, 1996).

In spite of these contradictory findings related to the difference between shame and guilt, psychological theories have generally emphasized

two determining factors, which are the self and attributions (Tangney, 1990).

3.2.   Reconceptualization of Shame and Guilt by Helen Block Lewis

Although Freud (Freud, 1896/1962), in his early writings, emphasized the relation of both shame and guilt with psychological disorders, later, he aborted the notion of shame and overemphasized the role of guilt. Freud suggested that the sense of guilt stems from the conflicts between ego and superego.

From Freud's point of view, the core of many forms of psychopathology is extreme guilt. Distress which results from different factors, such as excessive libidinal urges, a punitory father, an attracting mother or mischance during early masturbatory exploration, in Oedipal phase of development, causes this excessive feeling of guilt. Freud (1905/1953, 1914/1957, 1923/1961a, 1924/1961b, 1925/1961c) did not suggest a distinction between ego and the self, instead he focused on guilt-inducing Oedipal issues and intrapsychic conflicts among id, ego and superego. In Classic Freudian perspective, self-directed evaluations and behavioral-directed evaluations were not distinguished; instead, both were viewed as ego-related and named as guilt.

Neo-Freudian theorists dealt with this matter of contention and they tried to distinguish ego-ideal and superego (Tangney & Dearing, 2002). Two of these theorists, Piers and Singer (1953) have explained this distinction in terms of conceptualization of shame and guilt. They have suggested that disharmony between ego and superego gives rise to feeling of guilt, while disharmony between ego and ego-ideal engenders feelings of shame. In other words, guilt is experienced when transgression contradicts

with the bans of superego. However, shame is experienced when ego-ideal has not been attained. Neo-Freudian distinction between shame and guilt became forerunner for H.B. Lewis's reconceptualization of shame and guilt.

According to Helen Block Lewis (1971), the role of the self is important in differentiation of shame and guilt. She has suggested:

> The experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the *thing* done or undone is the focus. In guilt, the self is negatively evaluated in connection with something but is not itself the focus of the experience (p. 30).

The integration of psychodynamic and cognitive principles came into existence in the formulation of H.B. Lewis (1971). Tangney et al. (1992) have summarized this phenomenon as:

> She believes that individual differences in cognitive style (i.e., field dependence vs. field independence) lead to contrasting modes of superego functioning (i.e., shame-proneness and guilt-proneness), and together these cognitive and affective styles set the stage for differential symptom formation. ... (p. 470).

The less differentiated self of field-dependent person has a predisposition for shame, which is a less differentiated experience between the self and behavior, and s/he is likely to experience depression, whereas clearly differentiated self of field-independent person has predisposition for guilt, which is a differentiated experience. Experiencing shame or guilt closely depends on the individual's subjective interpretation of the event (Tangney, 1996).

Since the reconceptulization of shame and guilt that focuses on the self by H.B. Lewis, quite a number of studies have been conducted in order to reveal the features of and differences between these two concepts as can be seen on Figure 2.1. The results of the studies (Ferguson et al., 1991; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995; Niedenthal et al., 1994; Tangney, Miller, Flicker, & Barlow, 1996; Teroni & Deonna, 2008; Wicker

et al., 1983) have highlighted the distinction between shame and guilt experiences in terms of cognitive, motivational, and affective dimensions.

Features shared by shame and guilt

- Both fall into the class of "moral" emotions.
- Both are "self-conscious", self-referential emotions.
- Both are negatively valanced emotions.
- Both involve internal attributions of one sort or another.
- Both are typically experienced in interpersonal context.
- The negative events that give rise to shame and guilt are highly similar (frequently involving moral failures or transgressions).

Key dimensions in which shame and guilt differ

	Shame	Guilt
Focus on evaluation	Global self: "*I* did that horrible thing"	Specific behavior: "I did that horrible *thing*"
Degree of distress	Generally more painful than guilt	Generally less painful than shame
Phenomenological experience	Shrinking, feeling small, feeling worthless, powerless	Tension, remorse, regret
Operation of "self"	Self "split" into observing and observed "selves"	Unified self intact
Impact on "self"	Self impaired by global devaluation	Self unimpaired by global devaluation
Concern vis-á-vis the "other"	Concern with others' evaluation of self	Concern with one's effect on others
Counterfactual processes	Mentally undoing some aspect of the self	Mentally undoing some aspect of behavior
Motivational features	Desire to hide, escape, or strike back	Desire to confess, apologize, or repair

Figure 2.1 Key similarities and differences between shame and guilt (Tangney and Dearing, 2002, p. 25)

3.3.   Characteristics of Shame and Guilt

M. Lewis (2003) has discussed the state of shame from phenomenological point of view. According to Lewis, people's wishes, needs, expectations, and experiences determine their responses to events and situations.

In terms of phenomenological point of view, the first characteristic of shame is that desire is a very strong constituent of shame experience. The desire and/or motivation to disappear or hide from others are a prominent characteristic of shame. The second characteristic which is seen in definitions of shame is discomfort, intense pain and anger, which differentiate shame from embarrassment and shyness. The feelings of inadequacy, unworthiness and no good constitute the third characteristic of phenomenology of shame. The fourth characteristic is being both subject and object of shame, which leads to inability to act properly. Moreover, it makes it possible to discriminate shame from guilt. The self is the object as well as the subject in shame, whereas the self is the subject and behavior is the object in guilt. In summary, from phenomenological point of view, the object of self's orientation in shame is different from that in guilt (Lewis, 2003).

Kaufman (1996) has depicted the relation between shame and the self as:

> Shame is the affect of inferiority. No other affect is more central to the development of identity. None is closer to the experienced self, nor more disturbing. Shame is felt as an inner torment. It is the most poignant experience of the self, whether felt in the humiliation of cowardice, or in the sense of failure to cope successfully with a challenge. (p.16).

Shame results in avoidance of social situations and interpersonal relationships, a desire to hide the self, and a sense of feeling worthless and powerless because of typical shame appraisal that not much can be done

about the situation (Lutwak, Ferrari, & Cheek, 1998; Lutwak, Panish, & Ferrari, 2003; Tangney, 1995a; Tangney & Dearing, 2002; Tangney, Wagner, & Gramzow, 1992). Research findings (Tangney & Dearing, 2002) have revealed that ashamed people are more likely to feel monitored by other people, and the observers' opinions about the self become so important that s/he had a strong desire to hide from others and to get away from social/interpersonal situations. Ashamed individual focuses on the self totally and perceives her/his entire self as negatively evaluated. S/he has a sense of being small, a sense of worthlessness and powerlessness which are indications of different perception of the self (Tangney, 1990). It has been suggested that the belief that one loses the approval of others leads to shame (Lewis, 1971). Based on H.B. Lewis's view, M. Lewis (2003) has appended that "....the source of the shame is our thoughts about ourselves." (p.121). He suggested that the state of shame is caused by thoughts of self-derogation which are emanated from disapproval of significant others (Lewis, 2003). Moreover, Lewis (1971) has mentioned that shame may be related with a defensive reaction of passing responsibility from the self to others, in order to make the situation less threatening. In shame, one suddenly realizes that s/he is wrong, but her/his perception of the condition and response are superfluous (Tangney & Dearing, 2002).

In contrast, guilt is associated with some specific action which often involves harm to someone or something. In guilt, the focus of negative affect is specific behavior which implies internal, specific, controllable, and unstable attributions (Tangney, Wagner, & Gramzow, 1992; Lindsay-Hartz, 1984; Weiner, 1985). Since one perceives that s/he has done something "bad" and s/he has a sense of controllability on her/his actions and anguish, the guilt experience is uncomfortable but not debilitating for the individual. The key features of guilt are the sense of regret over some specific behaviors that are performed or not performed, motivation to repair its consequences, and a tendency to apologize. In guilt, self-criticism is done

for specific action instead of the entire self, so it does not shake one's self-concept (Lewis, 1971; Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Tangney, 1990; Wicker et al., 1983). Because one takes responsibility for her/his own misbehavior, guilt is considered to be less painful than shame (Lewis, 1971; Fontaine et al., 2001).

3.3.1. Self-discrepancies in Shame-Prone and Guilt-Prone Individuals

According to the self-discrepancy theory of Higgins (1987), shame is associated with actual/own and ideal/other discrepancies, whereas guilt is associated with actual/own versus ought/own discrepancies. Actual/own versus ideal/other discrepancies arise when one's actual attributes (from her/his standpoint as a source of evaluation) are different from ideal attributes that a significant other desires her/him to have. Actual/own versus ideal/other discrepancies cause the person to have a tendency to feel that s/he disappoints and dissatisfies her/his significant others, which subsequently leads to a feeling of shame.

On the other hand, actual/own versus ought/own discrepancies are experienced when one's actual attributes (from her/his standpoint as a source of evaluation) are different from the condition that one believes s/he ought to gain. This type of discrepancies gives rise to tendencies to experience agitation-related emotions and guilt (Higgins, 1987).

Tangney et al. (1998) has suggested that there is something doubtful about the association between feeling of guilt and a specific type of self-discrepancy (actual/own versus ought/own discrepancy). All types of self-discrepancies suggested by Higgins (1987) are self-blaming, whereas feeling of guilt is related with negative evaluation of specific behaviors. Therefore, Tangney et al. (1998) has claimed that there is no relation

between self-discrepancies and guilt proneness. They have tested Higgins'
self-discrepancies theory and found that there is no relation between guilt-
proneness and self-discrepancies, but all types of self-discrepancies and
shame-proneness are positively related with each other.

3.3.2. Shame and Anger

The relationship between shame and anger has been supported by
research findings (Tangney & Dearing, 2002). Shame motivates both
avoidant behavior and anger toward others despite these two constructs
seem incongruent. According to H.B. Lewis (1971), anger and hostility of
the ashamed individual is against the self at first; but because of
execrableness of the experience, anger and hostility are turned to others or
outward. One explanation of this experience may be that ashamed individual
defends the self and uses anger and/or hostility as a coping mechanism
toward shame-inducing situation. At the same time, externalization of blame
has a function of maintaining self-esteem (Tangney & Dearing, 2002).

Anger is a normal human emotion and behavioral responses or
consequences of anger are important since it affects others. Behavioral
responses to anger are mostly determined by the intensions of the angered
person. Intensions of the person can be constructive or nonconstructive, so
behavioral responses to anger have a range of alternatives. For example,
aggression is a kind of behavioral response of the angered person.
Aggression can be displayed in different ways, such as direct aggression,
indirect aggression or displaced aggression. Anger may also involve
nonaggressive behavioral responses, such as nonhostile discussion,
escapist/diffusing responses or cognitive reappraisals (Tangney & Dearing,
2002). Tangney and her colleagues (Tangney et al., 1996) have conducted a
series of studies with children, adolescents, and adults in order to find

individual differences in terms of emotional style (shame-proneness and guilt-proneness) in anger management. Based on their results, they have reported that people high in shame-proneness in all ages are more likely to experience anger and are more prone to unconstructive intensions and behavioral responses. Malicious intensions, a tendency toward direct physical, verbal and symbolic aggression, indirect aggression, displaced aggression, self-directed aggression, and ruminative unexpressed anger have been found to be associated with shame-proneness (Tangney et al., 1996; Tangney, 1995a). Moreover, it has been found that shame-prone individuals do not prefer to discuss what caused their anger with the target of their anger in a constructive way; instead, they prefer to withdraw from anger-eliciting situations. None of these strategies (active aggression or passive withdrawal), which the shame-prone individual chooses in order to manage situations involving interpersonal conflicts, seems to have constructive features (Tangney et al., 1996; Tangney, 1995a).

In contrast, different findings have been reported for guilt-prone individuals. The results of these studies have revealed that guilt-proneness is positively associated with constructive intensions, constructive cognitive and behavioral responses, such as nonhostile discussion with the target of the anger, attempts to diffuse the feeling of anger, and attempts to make cognitive reappraisals. Consequently, guilt-proneness has not been found to be related with any kind of aggression (Tangney et al., 1996).

The results above have been supported by the study of Lutwak, Panish, Ferrari and Razzino (2001) which has concluded that guilt-proneness is associated with control of anger positively and with outward anger expressions negatively. Nevertheless, shame-proneness has been found to be associated with inward anger and decreased control of inward anger expressions in college students (Lutwak, Panish, Ferrari, & Razzino, 2001).

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Stuewig, Tangney, Heigel, and Harty (cited in Stuewig & Tangney, 2007) has explored the relationship between shame, guilt, and aggression. They have used externalization of blame as the mediator variable in their study. The study has verified the researchers' hypothesis that the relationship between shame-proneness and aggression (both physical and verbal aggression) is fully mediated by externalization of blame. Therefore, the results of the study have shown that shame-proneness engenders aggression via externalization of blame. On the contrary, it has been found that there is a negative relationship between guilt-proneness and aggression in both ways (direct and indirect) (Stuewig & Tangney, 2007).

There are three main differences between shame-prone individuals and guilt-prone individuals in terms of handling anger. First of all, it seems that interpretation of anger-eliciting situations differs for shame-prone and guilt-prone individuals. Since guilt involves negative evaluation of specific behaviors, the individual experiencing guilt does not perceive threat to the self or feel the self devalued; thus, there is no need for trying to defend the depreciated self. Rather, angered guilt-prone individual is more likely to manage conflicting situations in a more realistic, direct, rational and constructive way. However, features of shame prevent the individual from behaving like the guilt-prone individual (Tangney & Dearing, 2002).

The second difference between guilt-prone and shame-prone individuals results from the sense of self-efficacy. Guilt-prone individuals may feel themselves more competent at direct constructive action when encountered with interpersonal conflicts. Having a tendency to heightened self-efficacy and strong interpersonal skills contribute to nonhostile and constructive communication between guilt-prone person and others who have angered them (Tangney & Dearing, 2002).

Finally, guilt-prone individuals have improved capacity for other-oriented empathy, which enables angered guilt-prone person to shape her/his responses towards anger. For example, cognitive reappraisal of target's role and intentions requires the existence of heightened other-oriented empathy. However, defensive reaction of the shame-prone person takes the pain of shame away in the short run, but interpersonal relationships are seriously damaged both at that time and in the long run (Tangney & Dearing, 2002).

3.3.3. Conceptualization of Shame and Guilt in Attributional Terms

Attribution theory has an important role in understanding cognitive features of shame and guilt. Lewis's (1971) reconceptualization of shame and guilt and attributional models of depression are parallel to each other.

Shame is conceptualized in attributional terms as an affective state caused by internal, global, stable, and uncontrollable attributions. In contrast, guilt is viewed as an affective state stemming from internal, specific, less stable, and controllable attributions (Weiner, 1985).

In everyday life people encounter with a variety of events that are both negative and positive. These events sometimes disappoint, worry, surprise or make people happy. According to attribution theory, people try to clarify the causes of encountered events by investigating the features of situations, relations, other people, and oneself. If the person decides that the source of negative event is oneself, s/he is likely to feel shame or guilt. Shame and guilt which are emotions of self-blame are indistinguishably associated with internal attributions (Tangney & Dearing, 2002).

Since the focus of shame is on the entire self, people who experience shame are more likely to attribute the cause of negative events to internal,

global, and stable factors. However, people feeling guilty are more likely to attribute the cause of negative events to internal, specific, and fairly unstable factors because its focus is on some specific behavior (Tangney & Dearing, 2002).

Negative affect is seen in both shame and guilt. However, since the focus of negative affect is the self which implies internal, global, uncontrollable, and stable attributions, shame is a much more destructive experience for the person. Although there is nobody around, ashamed people feel exposed because feelings and thoughts of others are very important. Ashamed people witness their self deficiency, so they depreciate the self (Lewis, 1971). Actually, it is an absolutely internal experience and there is no need for the presence of someone else for it to be experienced (Kaufman, 1996). Shame involves seeing oneself negatively from the point of view of the other and is more painful for the individual. It includes a global negative self-evaluation and passivity in correcting the perceived fault (Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Weiner, 1985; Wicker et al., 1983).

Additionally, cognitive perspective has emphasized that the feeling of shame seems to be more related with psyhopathology, whereas the feeling of guilt seems more functional. Due to internal but specific and unstable attributions for failures, people are likely to be more hopeful for change and reparation when they experience guilt (Tangney & Dearing, 2002)

3.3.4. Relationship between Shame, Guilt and Coping Responses

Coping responses of shame-prone and guilt-prone people are different. As stated earlier, it has been offered that shame is directed to the

global self, whereas guilt focuses on specific behavior. Additionally, others' evaluation of the self is a very important and irritating concern for the ashamed person, and the experiences of feeling small, worthless, and powerless are the characteristic of ashamed person. On the contrary, the concern of a guilty person is different from the ashamed person in that a guilty person gives importance to impact on others, so regret and remorse are experienced.

Another difference between guilt- and shame-prone people is motivation. The feeling of guilt motivates people to admit and repair their fault and apologize; however, shame creates a desire to hide and escape and leads to aggression toward others. Consequently, shame-proneness seems a maladaptive tendency; guilt-proneness, on the other hand, augments prosocial behavior (Tangney, 1995a; Tangney & Dearing, 2002).

The behaviors of shame- and guilt-prone people are shaped by stress appraisal which triggers related coping responses (Folkman & Lazarus, 1980). Two functions of coping have different implications on shame-prone and guilt-prone individuals. Problem-focused function necessitates change appraisal; in other words, it is a belief that one can alter the things going wrong or correct a fault made by her/him through some activities. Similarly, the feeling of guilt causes the individual to perceive oneself as an agent, brings regret and remorse, and motivates to repair faults or harm that have been caused (Barrett, 1995).

In emotion-focused function of coping response, tension is reduced not through problem solving activities which create a change in person-environment relationship but through different evaluations for ongoing events, such as avoiding thinking about the threatening situation or reappraising it in a nonthreatening way (Folkman & Lazarus, 1980; Lazarus, 1993). Likewise, the shame-prone individual is likely to recognize oneself

as an object perceived by others, behave submissively, feel helpless, and unable to make changes in problematic situation (Barrett, 1995).

According to Tangney, since they concentrate on painful negative aspects of the self, shame-prone people cope with failure less adaptively (Tangney, 1991). On the other hand, she has suggested that since they are interested in behaviors and the harm done to others, guilt-prone people cope with failure more adaptively and try to repair their fault. Additionally, the findings (Tangney, 1991, 1995a) have illustrated that there is a negative relationship between shame-proneness and other-oriented empathy. The more shame-prone people are, the less likely that they display other-oriented empathy. On the contrary, guilt-prone individuals are found to have a tendency to other-oriented empathy. Therefore, it is more likely for guilt-prone individuals to try to repair their fault, display prosocial behaviors, and try to create changes in problematic situations using problem-focused strategies.

Because both appraisal about and perception of environment and oneself are essential parts of coping process, it is expected that components of shame and guilt have important implications on problem-focused and emotion-focused coping.

3.4. Empirical Findings on the Relationship Between Shame, Guilt and Psychopathology

Shame and guilt are two coinciding negative self-conscious emotions but their implications are different in terms of psychopathology, interpersonal and intrapersonal relations, and adjustment (Tangney, 1995b).

There are numerous studies demonstrating the association between shame, guilt, and various psychopathologies. The guilt-free shame has been

found to be positively related to phobic anxiety, obsessive-compulsive tendencies (Harder, 1995), fear of negative evaluations (Lutwak and Ferrari, 1997b), negative cognitions about oneself (Lutwak and Ferrari, 1996), depression, anxiety, hostility-anger, personal distress, anxiety in social interactions, and negatively related to empathy (Lutwak and Ferrari, 1997a; Tangney, 1991; Tangney et al., 1992).

Harder (1995) has suggested that guilt is related to psychopathology. However, although guilt may be related to psychopathology in some cases, "pure" guilt is not associated with psychological symptoms (Tangney, Burgraff, & Wagner, 1995). In these cases, guilt is maladaptive, that is, it is merged with chronic self-blame and obsessive rumination over an undesirable behavior. The maladaptive guilt is confused with shame; therefore, it is related to psychopathology. The results of the studies have supported the view that shame-free guilt is an adaptive feeling and is not related to psychological symptoms (Tangney & Dearing, 2002).

Three independent studies conducted with undergraduates in order to assess the relationship between shame-proneness, guilt-proneness, and psychopathology have revealed that while shame-proneness is positively and significantly associated with a variety of psychopathologies, guilt-proneness is insignificantly, and also in some cases negatively, related to psychopathology (Tangney & Dearing, 2002).

Gilbert (2000) has conducted a study based on social rank theory in order to investigate the link between shame, depression, and social anxiety. The participants were undergraduates and depressed patients. The results have justified Gilbert's suggestion that shame, social anxiety, and depression are associated with inferiority feelings and proneness to submissive behaviors.

Averill et al. (2002) have demonstrated the relationship between shame, guilt, and psychopathology (anxiety, depression, and general psychopathology) in a psychiatric inpatient sample. The results of this study are of importance because applicability of the data collected from outpatient and nonclinical groups to psychiatric inpatient group was tested. The results of the study have confirmed previous research conducted with nonclinical and outpatient samples which have claimed that shame-proneness has a relationship with a variety of psychopathologies in psychiatric inpatient group. On the other hand, guilt-proneness has been found to be unrelated to psychopathology.

In the study of Lutwak, Razzino, and Ferrari (1998), the role of self-deprecation, feelings of inauthenticity about one's self identity, and their relation to moral affects have been investigated. Subcultural groups containing Asian-Americans, Latin-Americans, European-Americans and African-Americans participated in this study. According to results of the study, shame is a more self-focused emotion than guilt and the most shame-prone group is Asian-Americans. Some differences among subcultural groups have been explored and it has been found that self-deprecating thoughts in Asian-Americans and European-Americans, feelings of inauthenticity in Latin-Americans, and fear of intimacy in African-Americans is the most predictive variable for shame-proneness. In this study, none of the variables have a relation with guilt-proneness for any subgroup.

In the study conducted to examine the relationship between moral affect and self-identity, Lutwak, Ferrari, and Cheek (1998) have discovered that shame-prone individuals experience a difficulty in defining self-identities clearly, use defensive maneuvers in order to avoid confronting with problems and conflicts, and have higher concern for public images. However, guilt-proneness has been found to be related to distinct and more

clear conceptualizations about self-identity, sense of personal uniqueness, and continuity and sense of peacefulness in social situations. Briefly, proneness to particular affective states has been found to be associated with different self-identity perspectives.

Woien et al. (2003) aimed to validate that shame and guilt are distinct emotions and their psychological implications are different from each other. Moreover, they tested the relationship between parenting practices and affective states. The results of the study have revealed that shame and guilt are distinct emotions. Shame is related to low self-esteem, high level of stress, and psychopathology. In contrast, guilt has no association with self-esteem and psychopathology. The relationship between parenting practices and shame has been demonstrated in findings that parental overprotection is related to shame in males, but the same result has not been found for females. Furthermore, it has been found that authoritative parenting is related to guilt in both males and females.

The results of the study conducted by Rüsch et al. (2007) have showed that trait-anxiety, experiential avoidance, general psychopathology, and depression are more positively correlated with shame-proneness than guilt-proneness among healthy women.

The relationship between shame and guilt responses to everyday dilemmas and depressive symptoms has been studied by Thompson and Berenbaum (2006). The participants were exposed to two categories of everyday dilemmas (hypothetical and real-life) in two different kinds of situations (interpersonal-interpersonal and achievement-achievement). According to the results, shame reactions have been related to depressive symptoms through only interpersonal-interpersonal domain in both hypothetical and real-life everyday dilemmas. However, it has found that emotional reactions in achievement context are not the determining factor in

depressive symptomatology. Contrary to shame experiences, guilt experiences are not related to depressive symptoms (Thompson & Berenbaum, 2006).

Based on the results of their own study, Gilbert and Miles (2000) have reported that there is a positive relationship between self-blame and shame. Moreover, the results indicated that self-blame is related to seeing oneself with lower rank, which implies negative perception of the self. Self-blame is an important component of both types of self-conscious emotions (shame and guilt) (Lewis, 1971).

Lutwak, Panish, and Ferrari (2003) have conducted a study with undergraduates to explore the relationship between proneness to shame and self-blame, self-derogation, and fear of intimacy. The results of the study have indicated that shame-proneness and guilt-proneness have different implications in terms of blaming styles, self-derogation, and fear of intimacy. Shame-proneness has been found to be related to both characterological and behavioral self-blame. Moreover, it has found that shame-proneness has a significant relation with blaming others (externalization). The relationship between shame-proneness and fear of intimacy has also been supported in this study. In fact, this result has been consistent with previous findings showing the positive relationship between shame-proneness and blaming others or externalization. Owing to the feeling of self-derogation, the shame-prone person may not establish supportive and close relationships; on the contrary, s/he may even subvert these kinds of relationships. However, there has been a negative relation between guilt-proneness and fear of intimacy and blaming others. The surprising and unexpected finding of this study has been that there is no relation between guilt-proneness and behavioral self blame.

3.5.   Proneness to Shame and Guilt

The feelings of worthlessness and inadequacy diffuse into daily life of the shame-prone individual. The difficulty in thinking, speaking and interacting with others for the shame-prone individual causes emotional distress and inability to function well in daily life. The emotional distress experienced by the shame-prone individual includes feelings of being worthless and disgraced, a desire to hide or disappear, difficulty in interacting in social situations, and difficulty in thinking and speaking appropriately (Lewis, 1971).

Changes in self-concept from early childhood into adulthood lead to a change in shape and nature of self-conscious emotions (Damon & Hart, 1982; Mascolo & Fischer, 1995). Initially, a child's definition of the self involves more definite and clear characteristics. Later, self definition involves activities participated, and then more permanent patterns of behaviors are defined as the self. These characteristics of self-concept become systematic personality traits as the child develops.

According to literature, changes in definition of the self influence shame and guilt experiences (Damon & Hart, 1982); but at the same time, frequency and intensity of shame and guilt experiences influence the self definition and development (Barrett 1995). As a result, affective dispositions are not transient; on the contrary, they are truly strong and stable, and thus shame-proneness and guilt-proneness determine most spheres of individual's life (Tangney & Dearing, 2002).

Due to its distressing nature and implications on physical and psychological health, it is important to understand how proneness to shame or guilt is formed in the course of development (Mills, 2005).

3.5.1. Developmental models of shame and guilt

In the last few decades, developmental theorists have studied on shame and guilt which have changeable characteristics throughout life. They try to explore when a human being understands and gives meaning to emotions, such as shame and guilt, how this given meaning changes throughout life, and which inherent and environmental influences shape these emotional experiences. In addition, the causes/sources of differentiation in proneness to shame and guilt which are different affective characteristics of the person fall within the scope of this line of research.

3.5.1.1. Functionalist model

Darwin's theory of evolution forms a base for Functionalist Theory (Mills, 2005) that there are adaptive functions of emotions, which increase the chance of survival (Barrett, 1995; Saarni, Mumme, & Campos, 1998). The activation of emotions occurs concurrently with the appraisal of an event as significant to one's certain goals. The important point is not whether these appraisals are learned or unlearned, or conscious or unconscious, but the registration capacity for significance of the event and engagement in goal-directed behavior. Adaptive responses to events are activated and arranged by emotions influencing thoughts and behaviors of individuals.

Functionalist perspective proposes that general cognitive acquisitions throughout development have an indirect effect on emotional development. Cognitions have an influence on meanings of situations/some aspects of situations, coping abilities, and socialization processes, which in turn these factors influence emotional development (Barrett, 1995).

According to Barrett (1995), continuing others' approval and preserving self-esteem are adaptive purposes of shame. These functions take place by learning and keeping up social standards and submitting to others. Therefore, as can be seen on Figure 2.2, shame has three self-regulatory functions: behavior-regulatory function (performed by distancing individual from evaluating people), social/interpersonal-regulatory function (performed by social withdrawal behaviors giving obedience messages), and internal/intrapersonal-regulatory function (performed by focusing attention on social standards).

Emotion	Behavioral regulatory functions	Social regulatory functions	Internal regulatory functions	Goal for self	Appreciation re: self	Appreciation re: other	Action tendency	Focus of attention
Shame	Distance oneself from evaluating agent; reduce exposure	Communicate deference/submission; communicate self as "small" or inadequate	Highlight standards and importance of standards; aid in acquisition of knowledge of self as object; reduce arousal	Maintenance of others' respect and/or affection, preservation of positive self-regard	"I am bad." (Self-regard is perceived to be impaired.)	"Someone thinks I am bad. Everyone is looking at me."	Withdrawal; avoidance of others; hiding of self	Self as object
Guilt	Repair damage	Communicate awareness of proper behavior; communicate contrition/good intensions	Highlight standards and importance of standards; aid in acquisition of knowledge of self as agent	Meeting known standards	"I have done something contrary to my standards."	"Someone has been injured by my act."	Outward movement; inclination to make reparation, tell others, and punish oneself	The wrongdoing; consequences of one's act; self as agent and experiencer

Figure 2.2 Characteristics of some social emotion families (Barrett, 1995, p.42)

Guilt, on the other hand, does not have similar functions with shame (Barrett, 1995). The focus of guilt, like shame, are social standards and moral behaviors but it is different from shame in that guilt teaches the individual that s/he is an active agent and can make something to change the result of an event or to repair a wrongdoing. Consequently, the feeling of guilt makes the individual much closer to others and social situations instead of causing her/him to escape from them.

Barrett (1995) has suggested that socialization processes and early interactions between parent and child are very important in forming social standards, shame, and guilt. If shame is rarely experienced, it helps children to learn that shame is a socially appropriate feeling and they should comply with standards and it gives the message that both they and their caregivers can make mistakes. On the contrary, repeated shame experiences lead to the belief of badness and incompetency about the self, form negative opinions and feelings toward the self, and thus make a serious contribution to becoming shame-prone. Therefore, shame and guilt are determining emotions on cognitive development.

Socialization is much more important than cognitive awareness for shame and guilt as the standards, rules, goals, and also information about the self are gained through this process. Moreover, socialization increases the significance of standards by intercommunication of caregiver and child and causes the individual to have an important goal which is to abide by those standards (Barrett, 1995).

3.5.1.2. Cognitive-attributional model

Some theorists (Lewis, Sullivan, Stanger, & Weiss, 1989; Lewis, 2003; Tangney & Fischer, 1995) have emphasized that self-conscious emotions do not emerge at birth as basic emotions (e.g. fear, disgust), rather they follow a developmental progression. Arising of these emotions depends on two cognitive developments. First, the self should be recognized as a separate entity from others by the child. Second, standards should be acquired as a point of comparison in order to evaluate the self and behaviors (Lewis, Sullivan, Stanger, & Weiss, 1989; Lewis, 2003).

According to cognitive theories, the negative evaluation of the whole self gives rise to shame. H.B. Lewis (1971) has suggested that rejection by a significant other is a crucial shame-inducing experience since shame is based on the attachment need and one may perceive this event as a global rejection of the self. However, a person with feeling of guilt perceives rejection as the result of undesirable behavior. Shame and guilt are absolutely different from each other in terms of their focus of attention. The difference in focus of attention leads to different feelings, thoughts, and behaviors.

In addition, Lewis (1971) discussed "overt shame" and "bypassed shame". In overt shame, the person has the feeling of being ashamed characterized by the feeling of being small, helpless, and uncontrollable and the awareness of some physiological reactions, such as blushing and sweating. As soon as these signs of shame experienced, withdrawal begins and the person feels "tense" or "blank" (Lewis, 1971, p.197). In contrast, in bypassed shame, the awareness of shame is not experienced. The person thinks consciously about how the others see herself/himself and perhaps s/he assumes that others see her/him as inferior. The person also assumes that others reject her/him due to hostility, which causes humiliated fury or

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shame-rage. Thus, the feeling of rejection and perceived hostility triggers an interchanging sequence between shame and rage.

Lewis (2003) has stated that some automatic processes are not sufficient to explain shame-eliciting events and state of shame. Some conditions or events precipitate shame-producing thoughts.

Lewis (1995) has proposed a developmental cognitive-attributional model merging H.B. Lewis's conceptualizations (1971) with Attribution Theory (Abramson et al., 1978; Lewis, 2000). According to the model, cognitive processes are necessary for emotional experiences. Different types of self-attributions are connected with different emotional states. If one makes negative attributions for the whole self, it is likely for her/him to feel shame. On the other hand, if one makes negative attributions for a specific behavior/action, it is likely for her/him to feel guilt. The model proposes that there are three cognitive preconditions of shame. Firstly, the experience of shame requires objective self-awareness, for which socialization of primary emotions and growth form a basis. A child usually acquires objective self-awareness or self-consciousness at about the age of two. In addition, in order to make self-evaluation, a child should acquire the rules, standards, and goals prescribed by the culture. The second precondition is self-evaluation. The accepted standards, rules, and goals which have implications for success and failure are passed on to the child by socialization processes. After internalization of standards and rules, a child can predict the responses of others against her/his behaviors/actions and makes self-evaluation. This self-evaluation brings about self-conscious emotions. Moreover, the worth of some standards, rules, and goals are more than others and the violation of more basic or important standards, rules, and goals may cause her/him to experience shame. In fact, the precondition of self-evaluation occurs simultaneously with the third cognitive

precondition which is attributions about the causes of events. Internality attribution involves the evaluation of whether experienced success or failure is congruent with standards or not. If a child sees herself/himself responsible, it means that s/he makes internal attributions, but if a child sees herself/himself not responsible, it means that s/he makes external attributions. Globality and specificity evaluations are also very important. Global self-attributions about success and failure are related to the whole self, whereas specific self-attributions are related to specific behaviors/actions. It has been suggested that shame is experienced when global self-attributions are made for failures (Lewis, 1995, 2003; Lewis et al., 1989). According to Cognitive-Attributional Model, attributions of globality dimension are influenced by socialization and dispositional characteristics which cause individual differences in terms of shame experience. Global attributions cause the person to focus on herself/himself and thought of wrong, which in turn leads to a desire to hide or disappear. In summary, if the evaluation of failure in connection with standards, rules, and goals is global, the person is likely to experience shame; but if the evaluation is not global, instead it is focused on specific action, guilt is more likely to be experienced. The main idea of the model is that the cognitive evaluation process is more important than situations for emotions to occur (Lewis, 2003).

When they encounter with an event, young children usually identify themselves as bad, good or nice. These general terms may imply absolute evaluations and they may not make deductions from patterns of behaviors. Because of their limited capacity to evaluate underlying motivations, children's absolute evaluations may designate internal, stable, and global attributions engendering shame. However, in young children shame state lasts for a short time and usually does not include much thinking about self-defectiveness. Over time, shame, which has an internal-regulatory function,

may make a contribution to development of pessimistic attributions due to its biasing effect on cognition. Consequently, it seems that there is a mutual relationship between shame and cognitive patterns (Mills, 2005).

3.5.1.3. Affect Theory

According to Tomkins (1962, 1963), the founder of Affect Theory, shame is an innate affect mechanism, but guilt is derived from shame, and they differentiate in consciousness level. In addition, Tomkins has commented about these differences that ".... the core affect ... is identical, although the coassembled perceptions, cognitions and intensions may be vastly different." (Tomkins, 1987, pp. 143). According to Affect Theory, shame is an innate affect auxiliary since it is experienced after positive affects (interest or enjoyment) have been activated and it has an inhibitory function on ongoing positive affects.

The activation of shame occurs in two ways. One is through disappointments when fundamental expectations from significant others or oneself are not met. This is an innate activation of shame connecting "incomplete reduction of positive affect" (Kaufman, 1996). The other way of activation of shame occurs through the disruption of relationship with significant others. As a result of disruption of communication with significant others, mutual interest, and the sense of trust and security, the interpersonal connection is interrupted, causing shame to be experienced. This case has been named as "interpersonal activation of shame" (Kaufman, 1996). If shame is repaired immediately, it is not internalized and intensified (Kaufman, 1996).

Kaufman (1996) stated that children internalize shame as they grow up. In this internalization process, memories of repeated experiences

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associated with emotions play a critical role. The memory of developing children involves images of reasons and consequences of interactions, behaviors of both self, others and/or parental figure, and communicated messages occurred in real events. Once it is internalized, a drive, affect, need or behavior can elicit shame through connection with images in children's memory associated with shame. Shame feelings and thoughts stimulate each other like a spiral, which may cause children to experience a sense of defectiveness. Consequently, development of some defensive strategies, such as internal withdrawal, humor, denial or blaming, may be inevitable to protect the self from sense of defectiveness.

Based on Affect Theory of Tomkins, Nathanson (1987) has proposed that shame has a warning effect on the individual for behaviors or attributes resulting from refusal by others, so it creates a motivation to avoid refusal. This feature of shame begins to operate at very young ages, even at birth. Infant's sense of disconnection activates the feeling of shame. Rejection by attachment figure causes children to believe that they are an unwanted person in the course of time (Bowlby, 1973). Nathanson (1987) has referred to "still-face" experiments, in which the parents suddenly begun to behave nonresponsively during face-to-face interaction with their infants and it was detected that infants become distressed, cry and look away from parents due to lack of responsiveness. Nathanson (1987) has pointed out that physiological components of shame, such as loss of muscle tone in the neck and upper body, elevated skin temperature on the face, and incoordination, triggered infants' reactions during these experiments. Failure in normal functioning causes a sense of inability on infants, which causes her/him to concentrate on the self, and over time, contributes to shaping of self-perception.

In summary, emotions related to social relationships accepted as a basic biological need form a basis for development (Greenberg & Mitchell, 1983). Shame occurs directly when a relational gap is experienced since shame is appreciated as an interpersonal or attachment emotion and does not require self-reflection (Mills, 2005).

3.5.2. Factors shaping individual's emotional style

All people generally have the capacity to experience both shame and guilt in daily life. However, some people have greater tendency to experience shame or guilt more than others; that is, while some people are more prone to shame, others are more prone to guilt. (Tangney, 1990; Tangney & Dearing, 2002). According to Lewis (1971), some negative situations cause shame or guilt undoubtedly, but proneness to shame or guilt comes into existence through ambiguous situations. In these kinds of situations, some people are biased toward feeling shame, but others toward feeling guilt.

Most of the theories about proneness to shame have suggested that the collaboration of shame-inducing experiences and temperamental traits which have influence on the degree of response to these experiences leads to shame (Tangney & Dearing, 2002).

There are many kinds of sources of individual differences in proneness to shame.

3.5.2.1. Types of attachment styles

The type of attachment style developed by children predicts shame regulation style (Schore, 1996). Both having secure relationships and knowing others' desire for a relationship are needs for human beings. Nevertheless, two types of attachment styles are predictive in the development of proneness to shame: insecure-avoidant and insecure-resistant attachment style. The insecure-avoidant attachment style is developed by a young child through caregiver's rejecting and insensitive attitudes or behaviors. The child assumes that caregiver/parent is not interested in her/his distress. Therefore, the child with an insecure-avoidant attachment style withdraws herself/himself from interactions with caregivers/parents, avoids communication especially on negative affects, and becomes prone to experience shame (Bradley, 2000; Schore, 1996). In the insecure-resistant attachment case, on the other hand, the caregiver is irregularly accessible for the child and is usually mentally caught up in something else. At the same time, the caregiver of insecure-resistant attached child cares for exaggerated expressions of negative emotions, does not pay attention to positive emotions, and fails to notice the actual distress of the child. Consequently, the resistantly attached child becomes more prone to be impulsive, hostile and to experience bypassed shame (Schore, 1996; Bradley, 2000).

3.5.2.2. Repeated experiences of shame

It has been suggested that everyday experiences form a basis for affective biases or traits (Jenkins & Oatley, 2000). Development of schema is deeply influenced by repeatedly experiencing discrete emotions. Once the schema is formed, perception, experience, and expression of the related

emotions are easier than that of other emotions. Thus, repeated experiences of shame may result in proneness to shame (Mills, 2005).

Children growing up in shaming family environment are far more prone to shame (Mills, 2005). Enduring shame experiences in the family may contribute to disposition to shame. Lewis (1995) stated that if parents are themselves have a disposition to shame or if conflicts that cause shame are experienced repeatedly in the family, children may experience empathic shame, which is triggered by the shame of another person. Empathic shame induces a proneness to shame by modeling of self-blaming attributions (Lewis, 1995).

Interruptions in mutual responsiveness and parental anger give rise to shame in early years of life. Moreover, communication of disappointments upon failure, expectations for excellent performance by others, and pressures of cultural values may lead to repeated experiences of shame (Kaufman, 1996).

In addition, children who witness hostile conflicts between others, especially between their parents, are influenced negatively in terms of shame-proneness. Grych (1998) has found that high level of distress, anger, sadness, helplessness, shame, and self-blame in children between ages 7 and 12 are related to hostile conflicts between parents.

Parent-child interaction in the context of discipline is an important and determining factor in terms of its contribution to shame-proneness. According to socialization theorists (Mills, 2005), in order to emphasize the importance of appropriate and acceptable behavior, discipline must expose the child to negative emotions in a manageable level (Eisenberg & Fabes, 1998). In childhood, if applied control mechanisms in the family, the school,

or the peer groups include direct shaming by disparaging or blaming, shame-proneness will be triggered (Kaufman, 1996).

Parental overcontrol may also engender proneness to shame. Based on retrospective reports of adults, Gilbert et al. (1996) have argued that shame-proneness is related to lower parental caring and overprotectiveness. Hurtful messages, devaluing, and shaming the child sustain the sense of being rejected, not being important or valuable to others and may reveal proneness to shame (Gilbert et al., 1996; Mills et al., 2002). Morover, Lutwak and Ferrari (1997a) have found that maternal overprotectiveness is a determining factor in shame-proneness. It has been suggested that excessive control by parents can produce shame since it may cause the child to feel weak, incapable, and inefficient or may cause sense of uncontrollability (Chorpita & Barlow, 1998). Mills (2003) has conducted a prospective longitudinal study in order to test the relationship between authoritarian controlling attitudes of parents and shame-proneness in young girls. According to the results, authoritarian parents' valuing obedience and their directive, demanding, unresponsive, and rejecting attitudes may become the basis for shame-proneness and negative self-evaluation (Mills, 2003).

3.5.2.3. Acquisition of standards, rules, goals, and attributions

Developmental research has pointed out that children cannot begin to distinguish two "attribution-dependent emotions" (Ferguson & Stegge, 1995, pp. 178) (shame and guilt) accurately from each other until middle childhood (Ferguson et al., 1991; Denham & Couchaud, 1991). In addition, it is suggested that, children are not capable of making complex attributions properly until middle-childhood. They focus particularly on the results of the events instead of their causes. Children, at the age of 8, begin to

distinguish between attributions, such as attributions to behavior versus attributions to self. Furthermore, it is at this point that children can differentiate their experiences of shame and guilt properly (Nicholls, 1978; Ferguson et al., 1991).

Developmental changes play a significant role in the internalization of standards and rules, which are more internalized in later childhood and adolescence. For example, other people's evaluations and reactions are more important to children at about age 8, whereas for older ones, their own norms are more important in evaluating their behaviors (Ferguson et al., 1991).

In their study, Ferguson and Stegge (1995) have showed that guilt feelings of children between ages of 5 and 12 are related to parental anger in negative situations, and their shame feelings are related to parental hostility, little recognition of positive outcomes, and lack of discipline. Furthermore, there are studies conducted with adults based on their retrospective reports of their parents' behaviors. The results have suggested that shame-proneness of adults are related to recalled parental humiliation and shaming (Gilbert, Allan, & Goss, 1996), recalled parental protectiveness, and lack of parental care (Lutwak & Ferrari, 1997a). On the other hand, guilt-proneness has been found to be related to inductive parental strategies (Abell & Gecas, 1997).

According to cognitive-attributional view, high standards and expectations and internal, stable, and global attributions about negative events of parents influence the development of shame-proneness in children (Mills, 2005). People around children construe and judge both their behaviors and general events. Therefore, children learn the ways of construing and judging; in other words, they learn rules from people around. These rules show the way to construe and judge their own behaviors and events generally (Lewis, 1995).

Unrealistic expectations may become a basis for proneness to shame. Ferguson and Stegge (1995) have assessed parents' attributions, emotional reactions, and responses to failure, success, transgression, and morally correct behavior in relation to shame reactions of children. They have found that children express more shame if their parents are hostile, do not realize their appropriate behavior, and perceive that their children do not fulfill their ideals for certain personal traits.

Parentification is another unrealistically high expectation, in which an extreme kind of role reversal takes place. Parents expect acceptance and support from their children (Mills, 2005). Based on the results of their study conducted with university students, Wells and Jones (2000) have reported that parentification is significantly related to shame-proneness but it is not related to guilt-proneness.

Repetitive negative feedback and blaming inner traits of children may cause them to have values and standards focusing on these inner traits, which in turn leads to depressogenic attributional style, in which failure is attributed to internal factors and success is attributed to external ones (Lewis, 1995). It has been suggested that parental feedback and proneness to shame are associated with each other (Alessandri & Lewis, 1996). Moreover, Kelley et al. (2000) have found in their study that maternal specific negative feedback in the course of teaching a task at 24 months of age become predictive of shame at 36 months of age.

3.5.2.4. Impact of socialization on affective style

Families play a critical role in shaping their children's affective style via both genetics and socialization. According to Tangney and Dearing (2002) families are effective in at least three ways via socialization.

First of all, parents are effective models for their children, and their children monitor them carefully in day-to-day interactions. Children obtain substantial and influential information about their parents' affective styles such as reactions to negative events. This modeling is very influential in learning appropriate affective, cognitive, and behavioral patterns for certain kinds of situations (Tangney & Dearing, 2002).

Second, family environment has a strong effect on family members' affective style. Therefore, in addition to modeling, more general interactions of family system are effective in shaping children's affective style (Tangney & Dearing, 2002).

Finally, parental beliefs and practices are very important in the development of children's emotional styles. Moreover, both family environment and affective characteristics of parents influence parental beliefs and practices (Tangney & Dearing, 2002).

Expressions of emotions and thoughts and related gestures and mimics of the parents are grasped by young children immediately. Children store and imitate what they learn from their parents. Expressions of parents cause a picture in children's mind containing affects, thoughts, and language. Hence, a picture of shame experience that is learned and stored in early ages may become the core of the self (Kaufman, 1996).

Emotion regulation abilities of children are influenced by parents' reactions to emotions, discussions of emotions, and expression of emotions (Eisenberg, Cumberland, & Spinrad, 1998). Gottman et al. (1996) have suggested that quality of parenting and development of children's emotion regulation abilities are deeply influenced by parents' systematized feelings and thoughts about their own and/or their children's emotions. Gottman et al. (1996) have conducted a study with parents of 4 to 5 years old children

and reported that parents with emotion-coaching were aware of their own and their children's emotions, consider negative emotions of their children as an opportunity for closeness, assist their children to name their emotions, and solve the problems engendered by these emotions. In contrast, parents with emotion-dismissing attitude regard negative emotions of their children as harmful, or ignore or deny them, and do not assist them in problem-solving (Gottman et al., 1996). Therefore, parents with emotion-coaching seem to help their children regulate their emotions and decrease their physical arousal.

3.5.2.5. Discrimination among siblings

Gilbert et al. (1996) have stated that making sibling favoritism transmits a negative message about the child's value and has a role in proneness to shame. In the study of Gilbert et al. (1996), proneness to shame in female university students was found to be linked to memories about favoritism of a sibling by their parents and insufficiency feelings compared to a sibling.

4.   Hypothesis of the Study

In the light of the aforementioned literature findings, the researcher of this study created the following hypothesis;

4.1.   Shame-proneness and guilt-proneness influence the selection of coping strategies.

Research findings have showed that global negative self evaluation, sense of helplessness and passivity in correcting perceived fault characterize shame (Lutwak, Panish, & Ferrari, 2003; Tangney, 1990). Moreover, people experiencing shame are likely to externalize blame. This paradox can be explained as a defense maneuver in order to deal with the pain of shame (Tangney, 1990). Therefore, since the person does not take responsibility about the event, s/he does not have a tendency to repair her/his fault. Instead, s/he is likely to have a desire to hide from others and remove herself/himself from interpersonal situations (Tangney, 1991). The person using emotion-focused strategies is likely to show emotional and behavioral patterns similar to the person who experience shame. The individual using these kinds of coping strategies tries to deal with the stressful situation or resulting emotional state through various defense mechanisms (Power & Dalgleish, 1998). Shame was found to be related to escape-avoidance and distancing coping strategies (Lutwak, Ferrari, & Cheek, 1998).

However, guilt is characterized by the negative evaluation about some specific actions or a part of the self (Tangney, 1990). The individual accepts responsibility about the encounter and sees the event as controllable and changeable; as a result, s/he has the motivation to repair her/his fault and change the situation or interpersonal relationship (Lindsay-Hartz, 1984). These features of guilt resemble problem-focused coping strategies. The

person using problem-focused coping strategies appraises the stressful situation as changeable and controllable, so s/he is likely to attempt to alter the problematic situation or relationship and display active coping behaviors (Folkman & Lazarus, 1988).

In the light of literature findings, this study aims to find a positive relation between shame-proneness and emotion-focused coping, and guilt-proneness and problem-focused coping. In addition, it is predicted that shame prevents individuals from using problem-focused coping and enhance the use of emotion-focused coping, and guilt does vice versa.

4.2. There is a significant relationship between shame-proneness, guilt-proneness and attributional styles.

Individuals evaluate their actions, thoughts, and feelings in terms of standards, rules, and goals. When people violate standards, rules, and goals, some of them do not attribute failure to themselves, but some people have a tendency to hold themselves responsible and blame themselves no matter what happens. They also have a tendency to focus on the entire self about an event and evaluate themselves as totally good or bad. In contrast, other people attribute success or failure not to the entire self but to the specific behavior. They judge their specific behavior as good or bad, or as success or failure (Tangney & Dearing, 2002).

Therefore, self-conscious emotions are related to evaluations about one's actions, thoughts, and feelings. Experiencing shame or guilt, which are self-conscious emotions, is closely related to the individual's subjective interpretation of the event (Tangney, 1996). Negative affect exists in both shame and guilt. However, since the focus of negative affect is the self and the individual tends to explain the causes as internal, global, uncontrollable,

and stable, shame is a far more devastating experience for her/him (Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Tangney, 1991; Weiner, 1985).

However, guilt is associated with some specific actions which often involves harm to someone or something. In guilt, the focus of negative affect is the individual's specific behavior and s/he tends to explain the causes as internal, specific, controllable, and unstable. The guilt experience is uncomfortable but less painful than shame since personal responsibility is owned for misbehavior, the person perceives that s/he has done something "bad", and s/he has a sense of controllability on the action (Fontaine et al., 2001; Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Tangney, Wagner, & Gramzow, 1992; Weiner, 1985).

In summary, numerous studies have suggested that shame is positively related to internal, stable, and global causal attributions, but guilt is positively related to internal, unstable/less stable, and specific causal attributions for negative events (Fontaine et al., 2001; Ghatavi et al., 2002; Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Tangney, 1991; Tangney & Dearing, 2002; Weiner, 1985).

In the light of the literature, it is suggested in this study that shame-proneness has a relation to internal, stable, and global attributions about failure or bad events, while guilt-proneness relates to internal, unstable, and specific attributions for negative life events in undergraduates.

4.3. Attribution styles predict coping strategies.

Coping responses are composed of cognitive, emotional, and behavioral efforts in order to reduce stress and handle its internal and

external demands (Folkman & Lazarus, 1988). Coping responses have two main functions: (1) causing changes in stress-creating situations or relationships (problem-focused function), and (2) reducing the tension aroused by the stressful situation (emotion-focused coping). People decide which kind of coping strategy to use in order to manage the demands of the encountered situation according to their cognitive appraisal (Folkman & Lazarus, 1988).

People who prefer problem-focused coping strategies appraise the situation or outcome as changeable and controllable, whereas people who prefer emotion-focused coping strategies appraise the situation or outcome unchangeable and uncontrollable (Folkman, 1984).

According to Attribution Theory, explanations influence the expectations (Abramson, Seligman, & Teasdale, 1978). People who make stable and global explanations for bad events or failures tend to have uncontrollability expectations about outcomes of an encounter, whereas unstable and specific attributions/explanations upon failures or bad events cause controllability expectations (Folkman, 1984).

Moreover, it was found that causal attributions/explanations play a critical role in the selection of coping strategies. People who have stable and global attributions about failures or bad events are likely to select emotion-focused coping strategies. However, unstable and specific attributions/explanations upon failures or bad events facilitate the use of problem-focused coping strategies (Mikulincer, 1989; Mikulincer & Solomon, 1989).

In this study, regarding the relationship among coping strategies and attribution styles, it is hypothesized that attribution styles are related to coping strategies. Specifically, it is proposed that stable/global attributions

are related to emotion-focused coping strategies and unstable/specific attributions are related to problem-focused coping strategies.

4.4.   Coping strategies predict depressive symptomatology.

The coping strategies literature points out that depressed and nondepressed people differ in emotion regulation (Folkman & Lazarus, 1988). Specifically, depressive symptomatology has been found to be closely related to emotion-focused coping strategies and avoidant coping styles (Dyson & Renk, 2006; Folkman & Lazarus, 1986; Hewitt, Flett, & Endler, 1995; Nakano, 1991). Furthermore, empirical studies have suggested that depressed people use more wishful thinking, seek more emotional support, have more emotional discharge, and use more avoidance strategies but use fewer problem-focused coping than nondepressed people. However, people using problem focused coping engage in problem-solving activities; that is, they take direct action on the stressful encounter (Dyson & Renk, 2006; Folkman & Lazarus, 1986; Hewitt, Flett, & Endler, 1995).

In this study, it is hypothesized that coping strategies are related to depressive symptomatology; in fact, emotion-focused coping strategies are positively related to but problem-focused coping strategies are negatively related to depressive symptomatology.

4.5.   Attribution styles predict depressive symptomatology.

According to the Reformulation of Learned Helplessness Model, depressive symptomatology following bad events or failures is caused by attributions about these events (Abramson, Seligman, & Teasdale, 1978; Peterson & Seligman, 1984). Encountering with an uncontrollable bad event

causes people to question its origin. Three explanatory dimensions, or attribution styles, influence people's reactions: First, the cause of the event may relate to the person (internal attribution) or may relate to the situation or others. Second, the cause of the event may be considered as permanent (stable explanation) or temporary (unstable explanation). Third, the cause of the event may be thought to influence a wide range of outcomes (global explanations) or only the outcome of the specific event (specific explanation). According to the theory, the more the individual makes internal, stable, and global attributions about the cause of a negative event, the more s/he experience depressive symptoms after a negative event (Abramson, Seligman, & Teasdale, 1978; Peterson & Seligman, 1984).

Numerous studies regarding the relation between attributional styles and depressive symptoms have found that the tendency to attribute negative events to internal, stable, and global causes is closely associated with depressive symptoms (Luten, Ralph, & Mineka, 1997; Peterson & Vaidya, 2001; Seligman et al., 1979; Sweeney, Anderson, & Bailey, 1986).

Therefore, in this study, it is hypothesized that internal, stable, and global causal attributions for bad events are related to depressive symptomatology in undergraduates.

4.6. Shame-proneness and guilt-proneness predict depressive symptomatology

Shame is such a negative and painful affect that it causes people to see themselves totally worthless and powerless and to desire to hide the self or escape (Tangney & Dearing, 2002). There is vast empirical literature indicating that the inclination to experience shame across a range of situations leads to various psychopathologies, such as anxiety, hostility-

anger, somatization, and especially depression (Allan, Gilbert, & Goss, 1994; Averill et al., 2002; Carey, Finch, & Carey, 1991; Gilbert, 2000; Mills, 2005; Pineles, Street, & Koenen, 2006; Tangney & Dearing, 2002; Tangney, Wagner, & Gramzow, 1992).

However, guilt is an adaptive emotion when it is not fused with shame especially in interpersonal relations. Unlike shame, negative evaluation is not about the total self in guilt because guilt is associated with a negative evaluation about some specific action or a part of the self; therefore, it is not as destructive as shame. The sense of regret and wish to repair are key features of "pure" guilt emotion. As a result, guilt is insignificantly, also in some cases negatively, related to psychopathology (Allan, Gilbert, & Goss, 1994; Averill et al., 2002; Carey, Finch, & Carey, 1991; Gilbert, 2000; Mills, 2005; Pineles, Street, & Koenen, 2006; Tangney & Dearing, 2002; Tangney, Wagner, & Gramzow, 1992).

In this study, regarding the relationship between shame/guilt and depressive symptomatology, it is predicted that shame-proneness is positively related to but guilt-proneness is insignificantly or negatively related to depressive symptomatology.

4.7.   Attribution styles and coping strategies mediate the relationship between   shame-proneness,   guilt-proneness   and   depressive symptomatology.

Depressive attribution styles and ineffective coping strategies have been shown as predictors of depressive symptomatology by a vast literature. Furthermore, findings on the relationship between shame, guilt, and depressive symptomatology have pointed out the significance of these two self-conscious emotions on depressive symptomatology. Therefore,

according to the literature, it can be argued that depressive symptomatology can be predicted by shame-proneness, internal/stable/global attributions for bad events, and emotion-focused coping strategies. Thus, in this study, it is hypothesized that attribution styles and coping strategies mediate the relationship between shame-proneness/guilt-proneness and depressive symptomatology.

CHAPTER III

METHOD AND RESULTS

1. Method

1.1. Participants

400 undergraduates from different universities participated in the study. 82 students (20.5%) at METU, 63 students (15.8%) at Ufuk University, 68 students (17%) at Atılım University, 64 students at Ankara University (16%), 63 students (15.8%) at Hacettepe University, and 60 students (15%) at Gazi University were administered questionnaires. 220 of the students were female (55%) and 180 were male (45%). The average age of all participants was 21.29 (SD = 2.34), ranging from 17 to 32. The detailed information of the demographic variables can be seen in Table 3.1 and 3.2.

Table 3.1. Frequencies of Gender and Mean and SD of Age Variable

Gender	Frequency	Percent	Valid Percent	Mean Age	SD of Age
Female	220	55,0	55,0	21.15	2.13
Male	180	45,0	45,0	21.46	2.56
Total	400	100,0	100,0	21.29	2.34

Table 3.2. Frequencies of Universities

Universities	Frequency	Percent	Valid Percent
METU	82	20,5	20,5
Ufuk Univ.	63	15,8	15,8
Atılım Univ.	68	17,0	17,0
Ankara Univ.	64	16,0	16,0
Hacettepe Univ.	63	15,8	15,8
Gazi Univ.	60	15,0	15,9
Total	**400**	**100,0**	**100,0**

1.2. Instruments

The four questionnaires in thirteen pages were administered to participants. First of all, participants responded to the demographic information questions on a cover page. Then, they filled out the four questionnaires (Appendix A).

1.2.1. Sociodemographic Variables

All participants answered questions about their age, sex, and universities as sociodemographic information.

1.2.2. Beck Depression Inventory (BDI)

Beck Depression Inventory (BDI) is a 21-question multiple-choice self-report inventory measuring the severity of depressive symptoms (Beck

et al., 1979). All of the questions are scored between 0 and 3. The maximum score of the inventory is 63 and high scores indicate high depressive symptom level. Beck, Ward, Mendelson, Mock, and Arbaugh developed the inventory first in 1961 (Beck et al., 1979). Later on, the inventory was revised by Beck, Rush, Shaw, and Emery in 1978 and the split-half reliability of the inventory was reported as .86 by Beck. The adaptation of the 1961 version of inventory into Turkish was done by Tegin (1980); then, Hisli (1988, 1989) adapted 1978 version of the inventory into Turkish and made reliability and validity studies. Hisli (1989) reported the split-half reliability of the inventory as .74. In this study, the newest version of BDI, which was adapted by Hisli, was used.

1.2.3. The Ways of Coping Inventory (WCI)

The Ways of Coping Inventory was developed by Folkman and Lazarus (1980) in 1980 with 68 items and was later revised by them in 1985 (Folkman & Lazarus, 1985). In the revised version of the checklist, response style was a 4-point Likert type scale. To adapt to the Turkish population, 6 items were added by Siva in 1991 (Siva,1991). In addition, she changed the response style into a 5-point Likert type scale in Turkish version. In 2006, Gençöz, Gençöz, and Bozo (2006) analyzed the structure of ways of coping by using hierarchical approach. The first-order factor analysis of the inventory produced 5 factors, which were named as Problem-Focused Coping, Religious Coping, Seeking Social Support: Indirect Coping, Self-Blame/Helplessness, and Distancing/Avoidance. Then, in the second-order factor analysis, three higher-ordered factors were explored: Problem-Focused Coping (with positive loadings of first-order Problem-Focused factor and negative loading of first-order Self-Blame/Helplessness factor), Emotion-Focused Coping (with positive loadings of first-order Religious

Coping and Distancing/Avoidance factors), and Seeking Social Support: Indirect Coping (remained unchanged) with internal consistency coefficients were .90, .88 and .84 respectively (Gençöz, Gençöz, and Bozo, 2006). The Turkish version of The Ways of Coping Inventory was used to examine the coping styles of participants in this study.

1.2.4. Attribution Style Questionnaire (ASQ)

Attribution Styles Questionnaire developed by Seligman, Abramson, Semmel, and von Baeyer (1979) in 1970, firstly. Later, the questionnaire was revised by Peterson, Semmel, von Baeyer, Abramson, Metalsky and Seligman (1982). Attribution Styles Questionnaire is composed of 12 items, 6 of which describe positive life events and 6 of which describe negative life events. In addition, each 12 item has 4 factors, which are external-internal, unstable-stable, specific-global, and unimportant-important, with response style as 7-point Likert type. High scores on these four factors indicate the individual's powerful internal, stable, global, and importance attributions.

Papatya (1987) translated the questionnaire into Turkish in 1987 and she calculated reliability coeffients as .89, .86 and .81 for external-internal, unstable-stable, and specific-global attributions for positive life events respectively; and .68, .36 and .72 for external-internal, unstable-stable, and specific-global attributions for negative life events respectively. The questionnaire used in this study aimed to explore the participants' tendencies to make external-internal, unstable-stable, specific-global, and unimportant-important attributions for positive and negative life events.

1.2.5. Test of Self-Conscious Affect-3 (TOSCA-3)

Tangney, Wagner, & Gramzow (cited in Tangney & Dearing, 2002) developed Test of Self-Conscious Affect (TOSCA) measuring emotional traits or dispositions. TOSCA is consistent with the Lewis's shame and guilt conceptualization, and measures different people's coping characteristics and their self-conscious emotions separately with distinct sub-scales. TOSCA is a scenario-based measure and is composed of 15 brief scenarios, followed by four responses, each rated on a 5-points Likert type scoring from 1 to 5. Shame-proneness, Guilt-proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride are 5 different dimensions of TOSCA (Luten, Fontaine, & Corveleyn, 2002).

In 2000, TOSCA-3 was developed by Tangney, Dearing, Wagner, and Gramzow (cited in Tangney & Dearing, 2002) and the majority of TOSCA-3 items are identical to the original TOSCA (Tangney, Wagner, & Gramzow, 1989). The TOSCA-3 is composed of 11 negative and 5 positive scenarios and dimensions are same with original TOSCA. TOSCA-3 eliminates the Maladaptive Guilt items because analyses have raised serious questions about the discriminant validity of this scale (Shame and Maladaptive Guilt scales correlate .79). As a result of the reliability studies with undergraduates, Tangney and Dearing (2002) reported internal consistency of TOSCA-3 as .88, .76, and .77 for shame-proneness; and .83, .70, and .78 for guilt proneness.

Moreover, the authors emphasized that the short version of TOSCA-3 is an alternative inventory to measure shame-proneness and guilt-proneness. In the short version of the scale, positive scenarios were omitted, and therefore Pride scales were eliminated. The researchers indicated that in the short version of the TOSCA-3, shame and guilt scales correlated .94 and .93 with their corresponding full-length versions (Tangney & Dearing,

2002). Rüsch et al. (2007) used the short version of TOSCA-3 in his study and reported Cronbach alphas as .91 for shame-proneness and .57 for guilt-proneness.

<u>Adaptation of the scale to Turkish</u>:

TOSCA-3 was adapted to Turkish by Motan (2007). The scale was administered to 250 university students. Overall reliability of the original scale was found as .81. Original dimensions' alpha coefficients were found as .78, .68, .68, .59, .39, and .41 for Shame-proneness, Guilt-proneness, Externalization, Detachment, Alpha Pride, and Beta Pride respectively. The Alpha coefficients after test-retest reliability analysis were 86, .72, .49, .41, .31, and .43 for Shame-proneness, Guilt-proneness, Externalization, Detachment, Alpha Pride, and Beta Pride respectively.

Factor analysis of the scale gave 5 factors solution although the scale has 6 factors originally (shame, guilt, externalization, detachment, alpha pride, and beta pride). The five factors were named as "Shame-proneness, Externalization, Detachment, Dutifulness/Feeling Responsible, and "Situational/contextual Guilt".

The alpha coefficients of these 5 factors were .81 for Factor 1 (Shame), .75 for Factor 2 (Externalization), .73 for Factor 3 (Feeling responsible /Dutifulness), .71 for Factor 4 (Situational/Contextual Guilt), and .67 for Factor 5 (Detachment).

The results of test-retest reliability analysis showed that alpha coefficients were .88, .62, .78, .82, and .61 for shame-proneness, externalization, dutifulness, situational guilt, and detachment respectively.

The results of the factor analysis were different from original subscales. Because the items were loaded in a different way from the

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original scale, another Principal Component Analysis with varimax rotation was conducted by forcing 6 factor structure as in the original scale.

The results of the second factor analysis were not very different from the first one. Most dimensions were named like the factors gained after the first analysis: "Shame-proneness", "Externalization", "Detachment", "Feeling responsible", "Dishonesty", and "Contentment".

The alpha coefficients of the 6 dimensions were .82 for Factor 1 (Shame-proneness), .74 for Factor 2 (Externalization/Avoidance), .75 for Factor 3 (mixed of Guilt and Pride responses - Feeling Responsible), .64 for Factor 4 (Detachment), .71 for Factor 5 (Dishonesty), and .65 for Factor 6 (Contentment).

There is also short version of the scale, and in the short version only negative scenarios taken into account and 5 positive scenarios were omitted. A Principal Component Analysis was also conducted for the short version of the scale. The first factor emerging as the mixture of the items of the original shame and guilt dimensions had .82 Alpha coefficient. Externalization items mostly generated the second factor with .75 Alpha coefficient. Guilt and pride factors in the original scale together constituted the third factor, and its Alpha coefficient was reported as .73. The last factor was composed of one specific scenario with .56 Alpha coefficient, and the researcher stated that this condition might have resulted from the content of the scenario and that none of the items of the scenario could be related to any other dimensions.

It was reported that the use of original dimensions is more suitable since guilt and pride items are mixed with each other and the results of the analysis with original dimensions are consistent with literature findings (Motan, 2007).

1.3. Procedure

The participants of the study were undergraduates from different universities (METU, Atılım, Ufuk, Ankara, Hacettepe, and Gazi University) in Ankara. They were provided with the aim and information regarding the study and were asked whether they would like to volunteer for the study. The set of questionnaire is composed of a short sociodemographic data part, which contains information about age, sex and university, and questionnaires examining participants' shame-proneness and guilt-proneness, coping strategies, attributional styles, and depressive symptom levels. The questionnaires were applied to some participants in classroom settings and to other participants in their spare time. Total time for completing the questionnaire was approximately 45-60 minutes.

2. Results

2.1. Means, Standard Deviations and Ranges of the Variables

Central tendency and dispersion scores of the variables of the study were computed to present general information about the measures of the study. Frequencies, means, standard deviations, and the ranges of the variables used in the study are shown in Table 3.3.

Table 3.3. Means, Standard Deviations and Ranges of Variables

Variables	Mean	SD	Range
Age	21.29	2.34	17-32
Depressive Symptomatology	12.57	9.81	0-45
Problem-Focused Coping	99.19	13.72	43-145
Emotion-Focused Coping	55.00	10.95	30-89
Indirect coping	39.75	6.95	19-60
Shame-proneness	26.61	6.81	11-47
Guilt-proneness	43.29	6.52	12-55
External-internal attributions in positive life events	44.19	23.85	9-140
Unstable-stable attributions in positive life events	41.13	25.48	8-266
Specific-global attributions in positive life events	48.56	29.79	9-183
External-internal attributions in negative life events	117.25	38.47	19-233
Unstable-stable attributions in negative life events	126.05	43.44	12-266
Specific-global attributions in negative life events	113.61	47.42	15-281

2.2. Correlations Among the Variables in the Study

The correlations between the variables in the study are presented in Table 3.4.

Table 3.4 Correlations of Variables

	Int-ext atrr. for neg. life events	Stb-unstb attr. for neg. life events	Spc-glb atrr. for neg. life events	Int-ext atrr. for pos. life events	Stb-unstb attr. for pos. life events	Spc-glb atrr. for pos. life events	Shame	Guilt	Prb-foc coping	Emt-foc coping	Indirect coping	Depressive symptomatology
Int-ext atrr. for neg. life events	1											
Stb-unstb attr. for neg. life events	,632**	1										
Spc-glb atrr. for neg. life events	,676**	,706**	1									
Int-ext atrr. for pos. life events	-,271**	-,285**	-,199**	1								
Stb-unstb attr. for pos. life events	-,227**	-,332**	-,216**	,748**	1							
Spc-glb atrr. for pos. life events	-,286**	-,373**	-,376**	,712**	,744**	1						
Shame	,175**	,222**	,263**	,053	-,007	-,076	1					
Guilt	,119*	,173**	,184**	-,170**	-,123*	-,143**	,170**	1				
Prb-foc coping	-,144**	-,074	-,130**	-,070	-,003	,011	-,374**	,204**	1			
Emt-foc coping	,021	-,022	,047	,048	,013	-,013	,164**	-,193**	-,112*	1		
Indirect coping	,031	,140*	,096	-,184**	-,123*	-,150**	,123*	,199**	,016	-,023	1	
Depressive symptomatology	,011	,004	,015	,016	-,008	-,016	,271**	-,210**	-,410**	,176**	-,098*	1

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

The external-internal attributions for negative life events were found to be correlated with unstable-stable attributions for negative life events ($r = .63$, $p < .01$), specific-global attributions for negative life events ($r = .68$, $p < .01$), external-internal attributions for positive life events ($r = -.27$, $p < .01$), unstable-stable attributions positive life events ($r = -.23$, $p < .01$), and specific-global attributions for positive life events ($r = -.29$, $p < .01$).

The unstable-stable attributions for negative life events were found to be correlated with specific-global attributions for negative life events ($r = .71$, $p < .01$), external-internal attributions for positive life events ($r = -.29$, $p < .01$), unstable-stable attributions positive life events ($r = -.33$, $p < .01$) and specific-global attributions for positive life events ($r = -.37$, $p < .01$).

The specific-global attributions for negative life events were found to be correlated with external-internal attributions for positive life events ($r = -.20$, $p < .01$), unstable-stable attributions for positive life events ($r = -.22$, $p < .01$), and specific-global attributions for positive life events ($r = -.38$, $p < .01$).

The external-internal attributions for positive life events were found to be correlated with unstable-stable attributions for positive life events ($r = .75$, $p < .01$) and specific-global attributions for positive life events ($r = .71$, $p < .01$).

The unstable-stable attributions for positive life events were found to be correlated with specific-global attributions for positive life events ($r = .74$, $p < .01$).

The shame-proneness was found to be correlated with guilt ($r = .17$, $p < .01$), depressive symptomatology ($r = .27$, $p < .01$), external-internal attributions for negative life events ($r = .18$, $p < .01$), unstable-stable

attributions for negative life events (r = .22, p< .01), and specific-global attributions for negative life events (r = .26, p< .01).

The guilt-proneness was found to be correlated with depressive symptomatology (r = -.21, p< .01), external-internal attributions for negative life events (r = .12, p< .05), unstable-stable attributions for negative life events (r = .17, p< .01), specific-global attributions for negative life events (r = .18, p< .01), external-internal attributions for positive life events (r = -.17, p< .01), unstable-stable attributions for positive life events (r = -.12, p< .01), and specific-global attributions for positive life events (r = -.14, p< .01).

The problem-focused coping was found to be correlated with shame-proneness (r = -.37, p< .01), guilt-proneness (r = .20, p< .01), emotion-focused coping (r = -.11, p< .05), external-internal attributions for negative life events (r = -.14, p< .05), specific-global attributions for negative life events (r = .13, p< .01), and depressive symptomatology (r = -.41, p< .01).

The emotion-focused coping was found to be correlated with shame-proneness (r = .16, p< .01), guilt-proneness (r = -.19, p< .01), and depressive symptomatology (r = .18, p< .01).

The indirect coping was found to be correlated with shame-proneness (r = .12, p< .05), guilt-proneness (r = -.19, p< .01), unstable-stable attributions for negative life events (r = .14, p< .05), external-internal attributions for positive life events (r = -.18, p< .01), unstable-stable attributions positive for life events (r = -.12, p< .05), specific-global attributions for positive life events (r = -.15, p< .01), and depressive symptomatology (r = -.10, p< .05)

2.3.   Attribution Style Questionnaire (ASQ)

The twelve items of the scale consist of four factors as external-internal, unstable-stable, specific-global, and unimportant-important. High scores on these four factors indicate the individual's powerful internal, stable, global, and important attributions. In this study, the importance level of the event was considered to influence the person's attributions. Therefore, weighted forms of the three factors (internal, stable, and global) were calculated by multiplying each factor with unimportant-important factor in each item.

In order to find the participants' depressogenic attribution scores, the three factors of the six positive items were reversed; that is, high scores implied external, unstable, and specific attributions for positive life events.

The overall Alpha coefficient was tested for the whole scale and for positive and negative life events separately. The overall internal reliability of the scale was found as .71 and the internal reliability for positive and negative life events were .85 and .83 respectively. In addition, reliabilities of external-internal, unstable-stable and specific-global attributions were computed separately for positive and negative life events. The Alpha coefficients were .57, .67, and .63 for external-internal, unstable-stable, and specific-global attributions on positive life events respectively. The Alpha coefficients of external-internal, unstable-stable, and specific-global attributions for negative life events were .45, .64, and .65, respectively.

2.4.   The Ways of Coping Inventory (WCI)

The scale is composed of three factor structure: Problem-Focused Coping, Emotion-Focused Coping, and Social Support: Indirect Coping. In

the problem-focused coping and indirect coping dimensions, there were reversed items. After items were reversed, the overall alpha reliability of the scale was found as .81. The alpha coefficients of Problem-Focused Coping, Emotion-Focused Coping and Social Support: Indirect Coping were .87, .83, and .80, respectively.

The responses to related dimensions were summed up in order to calculate the total scores of problem-focused coping, emotion-focused coping, and indirect coping,

2.5.   Test of Self-Conscious Affect-3 (TOSCA-3)

The scale is composed of four dimensions: Shame-proneness, Guilt-proneness, Externalization, and Detachment/Unconcern. The reliability analysis showed that the overall scale reliability was .65. Moreover, the reliability analyses for dimensions displayed the necessity of reversing one of the items of the guilt-proneness dimension. After the item was reversed, alpha coeffients for shame, guilt, externalization, and detachment were .73, .76, .65, and .63 respectively.

Subsequently, the total scores of Shame-proneness, Guilt-proneness, Externalization, and Detachment were calculated by summing up the scores of each dimension separately. The higher scores indicated that the person is more shame-prone, guilt-prone, externalized, and detached. In this study, only the scores of shame-proneness and guilt-proneness were used.

2.6.   Beck Depression Inventory (BDI)

The depressive symptom levels of participants were calculated by summing up the responses to the inventory. The overall alpha reliability of the inventory was found as .90.

2.7.   Results of Regression Analysis

2.7.1. Multiple Regression Analyses between Shame- and Guilt-Proneness and Coping Strategies

A multiple regression analysis was conducted to examine the relationship between shame-proneness, guilt-proneness and problem-focused coping strategies. The independent variables/predictors are shame-proneness and guilt-proneness and dependent variable is problem-focused coping in this analysis.

According to the results (Table 3.5), shame-proneness was found to be associated with problem-focused coping strategies (β = -.37, t(398)= -8.03, p< .001) and explained 14% of variance (F[1,398] = 64.54, p< .001). After controlling this variable, guilt-proneness was found to be significantly associated with problem-focused coping (β = .28, t(397)= 6.11, p< .001) and explained 7% of variance (F[1,397] = 37.35, p< .001).

Therefore, shame-proneness was found to be negatively and guilt-proneness was found to be positively associated with problem-focused coping strategies.

Table 3.5. Variables Associated with Problem-Focused Coping

Predictors in set	*F*	*df*	*Beta (β)*	*R²*
Shame-proneness	64.54*	1,398	-.37*	.14
Guilt-proneness	37.35*	1,397	.28*	.07

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

Another multiple regression analysis was conducted to determine the relationship between shame-proneness, guilt-proneness and emotion-focused coping strategies. The independent variables/predictors were shame-proneness and guilt-proneness and dependent variable was emotion-focused coping in this analysis.

According to the results of the analysis (Table 3.6), guilt-proneness was found to be significantly associated with emotion-focused coping (β = -.19, t(398)= -3.93, p< .001) and explained 4% of variance (F[1,398] = 15.47, p< .001). After controlling this variable, shame-proneness was found to be associated with emotion-focused coping style (β = .20, t(397)= 4.16, p< .001) and explained 4% of variance (F[1,397] = 17.28, p< .001).

Therefore, guilt-proneness was found to be negatively and shame-proneness was found to be positively associated with emotion-focused coping style.

Table 3.6. Variables Associated with Emotion-Focused Coping

Predictors in set	F	df	Beta (β)	R²
Guilt-proneness	15.47*	1,398	-.19*	.04
Shame-proneness	17.28*	1,397	.20*	.04

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

The last multiple regression analysis was conducted to examine the relationship between shame-proneness, guilt-proneness and indirect coping. Shame-proneness and guilt-proneness were predictors and indirect coping strategy was dependent variable of this study.

The results of the analysis (Table 3.7) revealed that only guilt-proneness among self-conscious emotions was in a significant association with indirect coping (β = .20, t(398)= 4.06, p< .001) and explained 4% of variance (F[1,398] = 16.45, p< .001).

Therefore, only guilt-proneness was found to be positively associated with indirect coping strategy.

Table 3.7. Variable Associated with Indirect Coping

Predictor	F	df	Beta (β)	R²
Guilt-proneness	16.45*	1,398	.20*	.04

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

2.7.2. Regression Analyses between Shame- and Guilt-Proneness and Attribution Styles

Six linear regression analyses (Table 3.8) were conducted to determine whether the undergraduates' shame-proneness level would predict the attribution styles. While the independent variable/predictor was shame-proneness level, the criterion variables were the six attributional styles. The results of the regression analyses revealed that shame-proneness was significantly associated with the external-internal (β = .18, t(398)= 3.54, p< .001), unstable-stable (β = .22, t(398)= 4.54, p< .001), and specific-global (β = .26, t(398)= 5.44, p< .001) attributions for negative life events. Shame-proneness explained 3% of external-internal attribution for negative life events (F[1,398] = 12.51, p< .001], 5% of unstable-stable attribution for negative life events (F [1,398] = 20.63, p< .001), and 7% of specific-global attribution for negative life events (F[1,398] = 29.60, p< .001) .

Thus, internal, stable, and global attributions for negative life events were found to be significantly associated with shame-proneness.

Table 3.8. Variables Associated with Shame-Proneness

Variables associated with shame-proneness	*F*	*df*	*Beta (β)*	*R²*
External-internal attributions for negative life events	12.51*	1,398	.18*	.03
Unstable-stable attributions for negative life events	20.63*	1,398	.22*	.05
Specific-global attributions for negative life events	29.60*	1,398	.26*	.07

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

In another six linear regression analyses, the predictor was guilt-proneness and the criterion variables were the six attributional styles. The results of the analyses (Table 3.9) revealed that guilt-proneness had a significant association with external-internal (β = -.17, t(398)= -3.45, p< .01), unstable-stable (β = -.12, t(398)= -2.47, p< .05), and specific-global (β = -.14, t(398)= -2.88, p< .01) attributions for positive life events. Guilt-proneness explained 3% of external-internal attributions for positive life events (F [1,398] = 11.91, p< .01), 2% of unstable-stable attributions for positive life events (F [1,398] = 6.09, p< .05), and 2% of specific-global attributions for positive life events (F [1,398] = 8.29, p< .01). In addition, it was found that guilt-proneness had a significant association with external-internal (β = .12, t(398)= 2.38, p< .05), unstable-stable (β= .17, t(398)= 3.51, p< .01) and specific-global (β= .18, t(398)= 3.73, p< .001) attributions for negative life events. Guilt-proneness explained 1% of external-internal

attributions for negative life events (F [1,398] = 5.68, p< .05), 3% of unstable-stable attributions for negative life events (F [1,398] = 12.30, p< .01), and 3% of specific-global attributions for negative life events (F [1,398] = 13.89, p< .001).

Therefore, internal, stable, and global attributions for both positive and negative life events were found to be associated with guilt-proneness.

Table 3.9. Variables Associated with Guilt-Proneness

Variables associated with guilt-proneness	*F*	*df*	*Beta (β)*	*R²*
External-internal attributions for positive life events	11.91**	1,398	-.17**	.03
Unstable-stable attributions for positive life events	6.09*	1,398	-.12*	.02
Specific-global attributions for positive life events	8.29**	1,398	-.14**	.02
External-internal attributions for negative life events	5.68*	1,398	.12*	.01
Unstable-stable attributions for negative life events	12.30**	1,398	.17**	.03
Specific-global attributions for negative life events	13.89***	1,398	.18***	.03

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
*** Correlation is significant at the 0.001 level (2-tailed).

2.7.3. Multiple Regression Analyses between Attributional Styles and Coping Strategies

A multiple regression analysis (Table 3.10) was conducted to determine whether attributional styles would predict problem-focused coping. The independent variables/predictors of this analysis were six attribution styles and dependent variable was problem-focused coping. According to the results of the analysis, external-internal attributions for negative life events (β = -.14, t(398)= -2.91, p< .01) and external-internal attributions for positive life events (β = -.12, t(397)= -2.29, p< .01) had a significant association with problem-focused coping. External-internal attributions for negative life events explained 2% of variance (F [1,398] = 8.44, p< .01) and external-internal attributions for positive life events increased the explained variance to 3% (F [1.397] = 5.24, p< .05).

These results of the analysis indicated that people making more internal attributions (and less external attributions) about positive life events and more external attributions (and less internal attributions) about negative life events tend to use more problem-focused coping.

Table 3.10. Variables Associated with Problem-focused Coping

Predictors in set	*F*	*df*	*Beta (β)*	*R²*
External-internal attributions for negative life events	8.44**	1,398	-.14**	.02
External-internal attributions for positive life events	5.24*	1,398	-.12**	.01

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

Second Multiple Regression Analysis (Table 3.11), in which the independent variables/predictors were six attributonal style and the dependent variable was indirect coping, was conducted to reveal whether attributional styles would predict indirect coping. The result of the regression analysis revealed that the model significantly predicted indirect coping. According to the results of the analysis, only external-internal attributions for positive life events variable ($\beta = -.18$, $t(398) = -3.74$, $p < .001$) had a significant association with indirect coping and this variable explained 3% of variance ($F[1,398] = 13.98$, $p < .001$).

These results of the analysis revealed that people making more internal attributions (less external) for positive life events tend to use more indirect coping style.

Table 3.11. Variable Associated with Indirect Coping

Predictors in set	*F*	*df*	*Beta (β)*	*R²*
External-internal attributions for positive life events	13.98*	1,398	-.18*	.03

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

2.7.4. A Hierarchical Regression Analysis between the Concepts of the Study and Depressive Symptomatology

A Multiple Regression Analysis was conducted to predict the significant associates of depressive symptom level. Four sets of variables were entered into the equation. First, the age and sex was controlled. Second, two of the self-conscious emotions which are shame-proneness and

guilt-proneness were entered. Third, weighted attributional styles (each attributional style was multiplied with unimportant-important dimension for positive and negative life events) were entered into the equation. Finally, three coping styles (problem-focused coping, emotion-focused coping, and indirect coping) were entered into the equation. The analysis was conducted via enter method.

The results of the Hierarchical Regression Analysis (Table 3.12) indicated that age and gender had no significant associations with depressive symptom level. Whereas shame-proneness had a significant positive relationship (β = .32, p< .001), guilt-proneness had a significant negative relationship (β = -.26, p< .001) with depressive symptom level. Shame-proneness and guilt-proneness explained 15% of the variance (F [2,395] = 33.12, p< .001) in depressive symptom level. The analysis revealed that none of the attributional style dimensions had a significant association with depressive symptom level (F [6,389] = .25, p>.05). In addition, problem-focused coping and indirect coping were found to have a significant association in negative direction with depressive symptom level (β = -.31, p< .001; β = -.10, p< .05, respectively). Both problem-focused coping and indirect coping explained 9% of the variance (F [3,386] = 14.92, p< .001) in depressive symptom level.

Consequently, it has been found that shame-proneness was significantly associated with depressive symptom level in a positive direction, while guilt-proneness, problem-focused coping and indirect coping were significantly associated with depressive symptom level in a negative direction. However, attributional styles and emotion-focused coping strategy were not found to be related with depressive symptom level.

Table 3.12. Variables Associated with Depressive Symptom Level

Predictors in set	F	df	Beta (β)	R² Change	R²
I. Self-conscious Emotions	33.12**	2,395		.14	.15
(Shame-proneness)			.32**		
(Guilt-proneness)			-.26**		
II. Ways of Coping	14.92**	3,386		.09	.24
(Problem-focused coping)			-.31**		
(Indirect coping)			-.10*		

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.001 level (2-tailed).

2.7.5. Mediation Analyses

The results of the hierarchical regression analysis gave the impression that problem-focused coping and indirect coping strategies may be mediating the relationship between self-conscious emotions (shame-proneness and guilt-proneness) and depressive symptomatology. Therefore, more specific regression analyses were conducted to determine if a mediational relationship was present or not.

Two mediation analyses were conducted to determine if a mediational relationship was present between shame-proneness, coping strategies (problem-focused coping and indirect coping), and depressive symptomatology. The predictor was shame-proneness and the dependent

variable was depressive symptomatology of both mediation analyses, but the mediators were problem-focused coping strategies in first mediation analysis and indirect coping strategies in the second mediation analysis. In order to test the significance of mediation analyses, Sobel test was conducted after every mediation analysis.

In the first mediation analysis, shame-proneness significantly predicted the use of problem-focused coping strategy (F[1,398] = 64.54, p< .001). Then, both shame-proneness and problem-focused coping strategy were entered into the equation and it was also significant for problem-focused coping (F[1,397] = 53.85, p< .001). The result of the analysis revealed that shame-proneness remained a significant predictor, albeit with a lower beta weight, and problem-focused coping resulted as significant predictor as well. The mediation was also supported by Sobel test (z = 6.23, p < .001). Therefore, there is a partial mediation between shame-proneness and depressive symptomatology by problem-focused coping.

The second mediation analysis indicated that shame-proneness significantly predicted the use of indirect coping strategy (F[1,398] = 6.10, p< .05). When both shame-proneness and indirect coping strategy were entered into the second equation, it was significant for indirect coping strategy (F[1,397] = 7.67, p< .05). As a result of the second mediation analysis, beta weight of shame-proneness increased with the entrance of indirect coping variable and indirect coping strategy also resulted as a significant predictor. However, Sobel test (z = -1.55, p>.05) revealed that indirect coping strategy was not a significant mediator between shame-proneness and depressive symptomatology.

Two more mediation analyses were conducted to determine if a mediational relationship was present between guilt-proneness, coping strategies (problem-focused coping and indirect coping), and depressive

symptomatology. The mediator variables of these two mediation analyses were problem-focused coping and indirect coping strategies, but the predictor variable and the dependent variable were guilt-proneness and depressive symptomatology, respectively.

In the first mediation analysis, guilt-proneness significantly predicted the use of problem-focused coping strategy ($F(1,398) = 17.35$, $p< .001$) in the first equation. Then, both guilt-proneness and problem-focused coping strategy were entered into the second equation, and it was significant for problem-focused coping ($F[1,397] = 68.45$, $p< .001$). According to the results of the analysis, guilt-proneness remained a significant predictor, albeit with a lower beta weight, and problem-focused coping strategy resulted as a significant predictor. Sobel test was conducted to test the significance of mediation analyses. According to Sobel test result ($z = -3.46$, $p< .001$), there was a partial mediation between guilt-proneness and depressive symptomatology by problem-focused coping strategy.

In the second mediation analysis, guilt-proneness significantly predicted the use of indirect coping strategy ($F[1,398] = 16.45$, $p< .001$). Subsequently, both guilt-proneness and indirect coping strategy were entered into the equation, but it was not significant for indirect coping strategy ($F[1,397] = 1.37$, $p> .05$). As a result of the analysis, guilt-proneness remained a significant predictor, albeit with a lower beta weight, but indirect coping strategy was not a significant predictor. In this case, Sobel test was not conducted for the last mediation analyses.

2.8. Model Testing with LISREL

Effects of Self-Conscious Emotions (Shame and Guilt) on Depressive Symptom Level via Attributional Styles and Coping Styles: Testing the Proposed Model.

It was hypothesized that the effects of self-conscious emotions (shame and guilt) on depressive symptomatology would be mediated by coping strategies (problem-focused coping and emotion-focused coping) and attributional styles. The model was tested by using single indicator regression model with LISREL 8 (Hoyle, 1995).

The model tested the effects of self-conscious emotions (shame and guilt) on depressive symptoms which would be mediated by attribution styles and coping styles (problem-focused coping style and emotion-focused coping style). Bivariate correlation matrix was used as input in testing these models.

A full-mediated model was followed in testing these models. In this procedure, possible direct and indirect paths between the mediators, self-conscious emotions (shame and guilt), and outcome variables were allowed to correlate. Direct paths from the self-conscious emotions (shame and guilt) to outcome variable (depressive symptomatology) were fixed to zero.

To evaluate the model, several goodness-of-fit statistics were used. First, chi-square statistics was examined. Non-significant or small chi-square values indicate a good fit since chi-square is very sensitive to sample size. It has been suggested that chi-square degree of freedom ratios between 2:1 and 5:1 indicate acceptable fit (Hoyle, 1995). In addition, other fit indexes, namely Root Mean Square Residual (RMR), Goodness of Fit Index (GFI), Comparative Fit Index (CFI), Adjusted Goodness-of-Fit Index (AGFI), and the Non-Normed Fit Index (NNFI), were examined. Values of

both these indexes can range from 0 to 1.0; values closer to 1.0 indicate a better fit.

The goodness of fit statistics suggested that: X^2(N=400, df =22) = 1047.39, GFI= .66, AGFI = .14, RMR= .224, NNFI = -.66, CFI= .19, RMSEA= .34. Investigation of path coefficients indicated that (Figure 3.1) shame-proneness had a significant direct effect on unstable-stable (path coeff.= .10) attributions for negative life events, specific-global (path coeff.= .16) attributions for negative life events, external-internal (path coeff.= .17) attributions for positive life events, problem-focused coping strategies (path coeff.= -.27), and indirect coping (path coeff.= .13). Guilt-proneness had a significant direct effect on specific-global (path coeff.= .17) attributions for negative life events, external-internal attributions for positive life events (path coeff.= -.11), specific-global (path coeff.= .23) attributions for positive life events, problem-focused coping strategies (path coeff.= .16), and indirect coping (path coeff.= .15). In addition, path coefficients revealed that shame-proneness (path coeff.= .17) and guilt-proneness (path coeff.= -.13) had a significant direct effect on depressive symptom level.

Shame-proneness and guilt-proneness had an indirect effect on depressive symptom level (path coeff. = .11 and path coeff. = .07) via problem-focused coping strategy.

Among mediators, problem-focused coping and indirect coping strategies (path coeff. = -.41 and -.10, respectively), but not attributional styles, significantly predicted the depressive symptom level. Problem-focused coping accounted for 17 % and indirect coping accounted for 1 % of variance in depressive symptomatology.

Figure 3.1 Proposed model was mediated by attribution styles and coping strategies (problem-focused coping and indirect coping)
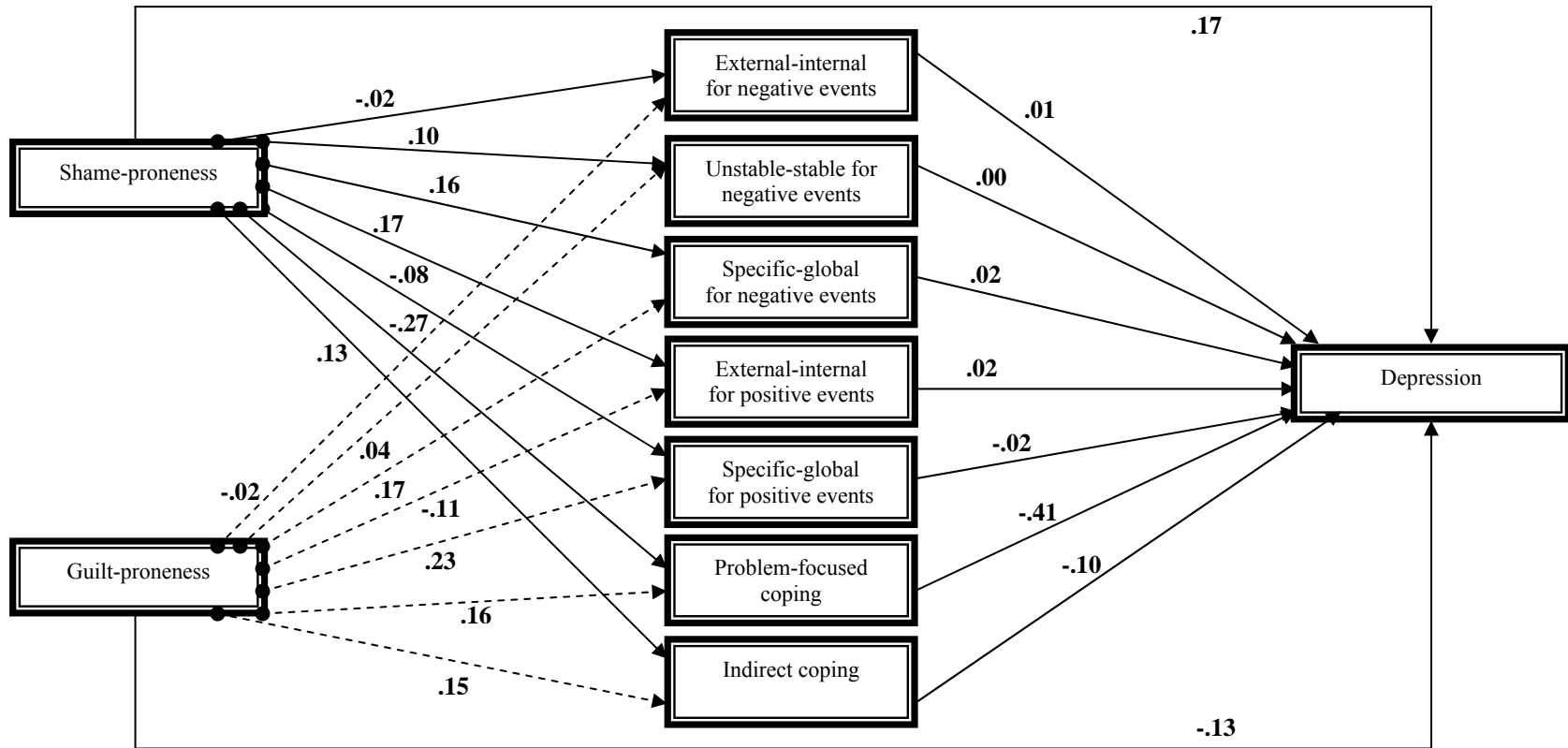
CHAPTER IV

DISCUSSION

The present study aimed to examine the links among guilt-proneness, shame-proneness, attributional styles and coping strategies, and which of these variables are signficantly determine depressive symptomatology in Turkish university students. The findings have been generally consistent with the hypotheses, with one important exception that attributional styles have no relationship with depressive symptomatology. The main results and implications are discussed according to the analysis order in the light of relevant literature. In addition, limitations, strengths, and implications of the present study are discussed and suggestions for future studies are introduced.

1.   Relationship between the Concepts of the Study

1.1.   Relationship between Shame-proneness and Guilt-proneness

In correlation analysis, the significant and positive correlation between shame-proneness and guilt-proneness is remarkable.

It is not very easy to differentiate these two concepts because there are no sharp distinctions between events activating the feeling of shame or guilt. Although one situation may cause some people to feel shame, the same situation may cause other people to feel guilt. Moreover, in some situations, people may experience shame or guilt first, then one of them may become superior to the other, or both shame and guilt are experienced

together. In other words, people may experience guilt and shame successively (Lewis, 1971; Tangney & Dearing 2002).

Shame and guilt have common features: they are both negative affects, they have internal attributions, and they are related to depressed emotions and self-evaluation (Ferguson & Stegge, 1995). The related literature has displayed that people prone to shame may also be prone to guilt when they encounter with a negative situation. The meaningful shared variance between shame-proneness and guilt-proneness has been reported by different researchers (Tangney, 1990; Tangney, Wagner, et al., 1992; Tangney & Dearing, 2002). Unique variances of shame-proneness (guilt-free shame) and guilt-proneness (shame-free guilt) are used in the studies in order to clarify individual differences between shame-proneness and guilt-proneness. In the present study, the analysis have been done with unique variances of shame and guilt measure and results have reflected unique effects of shame-proneness and guilt-proneness instead of generalized negative effect.

1.2. Relationship between Shame-proneness, Guilt-proneness, and Coping Strategies

In the present study, consistent with the literature findings, shame-proneness has displayed significant negative relationship with problem-focused coping strategies and positive relationship with emotion-focused coping strategies. However, no relationship between shame-proneness and indirect coping has been found. Furthermore, the present study has revealed that guilt-proneness has a predictive effect on the use of problem-focused coping and indirect coping strategies in a positive way and emotion-focused coping strategies in a negative way.

It has been found in the study that the relationship between shame-proneness and problem-focused coping are in correlation, which has been supported by the results of regression analysis. Multiple regression analysis has revealed that shame-proneness is a negative predictor for problem-focused coping strategies. Shame is a highly negative emotional state accompanied by feelings of being small, worthless, and powerless and involves a sense of exposure. The feeling of shame causes individuals to have a desire to hide from others, disengage, or withdraw (Lewis, 1971; Tangney, Wagner, et al., 1992).

People preferring problem-focused coping strategies to deal with a distress have a tendency to alter or repair the situation as they believe that they can create changes unlike shame-prone people. Hence, as predicted, the results of the analysis have indicated that shame-proneness has a negative impact on the use of problem-focused coping strategies, while it has a positive influence on the use of emotion-focused coping strategies. People using emotion-focused coping strategies share commonalities with shame-prone people. The sense of helplessness and passivity in correcting perceived fault are characteristics of shame (Tangney, 1990). Similarly, in using emotion-focused coping strategies, it is important to regulate emotions or distress (Folkman, 1984), which involves distancing, self-controlling, escape-avoidance, and accepting responsibility (Folkman et al., 1986).

Literature findings support the results of the present study which have revealed that shame-proneness predicts low level of problem-focused coping and high level of emotion-focused coping. Lutwak, Ferrari, and Cheek (1998) have found in their study that shame-proneness is related to maladaptive coping strategies in both men and women participants. Moreover, Wright and Heppner (1991) have displayed a positive relationship between shame-proneness and negative problem-solving

appraisal in the sample of nonclinical adult children of alcoholics and non-alcoholics, which has been in accordance with literature.

Conradt et al. (2008) have conducted a study with obese people in order to test the associations among weight-related shame/guilt feelings and weight related coping responses in a nonclinical sample. According to the results of the study, weight-related shame acts as a cause of decrease in problem-focused coping, whereas weight-related guilt predicts increased problem-focused activities and control over excessive eating.

Guilt is characterized as less distressing than shame (Tangney, Miller, Flicker, & Barlow, 1996) and since evaluation is about specific behavior (Lewis, 1971), it is likely to elicit some corrective action after a failure or a behavioral transgression. The feelings of responsibility about the failure and controllability thoughts on events motivate guilt-prone people to repair the fault or change the problematic situation (Lindsay-Hartz, 1984). The problem-focused coping strategies include controllability thoughts, decision making, reparative and direct actions in order to create change in the environment, oneself, and interpersonal relationships (Folkman, 1984). Therefore, characteristics of guilt-proneness bear resemblance to problem-focused coping strategies, which are likely to be used by guilt-prone people.

The results of the present study are also in accordance with the literature in that guilt-proneness has a predictive effect on the use of problem-focused coping strategies in a positive way and emotion-focused coping strategies in a negative way. Tangney (1991) has reported in her study that guilt-proneness have a strong positive link with empathic responsiveness. In guilt, people focus on significant behavior instead of the self and feel bad since they are aware of the harm given to someone or something. This awareness is the cognitive component of guilt that facilitates empathic responsiveness. Guilt and empathic responsiveness have

some features in common, such as feelings of responsibility resulting from harmful behavior and motivation for reparative action.

Leith and Baumeister (1998) have also demonstrated a similar relationship between guilt-proneness and empathy in their study. Based on the results of their study, they have proposed that enhanced perspective taking is caused by guilt-proneness. It has been found that guilt-prone people have a tendency to understand the other person's perspective in conflicting situations. The feelings of responsibility, motivation to repair fault, and the ability to take the other's perspective into account facilitate problem solving and enhance interpersonal relationship. Therefore, it has been reported that being guilt-prone is beneficial for relationship outcomes.

Another finding of the present study is that guilt-proneness predicts "seeking social support: indirect coping". In line with coping dimensions presented by Folkman and Lazarus (1985), Gençöz et al. (2006) explored three main coping dimensions, which are problem-focused strategies, emotion-focused strategies, and "seeking social support: indirect coping strategies". Folkman and Lazarus (1985) have proposed that seeking social support dimension contains resources of both emotion-focused and problem-focused coping, which consists of emotional support, tangible support, and informational support. In contrast, Gençöz et al. (2006) have argued that this third dimension is independent of both problem-focused and emotion-focused coping strategies. It seems like a step before using problem solving strategies or forms of emotion-focused coping. In indirect coping, the individual tries to gather information about the situation or problem, gets motivation, and shares the problem with others around. This type of coping strategy does not contain any direct behavioral action in order to alter or repair the situation or emotional reaction to regulate the emotions.

Therefore, it is appropriate to say that it functions independently (Gençöz et al., 2006).

The features mentioned above might be strong causes of positive significant relationship between guilt-proneness and indirect coping strategy. When items of indirect coping dimension are examined, it can be seen that there is an association between the contents of the items and characteristics of guilt-proneness. Guilt-prone people do not hide from others and escape from interpersonal situations since they focus on the behavior instead of the self, believe change can be created, and do not believe that they are worthless or powerless. Instead, they try to get information to solve the problem, to understand the effects of their transgression or fault on others, and give importance to ameliorating and strengthening interpersonal relationships and maintaining social support. These characteristics of guilt-prone people are similar to the characteristics of people who use indirect coping strategies. Therefore, it is not surprising that guilt-proneness predicts indirect coping strategy.

1.3. Relationship between Shame-proneness, Guilt-proneness, and Attributional Styles

The feelings of shame and guilt are related to self-blame. The shame-prone people evaluate themselves as globally negative. On the other hand, guilt-prone people evaluate their behavior as negative. Therefore, shame and guilt indicate different attributions for the self and behaviors. Shame-prone people are likely to make internal, stable, and global attributions for failure and external, unstable, and specific attributions for positive events. However, guilt-prone people are likely to make internal,

less stable, and specific attributions for failure and internal, stable, and global attributions for positive events (Tangney et al., 1992).

This study has showed the association between emotions and attributions, which is in accordance with other studies in which shame-proneness is strongly related to internal, stable, and global attributions for negative life events (Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Pineless et al., 2006; Tangney, 1991; Tangney et al., 1992; Tangney & Dearing, 2002; Weiner, 1985). However, no association between shame-proneness and external, unstable, and specific attributions for positive life events has been found in the present study. An important cause of this result might be that shame-proneness and depressogenic attributional style are related constructs but they are not identical. The group of negative attributions (internal, stable, and global) is only one constituent of feeling of shame, which involves a complex organization of cognitive, affective, and motivational features (Tangney & Dearing, 2002).

The present study has also examined the relationship between guilt and attributions. According to the results, guilt has predicted internal, stable, and global attributions for both positive and negative events. According to Tangney and Dearing (2002), guilt is characterized by responsibility, tension, remorse, and regret about a done or undone action. In both shame-proneness and guilt-proneness, making negative self evaluation exists, but subject of this negative evaluation differs. The attribution in guilt is that the self is not bad, maladaptive, and worthless but specific behaviors are bad and change is possible in behaviors and/or in problematic situation. These characteristics of guilt-proneness motivate people for constructive, reparative behaviors, which in turn help people to avoid depressive symptoms.

Tangney et al. (1992) have examined the relationship between guilt-proneness and attributional styles in their study. The findings of their study are consistent with the findings of the present study in terms of positive relationship between guilt-proneness and stable and global attributions for positive events. Moreover, the present study has found that, in addition to stable and global attributions, internal attributions for positive events are related to guilt-proneness.

In the present study, it was hypothesized that guilt proneness relates to internal, less stable, and specific attributions for negative events. However, the results have not verified this hypothesis. On the contrary, guilt-proneness have been found to be related to internal, stable, and global attributions for negative events. Although this relationship pattern is similar to the relationship between shame-proneness and attributional style, they are not same. There is a difference in significance level and predicted variability between the two relations. Shame-proneness more strongly predicted internal, stable, and global attributions for negative events.

The relation between guilt-proneness and internal attributions for negative events is not surprising and is consistent with the results of other studies (Pineless et al., 2006; Tilghman-Osborne et al., 2008). The feeling of guilt involves a sense of responsibility and controllability for both positive and negative outcomes.

Tangney et al. (1992) have failed to find any relation between guilt-proneness and internal, unstable, and specific attributions for negative events as in the present study. Tangney and Dearing (2002) have interpreted that this result may have been caused by the nature of items in Attributional Style Questionnaire. They have proposed that the items in the questionnaire depict outcomes instead of specific behaviors, but in order to feel guilty, description of behaviors is very important. The description of outcomes may

create a tendency to feel shame. Therefore, it has been suggested that more detailed descriptions of behaviors related with events in items may be more useful in examining the relationship between guilt-proneness and internal, stable, and global attributions for negative events.

1.4. Relationship between Attributional Styles and Coping Strategies

In this study, as is the case in correlation analysis, the regression analysis has revealed that internal attributions for positive events and external attributions for negative events predict increased problem-focused coping strategies. Moreover, indirect coping strategies are predicted by internal attributions for positive events.

Theoretically, attributional style should influence coping strategies. The descriptions of these two constructs have some commonalities in terms of cognitive and behavioral processes. Peterson and Seligman (1984) have suggested that "when people face uncontrollable bad events, they ask why. Their answer affects how they react to the events" (p. 348). Moreover, Folkman and Lazarus (1988) have defined coping as "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." (p. 310). The situation can be appraised as controllable or uncontrollable and these appraisals are important components of coping process. In other words, locus of control or control orientations of people have a crucial impact on how the situations are perceived. People with internal locus of control make more change appraisals about the situation, but people with external locus of control are more likely to make appraisals implying powerlessness to change the situation. Therefore, the coping styles selected by people with internal locus of control are generally more adaptive and effective in solving

problems and creating change than those used by people with external locus of control (Parkes, 1984).

Likewise, both self-blame and learned helplessness literature have been interested in relationships between these two constructs and coping strategies. Researchers (Abramson et al. 1978; Janoff-Bulman, 1979) indicated that characterological self-blame which includes internal, stable, and global attributions for negative events and behavioral self-blame which includes internal, unstable, and specific attributions for negative events have different implications in terms of coping. For example, in the study of Major, Mueller, and Hildebrandt (1985), characterological self-blame (internal, stable, and global attributions for negative life events) was found to be related to bad coping performed immediately after and three weeks after the abortion. In their study, Muris et al. (2001) have also supported the view above that negative attributional style is likely to trigger negative coping strategies in normal adolescents.

Bruder-Mattson and Hovanitz (1990) have examined the relationship between attribution styles and coping styles in males and females separately. They have reported that escape/avoidance coping is positively correlated with internal, stable, and global attributions for bad events, and is negatively correlated with internal attributions for good events in females. In males, on the other hand, escape/avoidance coping is positively correlated with internal and global attributions for bad events, but there is no relationship between escape/avoidance coping and attributions for good events. Moreover, problem-focused coping and stable and global attributions for good events were positively correlated in males.

In the study, in addition to problem-focused coping, indirect coping has been found to be positively related to internal attributions for positive life events. Folkman and Lazarus (1985) have reported the correlation

between problem-focused coping and seeking social support as .64 in their study. Social support system is a very important and beneficial resource for coping. This form of coping involves gathering information about the problem, the influence of behaviors of one's on others, and ways of change; so external guidance, and emotional and tangible support are obtained from others (Folkman and Lazarus, 1985; Gençöz et al., 2006). The finding of the present study that indirect coping is not related to negative attributional styles is also commensurate with the characteristics of indirect coping.

To sum up, the literature supports the findings of the present study. The adaptive forms of coping, which are problem-focused and indirect coping, are predicted by internal attributions for positive life events. Moreover, problem-focused coping is related to external attributions for negative life events.

2. Relationship between the Concepts of the Study and Depressive Symptomatology

The correlation analysis revealed in the study that shame-proneness and emotion-focused coping are positively related to depressive symptomatology. Nevertheless, guilt-proneness, problem-focused coping, and indirect coping have been found to be negatively related to depression. No other variable has showed a relationship with depression symptom level. While these results commensurate with self-conscious emotions (shame-proneness and guilt-proneness) and coping literature, they are not consistent with attributional style literature.

After the correlation analysis, a Hierarchical Regression Analysis has been conducted in order to predict significant associates of depressive symptom level. The results of regression analysis are similar to those of

correlation analysis except for emotion-focused coping. The results have showed that shame-proneness is significantly associated with depressive symptom level in positive direction, but guilt-proneness, problem-focused coping, and indirect coping are significantly associated with depressive symptom level in negative direction. Like in the correlation analysis, the attributional styles are not related to depressive symptom level.

According to reconceptualization of H.B. Lewis (1971), shame is directly about the self since focus of evaluation is the self. Experiencing shame or guilt closely depends on the individual's subjective interpretation of the event (Lewis, 1971; Tangney, 1996). It has been proposed that the disapproval of significant others triggers the experience of shame (Lewis, 2003). Since opinions of others about the self are very important and the individual believes her/his whole self is negatively evaluated by others, s/he had a strong desire to hide from others and interpersonal relationships and avoid social situations. Shame leads her/him to feel worthless and powerless because s/he thinks nothing can be done about the situation (Lutwak, Ferrari, & Cheek, 1998; Lutwak, Panish, & Ferrari, 2003; Tangney, 1990; Tangney, 1995a; Tangney & Dearing, 2002; Tangney, Wagner, & Gramzow, 1992).

Unlike in shame, the focus of evaluation is some specific actions which are done or undone in guilt (Lewis, 1971). The person experiencing guilt is interested in whether there is any harm to someone or something. The experience of guilt includes a sense of controllability and regret over a specific action, a motivation to repair the situation, and a tendency to apologize. It is also negative and uncomfortable emotion but since self-criticism is done for the specific action, it does not cause self-derogation (Lewis, 1971; Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Tangney, 1990; Wicker et al., 1983).

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As in the present study, the relationship between shame-proneness and depressive symptomatology has been examined in many studies (Allan, Gilbert, & Goss, 1994; Averill et al., 2002; Fontaine et al., 2001; Lutwak & Ferrari, 1997a; Rüsch et al., 2007; Tangney, 1991; Tangney et al., 1992; Tangney & Dearing, 2002; Thompson & Berenbaum, 2006; Woien et al., 2003). The results of the present study have revealed that guilt free shame-proneness is a very strong predictor of depressive symptom level. However, shame free guilt-proneness is associated with depressive symptomatology negatively. The characteristics of shame-proneness and guilt-proneness above have a strong impact on depressive symptom level.

In addition to shame-proneness and guilt-proneness, it has been found in the study that two types of coping strategies are related to depressive symptomatology. Both problem-focused coping and indirect coping have predicted depressive symptomatology in a negative way. These results are in accordance with the correlation analysis except for emotion-focused coping. According to the correlation analysis, emotion-focused coping is related to depressive symptomatology in a positive way, but according to the regression analysis, there is no relationship between these two variables. The reason why emotion-focused coping is not a predictor of depressive symptomatology might be that the significant variance of emotion-focused coping was eliminated by problem-focused coping variable when they were entered to the analysis in the same set. The problem-focused coping has been the strongest coping form in both the correlation and the regression analysis, so its powerful effect on depressive symptomatology might have eliminated the effect of emotion-focused coping.

The ways people cope with stressful situations have a strong influence on psychological well-being (Folkman & Lazarus, 1980). In the

process of coping, appraisals play a critical role. The control appraisal is a determining factor in choosing which type of coping will be used. The appraisal that the situation can be controlled and something can be done to change the problematic situation leads to taking action by using problem-focused coping strategies. Therefore, the use of coping strategies is another determining factor in the outcome. While some coping strategies cause positive outcomes, others cause negative ones (Lazarus, 1993).

Researchers have examined which types of coping strategies give rise to positive outcomes in different samples. Literature findings show that there is a strong consensus about the finding that not using problem-focused coping strategies is an important factor in depressive symptomatology. (Folkman et al., 1986; Seltzer, Greenberg, & Krauss, 1995). Sasaki and Yamasaki (2007) have reported that using cognitive reinterpretation and problem solving strategies prevent undergraduates from having psychological problems in the first year of university. Moreover, Endler and Parker (1990), Nakano (1991), and Dunkley and Blankstein (2000) have found that maladaptive coping strategies are closely related to psychological distress, such as depression; in contrast, adaptive coping strategies, such as task-oriented coping are negatively associated with depression. Like the research findings above, the findings of the present study are in accordance with cognitive theories of psychological stress and coping (Lazarus & Folkman, 1984). The results have suggested that coping strategies are important in determining psychological impacts of stressors. The increase in the use of adaptive and effective coping strategies as problem-focused coping helps people not to experience depressive symptomatology.

The significance of indirect coping is another important finding in the study. Indirect coping contains informational support, emotional support, and tangible support, which motivate people to act in a reparative

fashion. Folkman and Lazarus (1988) have suggested that both problem-focused coping and information search cause people to make plans to create changes in a problematic situation and influence cognitive activity, effecting their emotional responses.

Indirect coping has a negative significant effect on depressive symptomatology like problem-focused coping. They are two similar but distinct coping forms. In the form of indirect coping, as in the problem-focused coping, escaping or hiding from others and thoughts of helplessness are not observed. Instead, there is motivation and endeavor to create a change by searching for assistance, information, and emotional support from others. Because of such features, the finding that indirect coping predicts depressive symptomatology in a negative way is a consistent result with coping literature.

Attributional styles are included in the hierarchical regression analysis in the third set despite they have no correlational relationship with depressive symptom level. As in the case of correlation analysis, no relationship has been found between attributional styles and depressive symptomatology in the regression analysis in contradiction with the hypothesis of the present study. It has been hypothesized that depressogenic attribution style predicts depressive symptomatology as reported in the related literature, and also mediates the relationship between shame-proneness, guilt-proneness, and depressive symptomatology, but no relationship between attributional style and depression has been found.

In the literature, there are also mixed results about the relationship between attributions and depressive symptomatology. Metalsky, Abramson, Seligman, Semmel, and Peterson (1982) have examined the causal direction of the relationship between depressive symptomatology and attributional styles. Researchers designed a prospective study in which attributional

styles of college students at one time were measured and whether this measure would predict the severity of depressive symptom level experienced after a real negative life event, which was receiving a low grade from midterm exam at a subsequent time was tested. The results have showed that the severity of depressive mood depends on attribution styles. The students having a tendency to make internal and global attributions for negative outcomes experienced more severe depressive moods when they encountered with a real negative life event, which was getting a low grade from the midterm exam. However, students with a tendency to make external and specific attributions for negative outcomes did not experience such a severe depressive mood despite low grades. Consistent with the predictions of researchers, students who had a tendency to make internal and global attributions for negative outcomes did not experience depressive moods upon getting a high grade from the midterm exam. The results of the study have suggested that depressive attributional style is a risk (vulnerability) factor for depressive reactions when negative life events are experienced, but in the absence of such events, this type of attribution does not cause one to experience depression.

The findings of Metalsky et al. (1982)'s study were replicated by Stiensmeier-Pelster in 1989 with German undergraduates. Stiensmeier-Pelster (1989) conducted two studies in order to test the diathesis-stress model of Metalsky et al. (1982). The researcher hypothesized that the participants who characteristically attributed bad events to internal, stable, and global causes experienced a higher level of depressive symptom level after a negative real life event (a Christmas vacation and an experimentally induced event in laboratory). The findings have showed that after experiencing a negative event attributions predict depressive symptomatology. However, no relationship has been found between

attributions and depressive symptomatology before experiencing real life events (both natural and experimentally induced).

According to the recovery model of Needles and Abramson (1990), depressives who tend to present stable and global attributions for positive life events are likely to be hopeful, and hence less depressed because of experienced positive events. The results of the study conducted to examine the recovery model have showed that in order to become hopeful and to recover (or become less depressed), the individual should experience enhanced attributions and positive life events together. Therefore, the findings have suggested that non-depressogenic attributions alone are not sufficient to recover from depression. The results of the study of Needles and Abramson (1990) have supported the view of Metalsky et al. (1982).

In addition, there are some studies in which other variables fully mediated the relationship between depressogenic attributional style and depressive symptomatology. In the study of Kwon and Lemon (2000), it was hypothesized that the interaction of attribution style and defense style has an effect on depressive symptoms. However, the results have indicated that there is no interaction effect of attributional styles and immature defense styles (projection, passive aggression, acting out, projective identification, regression, and denial) on depressive symptoms. Instead, immature defense styles fully mediate the relationship between negative attributional styles and depressive symptoms. Similar results have been reported in the study of Peterson and Vaidya (2001). They tested the relationship between attributional styles and depressive symptomatology through mediation of expectations. Expectations fully mediated the relationship between attributional style and depressive symptomatology. In both of these studies, attribution style did not predict depressive

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symptomatology directly, instead the relationship among attributions and depressive symptomatology was provided by other variables.

Gotlib and Hammen (1997) have suggested that there are mixed results about the relationship between negative attribution styles and depression. Whereas some studies have proved this relationship through their findings, others have proved the exact opposite view. There are a lot of research findings showing no causal link between negative attributional style and depressive symptomatology. Besides, there are supportive findings for the view that depression triggers or increases depressogenic attributions (Brewin, 1985).

Barnett and Gotlib (1988) have provided two explanations for lack of relationship between negative attributions and depressive symptomatology. The first one is that it might result from inadequate test designs. The second possible cause might be the psychometric problems of Attributional Style Questionnaire (ASQ). That is, its low reliability may lead to insignificant results.

Therefore, different reasons may influence the finding of lack of relationship between attribution styles and depressive symptomatology. It seems that if a real negative or positive event is not experienced, attributions might not be sufficient to experience depressive symptoms. Metalsky et al. (1982) has defined the Reformulated Learned Helplessness Model as a diathesis-stress model, in which attribution style is considered as the diathesis, and experiencing negative life events is considered as stress component. When negative events are encountered, people are expected to display depressogenic attribution style (internal, stable, and global) and thus experience depressive symptoms. On the contrary, in the case of absence of negative events or presence of positive events, people are unlikely to experience any depressive symptoms even if they make internal, stable, and

global attributions for negative events. In the present study, the set of questionnaire was not given to subjects after a negative/positive real life or induced event, which may be the reason why there is no relationship between attributions and depressive symptomatology.

Moreover, it seems that there are psychometric problems of ASQ in the present study. The reliabilities of independent dimensions are low, which may have caused the insignificant results. Thus, the questionnaire did not work well for the sample of the study.

3.   Effects of Shame-Proneness and Guilt-Proneness on Depressive Symptomatology through Coping Strategies

The results of regression analysis have suggested that two of the coping forms which are problem-focused coping and indirect coping might mediate the effect of shame-proneness and guilt-proneness on depressive symptomatology.

The relations between shame-proneness, guilt-proneness and depressive symptoms were examined to investigate the mediating effect of coping strategies. According to the results of the analysis, problem-focused coping partially mediate the effect of shame-proneness on depressive symptomatology. Nevertheless, the mediation relation between shame-proneness and depressive symptomatology through indirect coping has not been verified by Sobel test. Therefore, the results have showed that only problem-focused coping partially mediate the relationship of shame-proneness and depressive symptomatology.

The mediation analysis has displayed that problem-focused coping also partially mediate the relation between guilt-proneness and depressive

symptomatology. However, guilt-proneness and depressive symptomatology relation is not mediated by indirect coping as is the case in the relationship between shame-proneness and depressive symptomatology.

In both analyses, which have been conducted to determine if indirect coping has a mediation effect, whenever shame-proneness/guilt-proneness and indirect coping are entered into equation together, the proportionate variance of indirect coping has attenuated or disappeared.

These findings have suggested that indirect coping does not have a strong influence as a mediator like problem-focused coping. When indirect coping and shame- or guilt-proneness come together, almost all effects of indirect coping are eliminated due to the other two variables. In fact, it seems that proneness to shame or guilt is substantially associated with depressive symptoms above and beyond that accounted for by coping strategies.

How and to what extent depressed and nondepressed individuals differ from each other was examined by Folkman and Lazarus in 1986. On the basis of cognitive-phenomenological theory, Folkman and Lazarus (1986) have proposed that depressed people's appraisal of daily events and coping ways of the stressful events are different from those of nondepressed people. The results of the study have revealed that there are important differences among depressive and nondepressive people in terms of appraisal of stressful life events and coping processes. In the appraisal and coping process, people with high level of depressive symptomatology are more likely to perceive hostility and threat. Stressful life events are more negatively judged and appraised by people with high level of depressive symptoms than those with low level of depressive symptoms. People who have a high level of depressive symptoms have reported more worry and fear and less confidence and security (Folkman & Lazarus, 1986).

The negative appraisal about oneself is a characteristic of shame-proneness. The people who are shame-prone have beliefs about inadequacy of personal resources, social skills and relationship deficiencies. They have no energy or motivation to initiate change; consequently, change is far from the shame-prone people. In order to avoid shame-inducing situation, they use ineffective coping strategies, so the problematic situation and distress feelings are left unresolved (De Rubeis & Hollenstein, 2009). These negative beliefs penetrate into their personality so deeply that they become a part of it. Since the features of effective coping strategies are totally opposite to the personality of shame-prone people, increased shame-proneness blocks the use of effective coping strategies, such as problem-focused coping, increasing the level of their depressive symptom level. In contrast, low level of shame-proneness facilitates the use of problem-focused coping, which in turn decreases depressive symptom level.

The relationship between guilt-proneness and depressive symptomatology is similar in that a high level of guilt-proneness causes a high level of problem-focused coping, and thereby to low level of depressive symptom. On the contrary, a low level of guilt-proneness leads to a low level of problem-focused coping, and hence to a high level of depressive symptom level. This result is also very consistent with the characteristics of guilt-proneness, problem-focused coping strategy, and depressive symptomatology. The personality of guilt-prone people, which is open to change both in oneself and in a situation, is a very important resource for motivation. Because negative appraisal is not about the total self but about behavior, change is much easier for guilt-prone people. They do not escape or hide; on the contrary, they try to repair the problematic situations or interpersonal relationships through using active coping strategies.

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The mediation model has also been tested by Structural Equation Modeling. LISREL program has also supported the results that problem-focused coping is a significant mediator between shame- and guilt-proneness and both of them have a direct effect on depressive symptomatology above and beyond coping strategies.

4.   Conclusions

While some of the hypotheses of the present study have been supported by the findings, some of them have not been supported. The unexpected and one of the most important findings is that there is no association between attribution styles and depression. One possible explanation for this result might be that the present study is not a prospective study, in which Attribution Style Questionnaire is given to subjects upon a positive or negative event. This study is a cross-sectional study and whether a negative or positive event occurred before the set of questionnaire is delivered is unknown. Another possible cause of the lack of relationship might be that the psychometric qualities of the Attributional Style Questionnaire might not have worked well in this sample as it has low dimension reliabilities that may engender inconsistent results with the related literature.

The problematic psychometric qualities of the questionnaire may also have affected the link between guilt-proneness and attributional style. The guilt-proneness has been found to be related to internal, stable, and global attributions for both positive and negative events. This relationship pattern was not hypothesized at the beginning of the study. It was hypothesized that guilt-proneness would predict internal, less stable, and specific attributions for negative events. This unexpected result may have

emanated from the problematic psychometric quality of Attribution Style Questionnaire.

The cultural factors may also play a role in these unexpected results. Since Turkish people may consider failure differently from other cultures, Turkish people who are guilt-prone may have a tendency to attribute failures to internal, stable, and global causes for both positive and negative events. In other words, this may be a general perspective to failures in Turkish culture. However, negative internal, stable, and global attributions of guilt-prone Turkish people are not as intense and destructive as the attribution patterns of shame-prone people, and thus do not lead to depression. Besides, such attribution tendencies of guilt-prone people may provide social support in Turkish culture. Furthermore, the predictive effect of guilt-proneness on indirect coping may be related to this general perspective about failures. Yet, the crucial point here is that the intensity of negative attributions of guilt-prone people is not as high as that of shame-prone people. In Turkish culture, the meaning of taking responsibility for failures is not the same as taking responsibility of solely behaviors. Abstracting the behavior from the self completely is not accepted by the society; as a result, self-blame to a certain degree that does not lead to depression is an expected outcome. People's taking responsibility through blaming both the self and their behavior and trying to repair their fault obtain social support from the environment protects them from depression.

On the other hand, the results about shame-proneness and attributional style have consolidated a number of previous findings (Harder, 1995; Luyten et al., 2002; Pineless et al., 2006; Tangney, 1996; Tangney & Dearing, 2002; Tangney, Wagner, & Gramzow, 1992) in that shame-proneness have been found to be related to internal, stable, and global attributions for negative life events.

Another finding of the study regarding the association between attributional styles and coping might also have been influenced by the problem in Attributional Style Questionnaire. It has been reported in the literature that internal, stable, and global attributions for negative events predict ineffective forms of coping; however, only internal-external dimension predicts coping in the present study. The study has indicated that only internal attributions for negative life events predict low level of problem-focused coping, while only internal attributions for positive life events predict high level of problem-focused coping and seeking social support: indirect coping.

In addition to the results regarding coping, the associations between shame-proneness, guilt-proneness, coping, and depression are in commensurate with literature except for emotion-focused coping. It seems that the variance of emotion-focused coping is eliminated by problem-focused coping. The relationship pattern between indirect coping and depression is similar to the relationship between problem-focused coping and depression. Both of these variables are related to depression in a negative way. In the original Ways of Coping Inventory, indirect coping dimension of the present study is included in emotion-focused coping dimension. However, Ways of Coping Inventory used in the study has three factors, namely problem-focused coping, emotion-focused coping, and seeking social support: indirect coping. The items of indirect coping dimension in the inventory aims to examine active information and social support seeking. Thus, the negative link between indirect coping as an independent dimension and depression is consistent with the nature of the concept of effective coping.

The shame-proneness and guilt-proneness are assessed as traits in the literature. Traits have an important influence in the selection of coping

strategies, and hence they together affect depression. In this context, the results of the present study, which confirm this view, have revealed that problem-focused coping is the only mediator between shame- and guilt-proneness and depression. Shame-prone people have a lower tendency to use problem-focused coping strategies, and thus, experience a higher level of depressive symptoms. In contrast, guilt-prone people have a higher tendency to use problem-focused coping strategies, and therefore, experience a low level of depressive symptoms.

It should not be forgotten that only shame- and guilt-proneness also have a significant effect on depressive symptomatology. As it was summarized above, shame and guilt are emotions that can be observed from very early stages of life and they generally become stable in middle childhood (Tangney & Dearing, 2002). If shame is rarely experienced in the developmental phase of human beings, it is an appropriate and adaptive feeling, but if it is repeated frequently, it may lead to shame-proneness, and hence various psychopathologies later (Barrett, 1995). The relationship between emotions and negative interpersonal relations and psychopathology is clearly observed in the positive relationship between shame-proneness and depression. Since becoming shame-prone or guilt-prone plays a critical role in psychopathologies and therefore in interpersonal interactions, family relations, and other areas of life, it is inevitable that it has an important role in psychotherapies. The psychotherapy itself is already a shame-inducing situation. In addition, some problems, such as resistance to psychotherapy and/or transference, may emerge because of the patient's latent but intensive shame feelings. People do not verbalize their shame feelings easily, instead they use some indicators for them. Therefore, shame-prone patients may want to escape or withdraw from the therapy or they may want to conceal themselves. Moreover, they may transfer their past negative relationship dynamics and negative perceptions into the relationship with the therapist

(Lewis, 1971; Tangney & Dearing, 2002). If shame and transference caused by shame are left unanalyzed, the symptoms of psychopathology become worse. Therefore, it is very important to keep the critical differences between shame and guilt in mind, know the patient's superego style, become aware of verbal and nonverbal signs of shame and guilt, and analyze these feelings in therapy (Lewis, 1971; Tangney & Dearing, 2002). By analyzing shame and guilt feelings during the therapy process, patients can learn how their intense shame feelings are harmful for them, how they can cope with their shame feelings, and what is the difference between these two feelings. As a result, analyzing the feelings of shame and guilt in a psychotherapy process increases the effectiveness of the therapies and significantly contributes to the treatment.

Consequently, the present study has tried to find significant associations of depressive symptoms and relationships between the variables related to depression in a normal undergraduate sample. According to the results, the strongest predictors of depressive symptomatology are shame-proneness and guilt-proneness. Moreover, they have predicted all concepts of the study as hypothesized. The results have clearly indicated that shame-proneness and guilt-proneness have an effect on depression above and beyond the other variables of the study.

5.   Limitations of the Study

The first limitation concern is the design of the study, which is cross-sectional. This type of study design may not allow the researcher to find the relationship between attributional style and depression because, as Metalsky et al. (1982) suggested, prospective or longitudinal design shows the

association of negative attributions and depression after a real or induced event occurs.

Another limitation concern is psychopathology variability. In this study, the variables have been examined in terms of causing depression. However, other types of psychopathologies may be affected by these variables in different ways.

The last limitation of the study is the representativeness of the sample. Since the sample of the study only consists of undergraduates, the results may not be easily generalized.

6.   Implications of the Study

Although the relationship between shame- and guilt-proneness, various cognitive variables, and psychopathologies have been studied worldwide, the studies about shame- and guilt-proneness are very limited in Turkey. To our knowledge, the variables of the present study have not been examined together before in any study. This study has supported the literature findings in that shame-proneness and guilt-proneness are distinct concepts which have a dramatic influence on depressive symptomatology and other cognitive variables. This finding of the study has a very important implication for the psychotherapy process. Since shame and guilt have an important role in symptom formation and have power of shaping the process, the therapist should be aware of both her/his own and the patient's feelings (Lewis, 1971). Differentiating shame and guilt feelings, taking their significance in psychopathology into account, and dealing with them are very important and necessary for effective therapy process (Johnson, 2006; Piers & Singer, 1953).

7.   Suggestions for Further Studies

In order to increase the representativeness power of the results, relationships between shame- and guilt-proneness, cognitive variables like coping strategies, and depression should be studied in different Turkish samples like psychiatric inpatient and outpatient groups. In addition to depression, the relationship between the variables of the study and other psychopathologies, like anxiety, obsessive-compulsive tendencies, and phobic anxiety, should be examined in further studies. The findings of such studies would be very useful for increasing the effectiveness of psychotherapies in Turkey.

The designs of further studies should also be varied. In addition to a cross-sectional design, prospective and longitudinal research designs should be arranged, which would be helpful to observe whether there are changes in shame- and guilt-proneness, attributional styles, coping strategies or psychopathologies in the course of time. In this way, the interaction between variables and how they lead to psychopathology can be observed more clearly .

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APPENDICES

APPENDIX A

TURKISH VERSION OF ATTRIBUTONAL STYLE
QUESTIONNAIRE (ASQ)

Aşağıda size bazı olaylar verilmiştir. Sizden istenen, verilen her olayı dikkatle okuyup bu olayın sizin başınızdan geçtiğini hayal etmeniz ve bu olaya neyin neden olduğunu düşünmenizdir. Ayrıca, sizden her olay için sizce en önemli bulduğunuz bir nedeni belirtmeniz de istenmektedir. Olayların birden fazla nedeni olabilir. Lütfen her olaydan sonra o olay için en önemli bulduğunuz tek bir "nedeni" verilen boşluğa yazınız. Daha sonra yazdığınız "neden" ve o olayla ilgili sorulara cevap veriniz.

Özet olarak sizden istenen şudur:

1. Her olayı dikkatle okuyun ve o olayın sizin başınızdan geçtiğini düşünerek mümkün olduğu kadar hayalinizde canlandırmaya çalışınız.

2. Eğer böyle bir olay sizin başınızdan geçseydi, buna yol açan ana neden ne olurdu? Düşündüğünüz bu ana nedeni verilen boşluğa yazınız.

3. Neden ve olay hakkındaki dört soruyu cevaplayınız. Bu soruların her birinin altında 7 dereceli bir ölçek bulunmaktadır. Sizden istenen bu nedenin etki derecesi hakkındaki düşüncenizi bu ölçek üzerindeki sayılardan birini işaretleyerek belirtmenizdir.

4. Aynı işlemi verilen 12 olay için tekrarlayınız.

1. Karşılaştığınız bir arkadaşınız görünüşünüzle ilgili olarak size iltifatta bulunuyor. (Her şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Size iltifat almanıza yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. Arkadaşınızın size iltifat etmesinin bu nedeni size ait özelliklerden mi, yoksa arkadaşınıza veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

| Tamamen arkadaşıma veya başka şartlara ait özelliklerden kaynaklanmaktadır | 1 2 3 4 5 6 7 | Tamamen bana ait özelliklerden kaynaklanmaktadır |

c. İleride tekrar bir arkadaşınızdan iltifat alırsanız, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

| Bir daha geçerli olmayacaktır | 1 2 3 4 5 6 7 | Her zaman geçerli olacaktır |

d. Belirttiğiniz bu neden yalnızca arkadaşınızdan görünüşünüzle ilgili iltifat almanızı mı etkiler, yoksa hayatınızın başka yönlerinde etkili olur mu?

| Yalnızca arkadaşımdan görünüşümle ilgili iltifat almama etki eder | 1 2 3 4 5 6 7 | Hayatımın bütün yönlerine etki eder |

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

| Hiç önemli olmazdı | 1 2 3 4 5 6 7 | Çok önemli olurdu |

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2. Uzun süreden beri iş aramakta olduğunuz halde iş bulamıyorsunuz. (Her şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce iş bulamamanıza yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. İş bulamamanızın bu nedeni size ait özelliklerden mi, yoksa başka insanlar veya şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen başka insanlar veya şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar iş aradığınızda, yukarıda belirttiğiniz neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Belirttiğiniz bu neden yalnızca iş bulamamanızı mı etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca iş bulamamama etki eder	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

3. Çok zengin oluyorsunuz.
   (Her şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce çok zengin olmanıza yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. Çok zengin olmanızın bu nedeni size ait özelliklerden mi, yoksa başka insanlar veya şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen başka insanlar veya şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanma ktadır

c. İleride zenginliğinizin devamında ya da artmasında, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Belirttiğiniz bu neden yalnızca zengin olmanızı mı etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca zengin olmama etki eder	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

4. Derdini anlatma amacıyla size gelen bir arkadaşınıza yardım için hiç çaba göstermiyorsunuz. (Her şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce arkadaşınıza yardım etmek için hiç çaba göstermemenize yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. Yardım için hiç çaba göstermemenizin bu nedeni size ait özelliklerden mi, yoksa arkadaşınıza veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen arkadaşıma veya başka özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar bir arkadaşınız derdini anlatmak amacıyla size geldiğinde yardım için çaba göstermediğinizde, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Belirttiğiniz bu neden yalnızca yardım isteyen arkadaşınıza karşı davranışınızı mı etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca yardım isteyen arkadaşıma karşı davranışıma etki eder	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

5. Bir topluluk karşısında yaptığınız önemli bir konuşmaya dinleyicilerin tepkisi olumsuz oluyor. <u>(Her şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)</u>

a. Sizce bu olumsuz tepkiye yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. Olumsuz tepki almanın bu nedeni size ait özelliklerden mi, yoksa dinleyicilere veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen dinleyicilere veya başka şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar yaptığınız önemli bir konuşmaya olumsuz tepki aldığınızda, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca yaptığınız konuşmaya olumsuz tepki almanızı mı etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca yaptığım konuşmanın olumsuz tepki almasına etki eder	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

6. Yaptığınız bir çalışma sonucu çok takdir ediliyorsunuz.
  (Her şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce çalışmanızın takdir edilmesine yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. Çalışmanızın takdir edilmesinin bu nedeni size ait özelliklerden mi, yoksa başka insanlar veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen başka insanlara, başka şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. Bir süre sonra tekrar yaptığınız bir çalışma sonucu takdir edildiğinizde, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca çalışmanızın takdir edilmesini mi etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca yaptığım çalışmanın takdir edilmesine etki eder	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

7. Karşılaştığınız bir arkadaşınız size kötü davranıyor.
   (Her Şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce arkadaşınızın, size kötü davranmasına yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. Arkadaşınızın size kötü davranmasının bu nedeni size ait özelliklerden mi, yoksa arkadaşınıza veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen arkadaşıma veya başka şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar bir arkadaşınız size kötü davrandığında, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca arkadaşınızdan kötü muamele görmenizi mi etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca arkadaşımdan kötü muamele görmeme etki eder	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

8. Başkalarının sizden yapmanızı istedikleri işlerin hepsini bitiremiyorsunuz. <u>(Her Şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)</u>

a. Sizce istenilen işletin hepsini bitirememenize yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. İstenilen işlerin hepsini bitirememenizin bu nedeni size ait özelliklerden mi, yoksa başka insanlar veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen başka insanlar veya şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar sizden istenilen işlerin hepsini bitiremediğinizde, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca sizden istenilen işlerin hepsini bitirememenizi mi etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca benden istenilen işlerin hepsini bitiremememi etkiler	1 2 3 4 5 6 7	Hayatımın bütün yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

9. Eşiniz (nişanlınız, flörtünüz veya bir arkadaşınız) son günlerde size her zamankinden fazla sevgi gösteriyor. <u>(Her Şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)</u>

a. Sizce eşinizin (nişanlınızın, flörtünüzün veya bir arkadaşınızın) size her zamankinden fazla sevgi göstermesine yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

……………………………………………………………….....

b. Size daha fazla sevgi göstermesinin bu nedeni size ait özelliklerden mi, yoksa eşinize (nişanlınıza, flörtünüze veya arkadaşınıza) veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen eşime (nişanlıma, flörtüme veya arkadaşıma) veya başka şartlara ait özelliklerden kaynaklanmaktadır   1 2 3 4 5 6 7   Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar eşiniz (nişanlınız, flörtünüz veya arkadaşınız) size her zamankinden fazla sevgi gösterdiğinde, yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır   1 2 3 4 5 6 7   Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca eşinizden (nişanlınızdan, flörtünüzden veya arkadaşınızdan) her zamankinden fazla sevgi görmenizi mi etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca eşimden (nişanlımdan, flörtümden, arkadaşımdan) her zamankinden fazla sevgi görmeme etki eder   1 2 3 4 5 6 7   Hayatımın bütü yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı   1 2 3 4 5 6 7   Çok önemli olurdu

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10. Çok istediğiniz bir işe girebilmek için başvuruyorsunuz ve başvurunuz kabul edilerek işe giriyorsunuz. <u>(Her Şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)</u>

a. Sizce işe kabul edilmenize yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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b. İşe kabul edilmenizin bu nedeni size ait özelliklerden mi, yoksa başka insanlar veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen başka insanlara veya şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. İleride tekrar başvurduğunuz bir işe kabul edilirseniz yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca çok istediğiniz bu işe kabul edilmenizi mi etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca söz konusu bu işe kabul edilmemi etkiler	1 2 3 4 5 6 7	Hayatımın bütü yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

11. Nişanlınızla (flörtünüzle veya bir arkadaşınızla) buluşuyorsunuz, fakat umduğunuz gibi güzel vakit geçiremiyorsunuz. (Her Şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce umduğunuz gibi güzel vakit geçirememenize yol açan en önemli

bulduğunuz   tek   bir   nedeni   aşağıya   yazınız.

……………………………………………………………………......

b. Güzel vakit geçirememenizin bu nedeni size ait özelliklerden mi, yoksa nişanlınıza (flörtünüze veya bir arkadaşınıza) veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen nişanlıma (flörtüme, arkadaşıma) veya başka şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanma ktadır

c. İleride tekrar nişanlınızla (flörtünüzle veya arkadaşınızla) buluştuğunuzda güzel vakit geçiremezseniz yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca nişanlınıza (flörtünüzle veya arkadaşınızla) buluştuğunuzda iyi vakit geçirememenizi mi etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca nişanlımla (flörtümle veya arkadaşımla) buluştuğumda iyi vakit geçiremememe etki eder	1 2 3 4 5 6 7	Hayatımın bütü yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

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12. Özel bir işte çalışıyorsunuz ve maaşınız artıyor.
   (Her Şıkta Size Uygun Gelen Sayıyı Daire İçine Alınız)

a. Sizce maaşınızın artmasına yol açan en önemli bulduğunuz tek bir nedeni aşağıya yazınız.

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…………………………………………………………………………

b. Maaşınız artmasının bu nedeni size ait özelliklerden mi, yoksa başka insanlara veya başka şartlara ait özelliklerden mi kaynaklanmaktadır?

Tamamen başka insanlara veya başka şartlara ait özelliklerden kaynaklanmaktadır	1 2 3 4 5 6 7	Tamamen bana ait özelliklerden kaynaklanmaktadır

c. Bir süre sonra tekrar maaşınız arttığında yukarıda belirttiğiniz bu neden yine geçerli olacak mıdır?

Bir daha geçerli olmayacaktır	1 2 3 4 5 6 7	Her zaman geçerli olacaktır

d. Yukarıda belirttiğiniz bu neden yalnızca maaşınızın artmasını mı etkiler, yoksa hayatınızın başka yönlerinde de etkili olur mu?

Yalnızca maaşımın artmasına etki eder	1 2 3 4 5 6 7	Hayatımın bütü yönlerine etki eder

e. Başınızdan bu tür bir olay geçseydi, bu olay sizin için ne kadar önemli olurdu?

Hiç önemli olmazdı	1 2 3 4 5 6 7	Çok önemli olurdu

TURKISH VERSION OF WAYS OF COPING INVENTORY (WCI)

Bir genç olarak çeşitli sorunlarla karşılaşıyor ve bu sorunlarla başa çıkabilmek için çeşitli duygu, düşünce ve davranışlardan yararlanıyor olabilirsiniz.

Sizden istenilen karşılaştığınız sorunlarla başa çıkabilmek için neler yaptığınızı göz önünde bulundurarak, aşağıdaki maddeleri cevap kağıdı üzerinde işaretlemenizdir. Lütfen her bir maddeyi dikkatle okuyunuz ve cevap formu üzerindeki aynı maddeye ait cevap şıklarından birini daire içine alarak cevabınızı belirtiniz. Başlamadan önce örnek maddeyi incelemeniz yararlı olacaktır.

ÖRNEK:

Madde 4. İyimser olmaya çalışırım.	**Hiç Uygun Değil**	**Pek Uygun Değil**	**Uygun**	**Oldukça Uygun**	**Çok Uygun**
	1	2	③	4	5

	Hiç uygun değil	**Pek uygun değil**	**Uygun**	**Oldukça uygun**	**Çok uygun**
1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım	1	2	3	4	5
2. Bir sıkıntım olduğunu kimsenin bilmesini istemem	1	2	3	4	5
3. Bir mucize olmasını beklerim	1	2	3	4	5
4. İyimser olmaya çalışırım	1	2	3	4	5
5. " Bunu da atlatırsam sırtım yere gelmez " diye düşünürüm	1	2	3	4	5
6. Çevremdeki insanlardan problemimi çözmede bana yardımcı olmalarını beklerim	1	2	3	4	5

	Hiç uygun değil	Pek uygun değil	Uygun	Oldukça uygun	Çok uygun
7. Bazı şeyleri büyütmemeye üzerinde durmamaya çalışırım	1	2	3	4	5
8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım	1	2	3	4	5
9. Bu sıkıntılı dönem bir an önce geçsin isterim	1	2	3	4	5
10. Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım	1	2	3	4	5
11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya çalışırım	1	2	3	4	5
12. Problemin kendiliğinden hallolacağına inanırım	1	2	3	4	5
13. Ne olursa olsun kendimde direnme ve mücadele etme gücü hissederim	1	2	3	4	5
14. Başkalarının rahatlamama yardımcı olmalarını beklerim	1	2	3	4	5
15. Kendime karşı hoşgörülü olmaya çalışırım	1	2	3	4	5
16. Olanları unutmaya çalışırım	1	2	3	4	5
17. Telaşımı belli etmemeye ve sakin olmaya çalışırım	1	2	3	4	5
18. " Başa gelen çekilir " diye düşünürüm	1	2	3	4	5
19. Problemin ciddiyetini anlamaya çalışırım	1	2	3	4	5
20. Kendimi kapana sıkışmış gibi hissederim	1	2	3	4	5

	Hiç uygun değil	Pek uygun değil	Uygun	Oldukça uygun	Çok uygun
21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim	1	2	3	4	5
22. Hayatta neyin önemli olduğunu keşfederim	1	2	3	4	5
23. " Her işte bir hayır vardır " diye düşünürüm	1	2	3	4	5
24. Sıkıntılı olduğumda her zamankinden fazla uyurum	1	2	3	4	5
25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem	1	2	3	4	5
26. Dua ederek Allah'tan yardım dilerim	1	2	3	4	5
27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım	1	2	3	4	5
28. Olanla yetinmeye çalışırım	1	2	3	4	5
29. Olanları kafama takıp sürekli düşünmekten kendimi alamam	1	2	3	4	5
30. İçimde tutmaktansa paylaşmayı tercih ederim	1	2	3	4	5
31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım	1	2	3	4	5
32. Sanki bu bir sorun değilmiş gibi davranırım	1	2	3	4	5
33. Olanlardan kimseye söz etmemeyi tercih ederim	1	2	3	4	5
34. " İş olacağına varır " diye düşünürüm	1	2	3	4	5
35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım	1	2	3	4	5

	Hiç uygun değil	Pek uygun değil	Uygun	Oldukça uygun	Çok uygun
36. İşin içinden çıkamayınca "elimden birşey gelmiyor" der, durumu olduğu gibi kabullenirim	1	2	3	4	5
37. İlk anda aklıma gelen kararı uygularım	1	2	3	4	5
38. Ne yapacağıma karar vermeden önce arkadaşlarımın fikrini alırım	1	2	3	4	5
39. Her şeye yeniden başlayacak gücü bulurum	1	2	3	4	5
40. Problemin çözümü için adak adarım	1	2	3	4	5
41. Olaylardan olumlu bir şey çıkarmaya çalışırım	1	2	3	4	5
42. Kırgınlığımı belirtirsem kendimi rahatlamış hissederim	1	2	3	4	5
43. Alın yazısına ve bunun değişmeyeceğine inanırım	1	2	3	4	5
44. Soruna birkaç farklı çözüm yolu ararım	1	2	3	4	5
45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım	1	2	3	4	5
46. " Olanları keşke değiştirebilseydim " derim	1	2	3	4	5
47. Aile büyüklerine danışmayı tercih ederim	1	2	3	4	5
48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım	1	2	3	4	5
49. " Herşeye rağmen elde ettiğim bir kazanç vardır " diye düşünürüm	1	2	3	4	5

	Hiç uygun değil	Pek uygun değil	Uygun	Oldukça uygun	Çok uygun
50. Gururumu koruyup güçlü görünmeye çalışırım	1	2	3	4	5
51. Bu işin kefaretini (bedelini) ödemeye çalışırım	1	2	3	4	5
52. Problemi adım adım çözmeye çalışırım	1	2	3	4	5
53. Elimden hiç birşeyin gelmeyeceğine inanırım	1	2	3	4	5
54. Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım	1	2	3	4	5
55. Problemin çözümü için hocaya okunurum	1	2	3	4	5
56. Herşeyin istediğim gibi olmayacağına inanırım	1	2	3	4	5
57. Bu dertten kurtulayım diye fakir fukaraya sadaka veririm	1	2	3	4	5
58. Ne yapılacağını planlayıp ona göre davranırım	1	2	3	4	5
59. Mücadeleden vazgeçerim	1	2	3	4	5
60. Sorunun benden kaynaklandığını düşünürüm	1	2	3	4	5
61. Olaylar karşısında "kaderim buymuş" derim	1	2	3	4	5
62. Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım	1	2	3	4	5
63. " Keşke daha güçlü bir insan olsaydım " diye düşünürüm	1	2	3	4	5

	Hiç uygun değil	Pek uygun değil	Uygun	Oldukça uygun	Çok uygun
64. Nazarlık takarak, muska taşıyarak benzer olayların olmaması için önlemler alırım	1	2	3	4	5
65. Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm	1	2	3	4	5
66. " Benim suçum ne " diye düşünürüm	1	2	3	4	5
67. " Allah'ın takdiri buymuş " diye kendimi teselli ederim	1	2	3	4	5
68. Temkinli olmaya ve yanlış yapmamaya çalışırım	1	2	3	4	5
69. Bana destek olabilecek kişilerin varlığını bilmek beni rahatlatır	1	2	3	4	5
70. Çözüm için kendim birşeyler yapmak istemem	1	2	3	4	5
71. " Hep benim yüzümden oldu " diye düşünürüm	1	2	3	4	5
72. Mutlu olmak için başka yollar ararım	1	2	3	4	5
73. Hakkımı savunabileceğime inanırım	1	2	3	4	5
74. Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissederim	1	2	3	4	5

TURKISH VERSION OF TEST OF SELF-CONSCIOUS EMOTIONS-3 (TOSCA-3)

Aşağıda insanların günlük yaşamlarında karşılaşmaları mümkün olaylar ve bu olaylara verilen yaygın bazı tepkiler vardır.

Her senaryoyu okurken, kendinizi o durumda hayal etmeye çalışın. Sonra, tanımlanan her durumda tepki verme olasılığınızı belirtin. Sizden bütün cevapları değerlendirmenizi istiyoruz, çünkü insanlar aynı duruma karşı birden fazla şey hissedebilir veya birden fazla tepki gösterebilir, ya da farklı zamanlarda farklı şekillerde tepki gösterebilirler.

Yukarıdaki örnekte, bütün cevapları, bir sayıyı yuvarlak içine alarak değerlendirdim. (a) cevabı için "1" i yuvarlak içine aldım çünkü bir cumartesi sabahı arkadaşımı çok erken uyandırmak istemezdim. Bu yüzden, bunu yapma olasılığım pek mümkün değil. (b) cevabı için "5" i yuvarlak içine aldım, çünkü eğer sabah zaman varsa nerdeyse her zaman gazete okurum (çok mümkün). (c) cevabı için "3" ü yuvarlak içine aldım, çünkü benim için bu cevap yarı yarıya bir olasılık. Bazen yağmurla ilgili hayal kırıklığı hissederim, bazen hissetmezdim; bu, planladığım şeye bağlı olurdu. Ve (d) cevabı için "4" ü yuvarlak içine aldım, çünkü büyük olasılıkla neden bu kadar erken kalktığımı merak ederdim

Lütfen hiçbir maddeyi atlamayın, bütün cevapları değerlendirin.

Örnek: Bir cumartesi sabahı erkenden uyandınız. Dışarıda hava soğuk ve yağmurlu.					
	Mümkün Değil			**Çok Mümkün**	
a) Havadisleri almak için bir arkadaşınıza telefon ederdiniz	1	2	3	4	5
b) Gazete okumak için fazladan zaman harcardınız	1	2	3	4	5
c) Hava yağmurlu olduğu için hayal kırıklığı hissederdiniz	1	2	3	4	5
d) Neden bu kadar erken kalktığınızı merak ederdiniz	1	2	3	4	5

1) Bir arkadaşınızla öğle yemeğinde buluşmak için plan yapıyorsunuz. Saat 5'te onu beklettiğinizi fark ediyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) "Düşüncesizim" diye düşünürdünüz	1	2	3	4	5
b) "Beni anlayacaktır" diye düşünürdünüz	1	2	3	4	5
c) Bu durumu olabildiğince onun üzerine yıkmanız gerektiğini düşünürdünüz	1	2	3	4	5
d) "Patronum öğle yemeğinden az önce beni meşgul etti" diye düşünürdünüz	1	2	3	4	5

2) İşyerinde bir şey kırıyorsunuz ve sonra onu saklıyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) "Bu beni tedirgin ediyor. Onu ya kendim tamir etmeliyim ya da birine tamir ettirmeliyim" diye düşünürdünüz	1	2	3	4	5
b) İşi bırakmayı düşünürdünüz	1	2	3	4	5
c) "Bu günlerde birçok şey iyi yapılmıyor" diye düşünürdünüz	1	2	3	4	5
d) "Bu sadece bir kazaydı" diye düşünürdünüz	1	2	3	4	5

3) (İşyerinde) Bir projeyi planlamak için son dakikaya kadar bekliyorsunuz ve kötü sonuçlanıyor.					
	Mümkün Değil				Çok Mümkün
a) Kendinizi yetersiz hissederdiniz	1	2	3	4	5
b) "Gün içinde asla yeterli zaman yok" diye düşünürdünüz	1	2	3	4	5
c) "Projeyi kötü yönettiğim için kınanmayı hak ediyorum" diye hissederdiniz	1	2	3	4	5
d) "Yapılmış yapılmıştır" diye düşünürdünüz	1	2	3	4	5

4) (İşyerinde) Bir hata yapıyorsunuz ve bu hatadan dolayı bir (iş) arkadaşınızın suçlandığını öğreniyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) Firmanın (iş) arkadaşınızdan hoşlanmadığını düşünürdünüz	1	2	3	4	5
b) "Hayat adil değil" diye düşünürdünüz	1	2	3	4	5
c) Sessiz kalırdınız ve o (iş) arkadaşınızdan kaçınırdınız	1	2	3	4	5
d) Mutsuz hisseder ve durumu düzeltmeye gayret ederdiniz	1	2	3	4	5

5) Oyun oynarken, bir top atıyorsunuz ve arkadaşınızın suratına çarpıyor.					
	Mümkün Değil				Çok Mümkün
a) Bir topu bile atamadığınız için kendinizi yetersiz hissederdiniz	1	2	3	4	5
b)Arkadaşınızın belki de top yakalama konusunda daha fazla pratiğe ihtiyacı olduğunu düşünürdünüz	1	2	3	4	5
c) "Bu sadece bir kazaydı"diye düşünürdünüz	1	2	3	4	5
d) Özür dilerdiniz ve arkadaşınızın daha iyi hissettiğinden emin olurdunuz	1	2	3	4	5

6) Yolda araba sürüyorsunuz ve küçük bir hayvana çarpıyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) Hayvanın yolda olmaması gerektiğini düşünürdünüz	1	2	3	4	5
b) "Rezil biriyim" diye düşünürdünüz	1	2	3	4	5
c) "Bu bir kazaydı" diye hissederdiniz	1	2	3	4	5
d) Arabayı daha dikkatli sürmediğiniz için kötü hissederdiniz	1	2	3	4	5

7) Bir sınavdan son derece iyi yaptığınızı düşünerek çıkıyorsunuz. Sonra, daha kötü yaptığınızı anlıyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) "Sadece bir sınav" diye düşünürdünüz	1	2	3	4	5
b) "Hoca benden hoşlanmıyor" diye düşünürdünüz	1	2	3	4	5
c) "Daha fazla çalışmalıydım" diye düşünürdünüz	1	2	3	4	5
d) Kendinizi aptal gibi hissederdiniz	1	2	3	4	5

8) Bir grup arkadaşınızla dışarıdayken, orada olmayan bir arkadaşınızla dalga geçiyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) "Sadece eğlence içindi, zararsız birşey" diye düşünürdünüz	1	2	3	4	5
b) Tıpkı bir fare gibi küçük hissederdiniz	1	2	3	4	5
c) O arkadaşınızın belki de kendini savunmak için orada bulunması gerektiğini düşünürdünüz	1	2	3	4	5
d) Özür dilerdiniz ve o kişinin iyi yönleri hakkında konuşurdunuz	1	2	3	4	5

9) İşyerinde, önemli bir projede büyük bir hata yapıyorsunuz. Projede çalışanlar size bağlıydı ve patronunuz sizi eleştiriyor.					
	Mümkün Değil				Çok Mümkün
a) Patronunuzun sizden ne beklenildiğiyle ilgili daha net olması gerektiğini düşünürdünüz	1	2	3	4	5
b) Saklanmak istediğinizi hissederdiniz	1	2	3	4	5
c) "Sorunu anlamalı ve daha iyi bir iş çıkarmalıydım" diye düşünürdünüz	1	2	3	4	5
d) "Hiçkimse mükemmel değildir ki" diye düşünürdünüz	1	2	3	4	5

10) Onlar tatildeyken, arkadaşınızın köpeğine bakıyorsunuz ve köpek kaçıyor.					
	Mümkün Değil				Çok Mümkün
a) "Ben sorumsuz ve yetersizim" diye düşünürdünüz	1	2	3	4	5
b) Arkadaşınızın köpeğine çok iyi bakmadığını yoksa köpeğin kaçmayacağını düşünürdünüz	1	2	3	4	5
c) Gelecek sefer daha dikkatli olmaya söz verirdiniz	1	2	3	4	5
d) Arkadaşınızın yeni bir köpek alabileceğini düşünürdünüz	1	2	3	4	5

11) (İş) arkadaşınızın evindeki "Hoşgeldin" partisine katılıyorsunuz ve yeni, krem rengi halılarına kırmızı şarap döküyorsunuz ama kimsenin fark etmediğini düşünüyorsunuz.					
	Mümkün Değil				Çok Mümkün
a) Arkadaşınızın böyle bir partide bazı kazaların olabileceğini beklemesi gerektiğini düşünürdünüz	1	2	3	4	5
b) Partiden sonra lekeyi temizlemeye yardım için geç vakte kadar kalırdınız	1	2	3	4	5
c) Bu parti dışında herhangi başka bir yerde olmayı dilerdiniz	1	2	3	4	5
d) Arkadaşınızın neden yeni, açık renkli bir halıyla kırmızı şarap ikram etmeyi uygun gördüğünü merak ederdiniz	1	2	3	4	5

TURKISH VERSION OF BECK DEPRESSION INVENTORY
(BDI)

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

1.

    a) Kendimi üzgün hissetmiyorum.

    b) Kendimi üzgün hissediyorum.

    c) Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.

    d) Öylesine üzgün ve mutsuzum ki dayanamıyorum.

2.

    a) Gelecekten umutsuz değilim.

    b) Geleceğe biraz umutsuz bakıyorum.

    c) Gelecekten beklediğim hiçbir şey yok.

    d) Benim için bir gelecek yok ve bu durum düzelmeyecek.

3.

    a) Kendimi başarısız görmüyorum.

    b) Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.

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

    d) Kendimi tümüyle başarısız bir insan olarak görüyorum.

4.

    a) Her şeyden eskisi kadar zevk alabiliyorum.

    b) Her şeyden eskisi kadar zevk alamıyorum.

    c) Artık hiçbir şeyden gerçek bir zevk alamıyorum.

    d) Bana zevk veren hiçbir şey yok. Her şey çok sıkıcı.

5.

    a) Kendimi suçlu hissetmiyorum.

    b) Arada bir kendimi suçlu hissettiğim oluyor.

    c) Kendimi çoğunlukla suçlu hissediyorum.

    d) Kendimi her an için suçlu hissediyorum.

6.

    a) Cezalandırıldığımı düşünmüyorum.

    b) Bazı şeyler için cezalandırılabileceğimi hissediyorum.

    c) Cezalandırılmayı bekliyorum.

    d) Cezalandırıldığımı hissediyorum.

7.

    a) Kendimden hoşnudum.

    b) Kendimden pek hoşnut değilim.

    c) Kendimden hiç hoşlanmıyorum.

    d) Kendimden nefret ediyorum.

8.

    a) Kendimi diğer insanlardan daha kötü görmüyorum.

    b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.

    c) Kendimi hatalarım için her zaman suçluyorum.

    d) Her kötü olayda kendimi suçluyorum.

9.

    a) Kendimi öldürmek gibi düşüncelerim yok.

    b) Bazen kendimi öldürmeyi düşünüyorum fakat bunu yapamam.

    c) Kendimi öldürebilmeyi isterdim.

    d) Bir fırsatını bulursam kendimi öldürürdüm.

10.

    a) Her zamankinden daha fazla ağladığımı sanmıyorum.

    b) Eskisine göre şu sıralarda daha fazla ağlıyorum.

    c) Şu sıralar her an ağlıyorum.

    d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.

11.

    a) Her zamankinden daha sinirli değilim.

    b) Her zamankinden daha kolayca sinirleniyor ve kızıyorum.

    c) Çoğu zaman sinirliyim.

    d) Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.

12.

    a) Diğer insanlara karşı ilgimi kaybetmedim.

    b) Eskisine göre insanlarla daha az ilgiliyim.

    c) Diğer insanlara karşı ilgimin çoğunu kaybettim.

    d) Diğer insanlara karşı hiç ilgim kalmadı.

13.

    a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.

    b) Şu sıralarda kararlarımı vermeyi erteliyorum.

    c) Kararlarımı vermekte oldukça güçlük çekiyorum.

    d) Artık hiç karar veremiyorum.

14.

  a) Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.

  b) Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyor ve üzülüyorum.

  c) Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler olduğunu hissediyorum.

  d) Çok çirkin olduğumu düşünüyorum.

15.

  a) Eskisi kadar iyi çalışabiliyorum.

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

  c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.

  d) Hiçbir iş yapamıyorum.

16.

  a) Eskisi kadar rahat uyuyabiliyorum.

  b) Şu sıralar eskisi kadar rahat uyuyamıyorum.

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

  d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.

17.

  a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.

  b) Eskisinden daha çabuk yoruluyorum.

  c) Şu sıralarda neredeyse her şey beni yoruyor.

  d) Öyle yorgunum ki hiçbir şey yapamıyorum.

18.

    a) İştahım eskisinden pek farklı değil.

    b) İştahım eskisi kadar iyi değil.

    c) Şu sıralarda iştahım epey kötü.

    d) Artık hiç iştahım yok.

19.

    a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.

    b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.

    c) Son zamanlarda beş kilodan fazla kaybettim.

    d) Son zamanlarda yedi kilodan fazla kaybettim.

Daha az yiyerek kilo kaybetmeye çalışıyorum. EVET ( ) HAYIR ( )

20.

    a) Sağlığım beni pek endişelendirmiyor.

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

    c) Ağrı, sızı gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.

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

21.

    a) Son zamanlarda cinsel yaşantımda dikkatimi çeken bir şey yok.

    b) Eskisine göre cinsel konularla daha az ilgileniyorum.

    c) Şu sıralarda cinsellikle pek ilgili değilim.

    d) Artık, cinsellikle hiçbir ilgim kalmadı.

TURKISH SUMMARY

ÜNİVERSİTE ÖĞRENCİLERİNDE UTANCA YATKINLIK, SUÇLULUĞA YATKINLIK VE BUNLARIN YÜKLEME BİÇİMLERİ, BAŞA ÇIKMA STRATEJİLERİ VE DEPRESİF SEMPTOM DÜZEYİ İLE İLİŞKİSİ

1.GİRİŞ

Duyguların insan yaşamındaki önemi çok büyüktür. Duygular bilişsel düzey, davranışlar ve psikopatoloji ile yakından ve karşılıklı bir ilişki içerisindedir. Bu sebeple de duygular, bilişsel fonksiyonlar, davranışlar ve psikopatoloji arasındaki çalışmalar uzun yıllardır devam etmektedir. Literatür bulgularına göre, moral duygulardan biri olan suçluluk duygusunun daha fonksiyonel olduğu düşünülürken, diğer bir moral duygu olan utanç duygusunun daha yıkıcı ve zaman zaman da psikopatolojinin, özellikle de depresyonun, önemli bir nedeni olduğu düşünülmektedir. Dahası, literatür bulgularında, utanca yatkınlığın, suçluluğa yatkınlığın ve depresif semptom düzeyinin yükleme biçimleri ve başa çıkma stratejileri ile de ilişkili olduğu görülmektedir. Sonuç olarak, bu araştırmada, utanca yatkınlığın, suçluluğa yatkınlığın, yükleme biçimlerinin ve başa çıkma stratejilerinin hep birlikte ele alınarak birbirleri ve depresif semptom düzeyi ile olan ilişkilerinin irdelenmesinin, Türkiye'deki klinik alan araştırma ve uygulamalarına önemli bir katkı sağlayacağı değerlendirilmektedir.

1.1. Literatür Özeti

Utanç ve suçluluk duyguları yıllardır araştırmacıların ilgisini çeken konular olmuşlardır. Her iki duygu da uygun dozda yaşandığında fedakârlık

davranışlarını motive eden, kişiyi antisosyal davranışlardan koruyan fonksiyonel duygulardır. Ancak bu duyguların aşırı şekillerde yaşanması uyumu zorlaştırmaya ve psikopatolojiye yol açabilir. Bu çalışmada, suçluluk ve utanca yatkınlık, öğrenilmiş çaresizlik ve yükleme biçimleri, başa çıkma stratejileri ve depresif semptomatoloji ile birlikte ele alınmıştır.

1.1.1. Öğrenilmiş Çaresizlik ve Yükleme Biçimleri Kuramı

Seligman'ın (1992) orijinal öğrenilmiş çaresizlik kuramı ile depresyon ve daha birçok psikopatoloji açıklanmaya çalışılmıştır (Peterson & Seligman, 1984). Ancak orijinal haliyle bu kuram pek çok sorunu açıklamaya yeterli gelmemiştir. Öğrenilmiş çaresizlik kuramına göre, depresif duygu durumu içinde olan kişiler, eğer olumsuz olayların kendi kontrollerinde olmadığını düşünürlerse, dışsal nedenlere yüklemede bulunurlar. Fakat çeşitli çalışmalar kuramın savunduğunun aksine, depresif duygu durumu içerisinde olan kişilerin depresif duygu durumu içerisinde olmayanlara kıyasla olumsuz olayları ya da başarısızlıkları dışsal nedenlerden ziyade içsel nedenlere yüklediklerini göstermiştir (Klein, Fencil-Morse, & Seligman, 1976; Kupier, 1978; Rizley, 1978). Bu bulgular neticesinde, Abramson, Seligman, and Teasdale (1978) yükleme biçimleri kuramına dayalı yeni bir formulasyon geliştirmişlerdir. Yeniden formule edilmiş öğrenilmiş çaresizlik kuramı kendine güven kaybı, depresif duygu ve düşüncenin yaşamın farklı alanlarına yaygınlığı, şiddeti ve süresi hakkındaki bireysel farklılıklar ve olumsuz yaşam olayları hakkındaki içsel nedensel yüklemeler konularında açıklamalar getirmiştir.

Yeniden formule edilmiş öğrenilmiş çaresizlik kuramına göre, başka bir deyişle yükleme biçimleri kuramına göre, kişilerin olayları açıklama biçimleri (yükleme biçimleri), kontrol edemedikleri olumsuz olaylara karşı geliştirdikleri reaksiyonları etkiler. Yükleme biçimleri kuramı üç yükleme biçimini önermektedir (Abramson ve ark., 1978; Peterson & Seligman,

1984; Sweeney, Anderson, & Bailey, 1986). İlk yükleme boyutu içsel-dışsal yükleme boyutudur. Eğer kişi kendisini kontrol edilemeyen negatif olaylar hakkında sorumlu görürse (içsel nedensel yüklemeler yaparsa) kendisine olan güveni olumsuz yönde etkilenir. İkinci boyut değişmez-değişebilir yükleme boyutudur. Bu boyut çaresizlik hissinin ve depresif duygu durumunun süresi üzerinde etkilidir. Kontrol edilemeyen olumsuz olayı değişmez, kalıcı nedenlere yüklemek depresif semptomların uzun sürmesine, fakat değişebilecek, geçici nedenlere yüklemek semptomların kısa süreli olmasına sebep olur. Üçüncü boyut genel-özel boyutudur. Olumsuz ve kontrol edilemeyen olayların genel, yaygın nedenlere yüklenmesi çaresizlik duygularının yaşamın pek çok alanına genellenmesine sebep olmaktadır. Diğer taraftan, olumsuz ve kontrol edilemeyen olayların spesifik, özel nedenlere yüklenmesi çaresizlik duygusunun belli durumlar için yaşanmasına sebep olacaktır. Son olarak, içinde bulunulan durumun algılanan önemi, yani nedensel faktörlerin önemli-önemli değil boyutundaki yüklemeleri, depresif semptomların şiddetini belirler. Eğer kişiler olayların nedenlerine çok önem verirlerse, olumsuz olaylarla karşılaştıklarında depresif semptomları şiddetli yaşama olasılıkları o kadar fazladır (Abramson ve ark., 1978; Alloy ve ark., 1984; Peterson & Seligman, 1984; Sweeney, Anderson, & Bailey, 1986).

1.1.1.1. Yükleme Biçimleri ve Depresif Semptomatoloji Arasındaki İlişki

Yükleme biçimleri kuramını destekleyen pek çok çalışma vardır. Bu çalışmaların sonuçlarına göre, depresif semptomların süresi, şiddeti ve yaşamın geneline yayılıp yayılmaması yapılan nedensel yüklemelere bağlıdır. Kontrol edilemeyen olumsuz olayları içsel, değişmez ve genel nedenlere atfetmek depresif semptomları yaşama ihtimalini yükseltmektedir. (Adler, Kissel, Mc Adams, 2006; Joiner, 2001; Luten, Ralph & Mineka,

1997; Needeles & Abramson, 1990; Peterson & Seligman, 1984; Sturman, Mongrain, & Kohn, 2006; Sweeney, Anderson, & Bailey, 1986,)

Eğer kişilerin nedensel yüklemelerinde tipik eğilimler varsa, bir yükleme biçimleri vardır demektir. Olumsuz kontrol edilemeyen bir olay karşısında yaşanan belirsizlik durumlarında, yapılan nedensel yüklemeler kişinin bu alışılmış yükleme biçimi tarafından belirlenir (Alloy ve ark., 1984). Ancak, gizil yükleme biçimi depresif semptomların yaşanması için yeterli değildir. Bu daha çok bir risk faktörüdür. Depresif semptomların ortaya çıkması için, gerçek bir olumsuz olay yaşanması ya da yaşanacağının beklenmesi, bu olayın da içsel, değişmez ve yaygın nedenlere yüklenmesi gerekir (Abramson ve ark., 1978).

1.1.2. Başa Çıkma Stratejileri

İnsanlar herhangi bir olay karşısında, olayın kendilerine yönelik bir tehdit içerip içermediğini ve kendi başa çıkma kaynaklarının yeterli olup olmadığını değerlendirirler (Lazarus, 1993). Bu değerlendirme sonucuna göre hangi başa çıkma stratejisini kullanacaklarına karar verirler. Aslında birey ve çevre arasındaki ilişki karşılıklıdır, stres değerlendirmesi ve başa çıkma bu karşılıklı ilişkiye aracılık ederler (Folkman & Lazarus, 1980). Ayrıca, stres değerlendirmesi başa çıkma stratejilerinin seçiminde ve kullanımında belirleyici rol oynar. Aynı zamanda, stres değerlendirmesi ve başa çıkma tepkileri karşılıklı olarak da birbirlerini etkilemektedirler. Stres değerlendirmesi başa çıkma stratejilerini ve davranışlarını tetiklerken, başa çıkma stratejilerinin sonuçları da stres değerlendirmesini etkiler, hatta alternatif başa çıkma yolları geliştirilmesine neden olur (Folkman & Lazarus, 1980).

Lazarus ve Folkman (1985) stresle başa çıkmada temelde iki tip strateji üzerinde durmuşlardır. Birincisi, problem odaklı başa çıkma stratejileri, ikincisi ise duygu-odaklı başa çıkma stratejileri. Problem odaklı

başa çıkma stratejilerinde, kişi probleme neden olan durumu değiştirebileceğini değerlendirir ve problemin çözümüne yönelik adımlar atar. Duygu odaklı başa çıkmada kullanılan duygulara yönelik yaklaşımlar ise gerginliği azaltmada ve stres duygularını düzenlenmede etkilidir. Duygu odaklı yaklaşımlar, olay ile ilgili farklı değerlendirmeler yapmayı, olay hakkında düşünmekten kaçınmayı ve tehdit içeren durumla ilgili olarak tehdit edici olmadığı yönünde yeniden değerlendirmeler yapmayı içerir. Başa çıkma süreci genel olarak karmaşık bir süreçtir. İnsanlar bazı stres yaratan durumlarda bazı baş etme stratejilerini kullanırken, diğer stres yaratan durumlarda diğer baş etme stratejilerini kullanabilirler. Bir stres durumunda işe yarayan bir strateji, diğer bir durumda işe yaramayabilir. Hatta bazı baş etme stratejileri genellikle kişilikle ilgilidir, dolayısıyla daha kalıcıdır ve çok çeşitli durumlarda aynı baş etme stratejileri kullanılır (Folkman & Lazarus, 1985; Lazarus, 1993).

1.1.2.1. Başa Çıkma Stratejileri ve Depresif Semptomatoloji Arasındaki İlişki

Literatürde, depresif duygu durumu içerisinde olan ve olmayan kişilerin stresli yaşam olaylarını nasıl değerlendirdiklerine ve bunlarla nasıl başa çıktıklarına yönelik çeşitli araştırmalar mevcuttur. Literatür bulguları depresyon semptomları yaşayan kişiler ile yaşamayan kişilerin anlamlı düzeyde birbirlerinde farklı stres değerlendirmeleri ve başa çıkma stratejileri olduğunu göstermektedir (Folkman ve ark., 1986; Folkman & Lazarus, 1986; Hewitt, Flett, & Endler, 1995; Seltzer, Greenberg, & Krauss, 1995).

1.1.2.2. Başa Çıkma Stratejileri, Yükleme Biçimleri ve Depresif Semptomatoloji Arasındaki İlişki

Abramson ve ark. (1978)'nın yeniden reformule edilmiş öğrenilmiş çaresizlik kuramı (yükleme biçimleri kuramı) ile Lazarus ve Folkman (1984)'ın çevredeki olaylar hakkında yapılan değerlendirmelerin başa çıkma

stratejilerine etkisi hakkındaki açıklamaları birbirine benzerlik göstermektedir.

Çevredeki yaşam olaylarını içsel, değişmez ve genel nedenlerle açıklamak, başa çıkma stratejileri ve depresif semptomatoloji üzerinde, bu olayları dışsal, değişebilir ve özel nedenlerle açıklamaktan daha farklı bir etkiye sahiptir. Literatür bulguları, olumsuz yaşam olayları ya da başarısızlıklar ile ilgili olarak yapılan içsel, değişmez ve genel nedensel yüklemelerin problem odaklı baş etme stratejileri ile negatif yönde, duygu odaklı başa çıkma stratejileri ile ise pozitif yönde bir ilişki içerisinde olduğunu göstermektedir (Major, Mueller & Hildebrandt, 1985; Mikulincer, 1989).

1.1.3. Utanç ve Suçluluk Duyguları

Çeşitli disiplinler suçluluk ve utanç duyguları arasındaki farklılıkları açıklamaktadır. Farklılıklara ilişkin zaman zaman birbiri ile tutarsız bulgular olsa bile genel olarak kuramlar farklılığın temelinde yatan iki kavrama işaret etmektedir, bu kavramlar benlik ve nedensel yüklemelerdir (Tangney, 1990).

Klasik Freud kuramlarına göre, benliğe/kendine yönelik değerlendirmeler ve davranışa yönelik değerlendirmeler ayrıştırılmamıştır; ikisi de ego ile ilişkili görülmüş ve suçluluk olarak adlandırılmıştır.

Çağdaş Freud kuramları yanlılarından (Neo-Freudian) Piers ve Singer (1953) ise, suçluluk ve utanç kavramlarını ayrıştırmaya çalışmışlardır. Neo-Freudiyan kuramcılarına göre ego ve superego arasındaki ahenksizlik, uyumsuzluk suçluluk duygusuna sebep olurken, ego ve ideal-ego arasındaki uyumsuzluk utanca sebep olmaktadır. Bu Neo-Freudiyan kavramlaştırma, Helen Block Lewis (1971)'in utanç ve suçluluk duygularını yeniden kavramsallaştırmasında öncü olmuştur.

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Helen Block Lewis (1971)'e göre suçluluk ve utanç duygularının farklılaşmasında benliğin rolü çok önemlidir. Helen Block Lewis, bu yeniden kavramsallaştırmada psikodinamik ve bilişsel prensipleri bir araya getirmiş, birbirine entegre etmiştir. Suçluluk veya utanç duygularını yaşamak tamamen kişinin olayları subjektif değerlendirmesine göre değişir (Tangney, 1996).

Helen Block Lewis (1971)'in benlik kavramını temel alan yeniden kavramsallaştırmasından bu yana suçluluk ve utanç duygularının özelliklerini ve farklılıklarını ortaya koyan çok fazla çalışma yapılmıştır. Bu çalışmalarda (Ferguson ve ark., 1991; Lindsay-Hartz, 1984; Lindsay-Hartz ve ark., 1995; Niedenthal ve ark., 1994; Tangney, Miller, Flicker, & Barlow, 1996; Teroni & Deonna, 2008; Wicker ve ark., 1983), suçluluk ve utanç duyguları arasında bilişsel, motivasyonel ve afektif boyutlarda anlamlı farklılıklar olduğu vurgulanmaktadır.

1.1.3.1. Suçluluk ve Utanç Duygularının Karakteristik Özellikleri

Sosyal ortamlardan, kişilerarası ilişkilerden kaçınma, kendini saklama isteği, değersizlik ve güçsüzlük hisleri utanma duygusunun bir sonucudur. Bunların nedenleri ise, utanç yaşayan kişinin başkaları tarafından sürekli izlendiğini hissetmesi ve izleyicilerin düşüncelerinin kişi çok önemli olmasıdır. İşte bu durum kaçınma ve saklanma isteğine sebep olur (Tangney & Dearing, 2002).

Utanç duygusu içinde olan insan tamamen kendine odaklanır ve kendisini tamamen olumsuz olarak değerlendirir. Kendisini farklı algıladığının göstergeleri olan küçülmüşlük, değersizlik ve güçsüzlük hisleri içindedir (Tangney, 1990). Üstelik, Helen Block Lewis (1971) utanç duygusunun, sorumluluğu diğerlerine atarak kurtulma ve böylece karşı karşıya kalınan tehlikeyi azaltma ile ilgili olabileceğini de belirtmektedir.

Suçluluk ise, utanç duygusunun aksine, başka bir şeylere veya birilerine zarar vermeyi içeren belirli bir davranış ile ilgilidir. Suçluluk duygusunda negatif duygunun odağı, içsel, değişebilir, özel ve kontrol edilebilir nedensel yüklemeleri işaret eden spesifik davranıştır (Lindsay-Hartz, 1984; Tangney, Wagner, & Gramzow, 1992; Weiner, 1985). Suçluluk duygusu, kişi kötü bir şey yaptığını fark ettiği ve davranışlarını kontrol edebileceğini düşündüğü için rahatsız edicidir ama utanç duygusu kadar güçsüzleştirici ve yıkıcı değildir.

Suçluluk duygusunun kilit özellikleri bir davranışı yapmak veya yapmamak üzerine duyulan pişmanlık, sonuçları düzeltme yönündeki motivasyon ve özür dileme eğilimidir. Tüm benlik yerine spesifik bir davranış için özeleştiri yapılır (Lewis, 1971; Lindsay-Hartz, 1984; Lutwak, Panish, & Ferrari, 2003; Tangney, 1990; Wicker ve ark., 1983).

1.1.3.2. Suçluluk ve Utanç Duygularının Yükleme Biçimleri Açısından Kavramsallaştırılması

Literatür bulgularında, suçluluk ve utanç duygularının, bu çalışmadaki diğer iki değişken olan yükleme biçimleri ve başa çıkma stratejileri ile ilişkili olduğu rapor edilmektedir. Yükleme biçimleri kuramı suçluluk ve utanç duygularının bilişsel özelliklerini anlamada önemli bir rol oynar. Yükleme biçimi kuramına göre utanç duygusu, içsel, değişmez, genel ve kontrol edilemeyen nedensel yüklemelerden kaynaklanan bir afektif durum olarak tanımlanmaktadır. İnsanlar günlük yaşantılarında karşılaştıkları olayların nedenlerini, olayların, ilişkilerin, ilgili diğer insanların ve kendilerinin özelliklerini keşfetmeye çalışarak açıklığa kavuşturmaya ve anlamaya uğraşırlar. Eğer kişi negatif olayın kaynağını kendisi olarak görürse, suçluluk ya da utanç yaşamaya eğilimli olurlar. Hem suçluluk hem de utanç duygusu kendini suçlama ile ilgili duygulardır ve ikisi de içsel nedensel yüklemeleri barındırır (Tangney & Dearing, 2002).

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Utanç duygusunun odağı tüm benlik olduğundan, utanç yaşayan kişiler negatif olaylar veya başarısızlıklar karşısında içsel, değişmez ve genel nedensel faktörlere yüklemeler yapmaya daha eğilimlidirler. Buna ek olarak, bilişsel perspektife göre, utanç duyguları suçluluk duygularına kıyasla, psikopatoloji ile çok daha fazla ilintilidir. Suçluluk duygusu içinde olan kimse, negatif yaşantılarla veya başarısızlıklarla ilgili içsel fakat özel ve değişmez nedensel yüklemelerinden dolayı, hatayı düzeltme ve olumlu değişim konusunda daha umutludur.

1.1.3.3. Suçluluk ve Utanç Duyguları ile Başa Çıkma Stratejileri Arasındaki İlişki

Suçluluğa yatkın ve utanca yatkın kişilerin başa çıkma stratejilerinde farklılıklar mevcuttur. Utanç duygusu benliği hedef alırken suçluluk duygusu davranışa yönelmektedir. Bu farklılık motivasyonda da kendini göstermektedir. Suçluluk duygusu kişileri hatalarını itiraf etmeye, özür dilemeye ve hatayı düzeltmeye sevk ederken, utanç duygusu saklanma, kaçma isteği yaratır ve başkalarına karşı saldırganlığa yöneltir (Tangney, 1995a; Tangney & Dearing, 2002).

Suçluluğa veya utanca yatkın kişilerin davranışlarını, ilgili başa çıkma stratejilerini de harekete geçiren, stres değerlendirmesi belirler (Folkman & Lazarus, 1980). İki temel başa çıkma stratejisi olan problem odaklı başa çıkma stratejileri ve duygu odaklı başa çıkma stratejileri, suçluluğa yatkın kişiler ve utanca yatkın kişiler için farklı anlamlar ifade etmektedir. Problem odaklı başa çıkma stratejilerini kullanan kişiler problem yaratan durumda değişiklik yaratabileceklerini değerlendirirler. Benzer şekilde suçluluk duygusu yaşayan kişiler de pişmanlık hissi içindedir ve sebep olduğunu düşündüğü zararı ya da hatasını düzeltme, tamir etme konusunda motivasyonu vardır (Barrett, 1995). Duygu odaklı başa çıkma stratejilerinde ise gerginlik, problemi çözerek değil, tehdit yaratan durumla

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ilgili düşünmekten kaçınma ya da tehdit içermeyecek şekilde durumu yeniden değerlendirme gibi yollarla ortadan kalkar (Folkman & Lazarus, 1980; Lazarus, 1993). Benzer şekilde, utanca yatkın kişiler de itaatkar davranmaya, aciz hissetmeye ve problem yaratan durumda değişiklik yaratmamaya eğilimlidirler (Barrett, 1995).

Benliğin acı veren olumsuz yanlarına konsantre olduklarından, utanca yatkın kişiler negatif yaşam olayları ya da başarısızlık karşısında uygun başa çıkma stratejilerini kullanamazlar. Oysa suçluluğa yatkın kişiler kendi hatalı davranışları veya hatalarla ilgilendiklerinden, başarısızlıklarla çok daha uygun şekillerde başa çıkabilirler. Hem çevreyi hem de kendini değerlendirme ve algılama başa çıkmanın temel parçalarını oluşturduğundan, suçluluk ve utanç duygularının problem odaklı ve duygu odaklı başa çıkma stratejilerinde önemli etkisi olduğu düşünülmektedir.

1.1.3.4. Suçluluk ve Utanç Duyguları ile Psikopatoloji Arasındaki İlişki

Suçluluk ve utanç birbiriyle ilişkili negatif moral duygulardır; ancak her ikisinin de psikopatoloji üzerindeki etkileri farklıdır (Tangney, 1995b).

Literatürde, suçluluk ve utanç duyguları ile psikopatoloji arasındaki ilişkiyi gösteren pek çok çalışma vardır. Yalın halde bulunan, suçluluk duygusuyla karışmamış utanç duygusunun fobik anksiyete, obsesif-kompulsif eğilimler (Harder, 1995), olumsuz değerlendirilme korkusu (Lutwak & Ferrari, 1997b), benlik ile ilgili olumsuz düşünceler (Lutwak & Ferrari, 1996), depresyon, anksiyete, düşmanlık-kızgınlık, stres, sosyal anksiyete (Averill ve ark., 2002; Rüsch ve ark., 2007; Tangney & Dearing, 2002; Thompson & Berenbaum, 2006), kendini açık ve anlaşılır biçimde tanımlamada güçlük, problemlerden kaçınmak için savunma mekanizmalarının kullanımı (Lutwak, Ferrari, & Cheek, 1998), hem kişiliği hem de davranışları suçlama eğilimi, başkalarını suçlama eğilimi,

diğerleriyle yakınlaşma korkusu (Lutwak, Panish, & Ferrari, 2003) ile pozitif yönde ilişkili olduğu bulunmuştur.

Utanç duygusu ile karışmamış suçluluk duygusunun ise psikopatoloji ile ilişkisinin olmadığı, hatta bazı durumlarda negatif yönde ilişkili olduğu bildirilmiştir (Tangney & Dearing, 2002). Buna ek olarak, suçluluk duygusunun kendini açık ve anlaşılır biçimde ifade edebilme, kendilik değerinin farkında olma, sosyal ilişkileri sürdürebilme, sosyal ortamlarda bulunabilme (Lutwak, Ferrari, & Cheek, 1998), başarısızlıklar karşısında başkalarını suçlamama eğilimi, diğerleriyle yakınlık kurmaktan korkmama (Lutwak, Panish, & Ferrari, 2003) gibi değişkenlerle pozitif yönde ilişkili olduğu literatürde rapor edilmektedir.

1.1.3.5. Suçluluk ve Utanca Yatkınlık

Hem fiziksel hem de ruhsal sağlık üzerinde etkili olan utanca ve suçluluğa yatkınlığın gelişim sürecinde nasıl ortaya çıktığını anlamak çok önemlidir (Mills, 2005).

Çocuğun gelişim sürecinin çeşitli safhalarında kendisini farklı şekillerde tanımladığı göze çarpmaktadır. Bu durum suçluluk ve utanç duygularının yaşanmasında da farklılıklara yol açmaktadır. Aslında bu ilişki iki yönlüdür ve yaşanan suçluluk ve utanç duygularının yaşanma sıklığı ve yoğunluğu da gelişim sürecini ve bu süreçteki kendini tanımlamaları etkiler (Barrett, 1995; Damon & Hart, 1982).

Afektif mizaç geçici değildir, tam tersine gerçekten kuvvetli ve kalıcıdır, dolayısıyla suçluluğa yatkınlık ve utanca yatkınlık kişinin yaşamındaki pek çok alanda belirleyicidir.

Tüm insanlar günlük yaşamlarında, genel olarak, hem utanç hem de suçluluk duygularını yaşama kapasitesine sahiptir. Ancak, bazı insanlar daha çok utanç duygusunu, bazı insanlar ise daha çok suçluluk duygusunu

yaşarlar; işte bu durumda, bazı insanlar daha çok suçluluğa yatkın, bazıları ise utanca yatkın denilebilir (Tangney, 1990; Tangney & Dearing, 2002). Bir takım olumsuz durumlar açıkça, şüpheye yer bırakmayacak şekilde tek bir belirgin duyguya sebep olur, ancak, suçluluğa yatkınlık veya utanca yatkınlık belirsizlik durumlarında ortaya çıkar. Nedeni tam olarak belirgin bir duyguya sebep olmayan herhangi bir olay karşısında, kişi hangi duyguya daha çok yatkınsa onu yaşar. Bu bireysel farklılığı ortaya çıkartan birçok sebep vardır. Bunlardan birkaçı şöyle sıralanabilir:

1. Bağlanma şekilleri: Bağlanma şekilleri içerisinde güvensiz-kaçıngan bağlanma ve güvensiz-dirençli bağlanmanın utanca yatkınlığın ortaya çıkmasında önemli olduğu vurgulanmaktadır (Schore, 1996).

2. Tekrarlayan utanç duyguları: Günlük yaşantılar afektif önyargılar ve kişilik özellikleri için temel oluşturur (Jenkins & Oatley, 2000). Şema oluşumları sürekli tekrarlayan duyguların derin etkisi altındadır. Dolayısıyla, tekrar tekrar yaşanan utanç duygusu utanca yatkınlığa sebep olabilir (Mills, 2005). Ayrıca, utanç duygusunun baskın olduğu, karşılıklı anlayışın, sevginin ve ilginin eksik olduğu aile ortamları, ebeveynlerin sürekli tekrarlayan kızgınlıkları, disiplin tesis etme tarzları ve aşırı kontrolcü davranışları utanca yatkınlığın ortaya çıkmasında önemli faktörler olarak görülmektedir (Gilbert ve ark., 1996; Kaufman, 1996; Mills, 2005).

3. Standartlar, kurallar, amaçlar ve yükleme biçimlerinin kazanılması: Gelişim sürecindeki değişiklikler, standartlar ve kuralların içselleştirilmesinde rol oynar; bu içselleştirme genellikle geç çocukluk ve ergenlik döneminde gerçekleşir (Ferguson ve ark., 1991). Çocukların etraflarındaki insanlar hem kendi davranışlarını hem de çevrelerindeki olayları değerlendirir ve anlamlandırır. Çocuklar da etraflarındaki insanlardan olayları nasıl değerlendireceklerini ve anlamlandıracaklarını öğrenirler. Bilişsel perspektife göre, ebeveynlerin negatif yaşam olayları

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veya başarısızlıklar karşısında yaprıkları içsel, değişmez ve genel nedensel yüklemeleri, çocukları için yüksek standartlar belirlemeleri ve beklentilerini yüksek tutmaları, çocuklarda utanca yatkınlığın oluşmasını etkiler (Mills, 2005). Bundan başka, çocuğa sürekli negatif geri bildirimler vermek ve mizacını suçlamak, onun kendi mizacı hakkında değerler ve standartlar oluşturmasına, böylelikle de başarısızlıklar hakkında içsel başarılar hakkında dışsal nedensel yüklemeler yapmasına sebep olabilir (Lewis, 1995).

4. Sosyalleşmenin afektif üslup üzerindeki etkisi: Aile, çocuğunun afektif üslubunu genetik ve sosyalleşme yollarıyla belirler. Tangney ve Dearing (2002)'e göre, aileler en az üç sosyalleşme mekanizması yoluyla çocuklarının afektif üslubunu etkiler. Birincisi, ebeveynler etkili birer modeldir ve çocukları onların günlük etkileşimlerini dikkatlice gözlemler. Bu model alma, belli durumlar için uygun duygu, biliş ve davranış kalıplarını öğrenmede çok etkilidir (Tangney & Dearing, 2002). İkinci olarak, aile ortamının aile üyelerinin afektif üslubu üzerinde de kuvvetli etkisi vardır. Model almaya ek olarak, aile sistemi içerisindeki daha genel etkileşim de çocuğun afektif üslubunu etkiler (Tangney & Dearing, 2002). Üçüncü olarak, ailelerin inançları, değerleri ve bunlarla ilgili uygulamaları da çocukların afektif üslubunu etkiler.

5. Kardeşler arası ayrım yapılması: Kardeşler arasında ebeveynler tarafından yapılan ayrımcılık, ayrım yapılan çocuğa kendi değeri hakkında negatif bir mesaj gönderir ve bu durumun utanca yatkınlığın oluşumunda önemli bir rolü vardır (Gilbert ve ark., 1996).

1.2. Araştırmanın Amacı ve Hipotezler

Bu araştırmanın amacı, utanca yatkınlık ve suçluluğa yatkınlık ile yaşam olayları hakkındaki yükleme biçimleri, başa çıkma stratejileri ve depresif semptom düzeyi arasındaki ilişkileri saptamaktır. Ayrıca, bu

çalışmanın diğer bir hedefi de yükleme biçimleri ve başa çıkma stratejileri aracılığıyla utanca yatkınlık ve suçluluğa yatkınlık ile depresif semptom düzeyi arasında bir ilişki olup olmadığını incelemektir.

Bu araştırmanın hipotezleri yukarıda bahsedilen literatür bulguları ışığında oluşturulmuştur. Araştırmanın hipotezler şöyledir:

1. Utanca yatkınlık ve suçluluğa yatkınlık başa çıkma stratejilerinin seçiminde etkilidir: Utanca yatkınlık ile duygu odaklı başa çıkma stratejileri arasında ve suçluluğa yatkınlık ile problem odaklı başa çıkma stratejileri arasında pozitif yönde bir ilişki olduğu düşünülmektedir. Ayrıca, utanca yatkınlığın kişilerin problem odaklı başa çıkma stratejilerini seçme konusunda engel oluşturduğu, duygu odaklı başa çıkma stratejilerini seçme konusunda ise pozitif yönde etkili olduğu düşünülmektedir.

2. Utanca yatkınlık, suçluluğa yatkınlık ve yükleme biçimleri arasında bir ilişki vardır: Utanca yatkınlık ile negatif yaşam olayları veya başarısızlıklar hakkında yapılan içsel, değişmez ve genel nedensel yüklemeler arasında pozitif yönde bir ilişki olduğu düşünülürken; suçluluğa yatkınlık ile negatif yaşam olayları veya başarısızlıklar hakkında içsel, değişebilir ve özel nedensel yüklemeler arasında pozitif yönde bir ilişki olduğu düşünülmektedir.

3. Yükleme biçimleri ile başa çıkma stratejileri arasında bir ilişki vardır: Genel olarak, yükleme biçimleri ile başa çıkma stratejileri arasında bir ilişki olduğu düşünülmektedir. Özellikle de değişmez ve genel nedensel yüklemelerin duygu odaklı başa çıkma stratejileri ile değişebilir ve özel nedensel yüklemelerin problem odaklı başa çıkma stratejileri ile pozitif yönde ilişkili olduğu düşünülmektedir.

4. Başa çıkma stratejileri ile depresif semptomatoloji arasında bir ilişki vardır: Duygu odaklı başa çıkma stratejileri ile depresif semptomatoloji

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arasında pozitif yönde, problem odaklı başa çıkma stratejileri ile depresif semptomatoloji arasında ise negatif yönde bir ilişkili olduğu düşünülmektedir.

5. Yükleme biçimleri ile depresif semptomatoloji arasında bir ilişki vardır: Negatif yaşam olayları veya başarısızlıklar hakkında içsel, değişmez ve genel nedensel yüklemelerin depresif semptomatolojiyi yordadığı düşünülmektedir.

6. Utanca yatkınlık ve suçluluğa yatkınlık ile depresif semptomatoloji arasında bir ilişki vardır: Utanca yatkınlığın depresif semptomatolojiyi pozitif yönde yordadığı düşünülürken; suçluluğa yatkınlığın depresif semptomatolojiyi ile ya anlamlı bir ilişkiye sahip olmadığı ya da onu negatif yönde yordadığı düşünülmektedir.

7. Yükleme biçimleri ve başa çıkma stratejileri, utanca yatkınlık, suçluluğa yatkınlık ve depresif semptomatoloji arasındaki ilişkiye aracılık eder: Bu çalışmada, yükleme biçimleri ve başa çıkma stratejilerinin, utanca yatkınlık, suçluluğa yatkınlık ve depresif semptomatoloji arasındaki ilişkide aracı değişkenler olabileceği ve bunlar arasındaki ilişkiyi düzenleyebileceği düşünülmektedir.

2. YÖNTEM

2.1. Katılımcılar

Araştırmanın örneklemini Orta Doğu Teknik Üniversitesi, Atılım Üniverstesi, Ufuk Üniversitesi, Ankara Üniversitesi, Hacettepe Üniversitesi ve Gazi Üniversitesinden, 220 bayan ve 180 erkek olmak üzere toplam 400 üniversite öğrencisi oluşturmuştur. Örneklemi oluşturan öğrenciler araştırmaya gönüllülük esasına göre katılmışlardır. Veri toplama araçları

öğrencilere gönüllü katılımcılara sınıf ortamında ve boş zamanlarında uygulanmıştır. Katılımcıların ortalama yaşı 21.29'dur.

2.2. Veri Toplama Araçları

Çalışmada veri toplamak amacıyla dört ölçme aracından yararlanılmıştır. Katılımcılar yaş, cinsiyet ve bulundukları eğitim kurumu ile ilgili soruları yanıtladıktan sonra bu dört ölçme aracını doldurmuşlardır. Kullanılan dört ölçek şöyledir: Hisli (1988, 1989) tarafından Türkçe adaptasyon çalışması yapılan Beck Depresyon Envanteri, Siva (1991) tarafından Türkçe adaptasyon çalışması yapılan Başa Çıkma Yolları Ölçeği, Papatya (1987) tarafından Türkçe adaptasyon çalışması yapılan Yükleme Biçimleri Ölçeği ve Motan (2007) tarafından Türkçe adaptasyon çalışması yapılan Moral Duygular Ölçeği'nin kısa versiyonu.

3. BULGULAR VE TARTIŞMA

Araştırmanın hipotezlerini test edebilmek için öncelikle değişkenlerin, hipotezler doğrultusunda, birbirlerini yordayıp yordamadıklarına bakılmıştır. Bunun için çoklu regresyon, basit regresyon, hiyerarşik regresyon ve aracı değişken analizleri yapılmıştır. Yapılan regresyon analizleri sonuçlarına göre hipotezlerin büyük bir kısmı doğrulanırken bir kısmı doğrulanmamıştır.

Çalışmada, literatür bulgularıyla ve ilgili hipoteze paralel olarak, utanca yatkınlığın problem odaklı başa çıkma stratejilerini anlamlı ve negatif yönde, duygu odaklı başa çıkma stratejilerini ise anlamlı ve pozitif yönde yordadığı görülmektedir. Utanca yatkınlık ile sosyal destek arama: indirekt başa çıkma stratejileri arasında herhangi bir ilişki bulunamamıştır. Ayrıca, analizlerin sonucunda, suçluluğa yatkınlığın problem odaklı başa

çıkma stratejileri üzerinde pozitif yönde, duygu odaklı başa çıkma stratejileri üzerinde ise negatif yönde yordayıcı etkisi olduğu görülmüştür.

Problem odaklı başa çıkma stratejilerini kullanan kişilerin durumu değiştirmek ya da düzeltmek için çaba harcadıklar ve bunu yapabileceklerine inandıkları görülmektedir. Oysa utanca yatkın kişilerin problem yaratan durumu değiştirebilecekleri yönünde bir inançları yoktur, tam tersine hiçbir şey yapamayacaklarını düşünürler ve bu da kendilerini güçsüz hissetmelerine, olaylardan ve insanlardan kaçınmalarına sebep olur. Bu özellik, utanca yatkın kişilerin problem odaklı değil de duygu odaklı başa çıkma stratejilerini seçmelerini açıklamaktadır (Tangney, 1990). Literatür ve bu araştırmanın bulguları suçluluğa yatkın kişilerin ise problem odaklı başa çıkma stratejilerini kullanmayı tercih ettiklerini göstermektedir. Ayrıca, suçluluğa yatkın kişilerin problem odaklı başa çıkmanın yanı sıra sosyal destek arama: indirekt başa çıkma stratejilerini de kullanmaya eğilimli olduğu görülmektedir. Sosyal destek arama: indirekt başa çıkma stratejileri de, problem durumun kaynağı ve problem durumla nasıl başa çıkabileceği hakkında bilgi toplama, çevreden duygusal destek arayışı ve paylaşımı kapsamaktadır (Folkman & Lazarus, 1985). Bu özelliklerinden dolayı problem odaklı başa çıkma stratejilerine benzerlik göstermektedir fakat aynısı değildir; sosyal destek arama: indirekt başa çıkma stratejilerinde aktif problem çözme basamakları ya da davranışları mevcut değildir. Sosyal destek arama: indirekt başa çıkma stratejilerinin bu özellikleri suçluluğa yatkınlık ile arasındaki pozitif ilişkiyi açıklamaktadır.

Araştırmanın diğer bir bulgusu utanca yatkınlık, suçluluğa yatkınlık ve yükleme biçimleri arasındaki ilişkileri açıklamaktadır. Analiz sonuçlarına göre utanca yatkınlık negatif yaşam olayları hakkında yapılan içsel, değişmez ve genel nedensel yüklemeler ile pozitif yönde ilişkilidir. Suçluluğa yatkınlığın ise hem pozitif yaşam olayları hem de negatif yaşam olayları ile ilgili olarak içsel, değişmez ve genel nedensel yüklemeler ile

pozitif yönde ilişkili olduğu görülmektedir. Araştırmanın suçluluğa yatkınlık ve yükleme biçimleri arasında bulunan ilişki ile ilgili hipotezi analiz sonuçlarında doğrulanmamıştır. Hipoteze göre, suçluluğa yatkınlık ile negatif yaşam olayları hakkında içsel, değişebilir ve özel nedensel yüklemeler arasında pozitif bir ilişki beklenmektedir. Oysa analiz sonuçlarında, suçluluğa yatkınlık içsel, değişmez ve genel nedensel yüklemelerle ilişkili bulunmuştur. Bu sonuç utanca yatkınlık ile yükleme biçimleri arasındaki ilişkiye benzemektedir fakat aynısı değildir. Suçluluğa yatkınlık ile negatif yaşam olayları ya da başarısızlıklar hakkında yapılan içsel, değişmez ve genel nedensel yüklemelerin anlamlılık derecesi ve yordama gücü, utanca yatkınlık ile negatif yaşam olayları ya da başarısızlıklar hakkında yapılan içsel, değişmez ve genel nedensel yüklemelere kıyasla daha düşüktür. Aslında, suçluluğa yatkınlık ile içsel nedensel yüklemeler arasındaki ilişki beklendik şekildedir; çünkü sorumluluk ve kontrol duygusu suçluluğa yatkınlığın bir özelliğidir.

Araştırmanın, yükleme biçimleri ve başa çıkma stratejileri arasındaki ilişkiyi sorgulayan üçüncü hipotezi için yapılan analizlere göre, pozitif yaşam olayları hakkında yapılan içsel nedensel yüklemelerin ve negatif yaşam olayları hakkında yapılan dışsal nedensel yüklemelerin problem odaklı başa çıkma stratejilerini yordadığı görülmüştür. Ayrıca, pozitif olaylar hakkında yapılan içsel nedensel yüklemelerin sosyal destek arama: indirekt başa çıkma stratejilerini yordadığı bulunmuştur. Bu bulgular literatür bulguları ile uyum göstermektedir.

Değişkenlerin birbiri ile ilişkilerinin yanı sıra, her bir değişkenin bağımsız olarak depresif semptomatolojiyi yordayıp yordamadığı hiyerarşik regresyon analizi ile test edilmiştir. Hiyerarşik regresyon analizi sonuçlarına göre, utanca yatkınlığın depresif semptomatolojiyi pozitif yönde yordadığı görülmektedir. Suçluluğa yatkınlık, problem odaklı başa çıkma stratejileri ve sosyal destek arama: indirekt başa çıkma stratejilerinin ise depresif

semptomatolojiyi negatif yönde yordadığı görülmüştür. Hipotezlerde öngörülen, negatif yaşam olayları hakkında içsel, değişmez ve genel nedensel yüklemeler ile duygu odaklı başa çıkma stratejilerinin depresif semptomatolojiyi yordaması analiz sonuçlarında elde edilmemiştir.

Hiyerarşik regresyon analizi sonuçları, duygu odaklı başa çıkma stratejileri ve yükleme biçimlerinin depresif semptomatolojiyi yordamaması dışında literatür ile uyumludur. Analiz sonuçları incelendiğinde, problem odaklı başa çıkma stratejilerinin çok daha kuvvetli bir şekilde depresif semptomatolojiyi yordadığı ve duygu odaklı başa çıkma stratejilerinin depresif semptomatoloji üzerindeki varyansını yok ettiği görülmektedir. Bu sebeple de, duygu odaklı başa çıkma stratejilerinin depresif semptomatoloji üzerindeki, korelasyon analizine göre var olan, etkisinin kaybolduğu düşünülmektedir. Yükleme biçimlerinin depresif semptomatolojiyi yordaması ile ilgili olarak da literatürde farklı sonuçlar bulunmaktadır. Metalsky ve ark. (1982)'na göre, negatif ya da pozitif yaşam olayı gerçekten yaşanmamışsa, depresyona neden olabilecek (negatif yaşam olayları ya da başarısızlıklar karşısında içsel, değişmez ve genel nedensel) yükleme biçimi kişide mevcut olsa bile depresif semptomlara sebep olmaz, sadece bir risk faktörü olarak kalır. Bu çalışmada da ölçekler, daha önceden katılımcıların herhangi bir negatif ya da pozitif yaşam olayı ile karşılaşıp karşılaşmadıkları bilinmeden uygulanmıştır. Dolayısıyla, yükleme biçimleri ile depresif semptomatoloji arasında herhangi bir ilişki bulunamamış olması bundan kaynaklanıyor olabilir.

En son yapılan analizlerde ise, depresif semptomatolojinin başa çıkma stratejileri aracılığı ile suçluluğa yatkınlık ve utanca yatkınlık tarafından yordanıp yordanmadığına bakılmıştır. Yükleme biçimleri ne korelasyon analizinde ne de hiyerarşik regresyon analizinde depresif semptomatolojiyi yordamadığından, aracı değişken analizine alınmamıştır. Aracı değişken analizleri sonuçlarına göre, sadece problem odaklı başa

çıkma stratejilerinin, hem utanca yatkınlığın hem de suçluluğa yatkınlığın depresif semptomatoloji ile olan ilişkilerinde, kısmi aracılık yaptığını göstermektedir. Diğer bir deyişle, utanca yatkınlık kişilerin problem odaklı başa çıkma stratejilerini daha az kullanmalarına ve böylelikle de daha fazla depresif semptom yaşamalarına yol açmaktadır. Suçluluğa yatkınlık ise kişilerin daha fazla problem odaklı başa çıkma stratejileri kullanmalarına ve böylelikle daha az depresif semptom yaşamalarına yol açmaktadır.

4. SONUÇ

Bu araştırmanın amacı, utanca yatkınlık, suçluluğa yatkınlık, başa çıkma stratejileri ve yükleme biçimleri arasındaki ilişkileri saptamak ve bu değişkenlerin anlamlı bir şekilde depresif semptomatolojiyi yordayıp yordamadığını test etmekti.

Genel olarak araştırma sonuçları, yükleme biçimleri ve duygu odaklı başa çıkma stratejileri ile depresif semptomatoloji arasındaki ilişki hariç, ilgili literatür bulguları ve hipotezler ile uyumludur.

Depresif semptomatolojiyi en kuvvetli ve diğer değişkenlerin üzerinde ve ötesinde yordayan iki değişken utanca yatkınlık ve suçluluğa yatkınlık olarak tespit edilmiştir. Aynı zamanda, utanca yatkınlık ve suçluluğa yatkınlık diğer çalışmanın değişkenlerini de yordamaktadır.

Utanca yatkınlık ve suçluluğa yatkınlık ile psikopatoloji arasındaki ilişkilerin test edilmesi Türk örnekleminde oldukça sınırlıdır. Bilindiği kadarıyla, daha önce de utanca yatkınlık, suçluluğa yatkınlık, bilişsel değişkenler, davranışsal değişkenler ve psikopatoloji arasındaki ilişkilerin incelenmesini içeren herhangi bir çalışma da Türk örnekleminde

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bulunmamaktadır. Araştırmanın bulguları klinik psikoloji literatürünü destekler niteliktedir. Üstelik, hem semptom oluşumunda hem de psikoterapi sürecinin etkinliğinde çok önemli bir role sahip olan bu moral duyguların psikopatoloji üzerindeki etkisinin Türk örnekleminde de ortaya çıkarılmış olması, psikoterapi uygulamalarına farklı bir bakış açısı getirebilir. Psikoterapi süreçlerinde, terapistin hem kendisinin hem de danışanının utanç ve suçluluk duygularını ve bunların muhtemel işaretlerini tanınması, iki duyguyu ayrıştırılabilmesi, dikkate alması ve üzerinde çalışması etkin bir psikoterapi için önemli ve mutlaka gereklidir.

Bu araştırma sadece üniversite öğrencileri örnekleminde yapılmıştır. Bu nedenle de bulguların temsil gücü diğer örneklem grupları için yetersiz kalabilir. Bulguların temsil gücünü arttırmak için, ayaktan tedavi gören hasta grupları, yatan hasta grupları, tanı almamış farklı cinsiyetlerde ve yaşlardaki örneklem grupları gibi farklı örneklem gruplarında benzer veya aynı değişkenlerle çalışılmalıdır. Farklı örneklem gruplarından elde edilen bulguların psikoterapi sürecini geliştirmede büyük katkısı olacağı değerlendirilmektedir.

Bu araştırmanın dizaynı kesitsel dizayndır. Bundan sonra yapılacak araştırmalarda, kesitsel dizaynın yanı sıra ileriye yönelik (prospektif) veya boylamasına (longitudinal) araştırma dizaynları kullanılması, değişkenlerde zaman içinde oluşan değişimleri ve bu değişimlerin de ilişkileri nasıl etkilediğini görme fırsatı sunabilir. Bu sayede değişkenlerin psikopatolojiyi nasıl etkilediği çok daha iyi gözlenebilir.

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PUBLICATIONS

1. Karancı, A.N., & İnandılar, H. (2002). Predictors of components of expressed emotion in major caregivers of Turkish patients with schizophrenia. *Social Psychiatry and Psychiatric Epidemiology, 37* (2), 80-88.

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FOREIGN LANGUAGES

Advanced English