THE RELATIONSHIP BETWEEN PERFECTIONISM AND DEPRESSION: MEDIATOR ROLES OF PERCEIVED SOCIAL SUPPORT AND MATTERING

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ABSTRACT

THE RELATIONSHIP BETWEEN PERFECTIONISM AND DEPRESSION: MEDIATOR ROLES OF PERCEIVED SOCIAL SUPPORT AND MATTERING

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The main aim of this study was to investigate the nature of the relationship between perfectionism and depression according to Perfectionism Social Disconnection Model and to explore the mediator roles of perceived social support and mattering on this relationship. 343 students from the Middle East Technical University participated the study. Beck Depression Inventory, the Multidimensional Perfectionism Scale, the Perfectionistic Self Presentation Scale, the Multidimensional Scale of Perceived Social Support, and General Mattering Scale were used. Hierarchical regression analyses and mediation analyses were conducted. The results showed that socially prescribed perfectionism, nondisclosure of imperfection, perceived social support and mattering predicted depression scores significantly. The findings revealed that both perceived social support and mattering mediated the relationship between socially prescribed perfectionism and depression along with the relationship between nondisclosure of imperfection and depression.

Keywords: Perfectionism, Perfectionism Social Disconnection Model, Perceived Social Support, Mattering, Depression

ÖZ

MÜKEMMELİYETÇİLİK VE DEPRESYON İLİŞKİSİNDE ALGILANAN SOSYAL DESTEK VE ÖNEMSENMENİN ARACI ROLÜ

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Bu çalışmanın temel amacı, mükemmeliyetçi sosyal kopukluk modeline göre mükemmeliyetçilik ile depresyon arasındaki ilişkiyi incelemektir ve algılanan sosyal desteğin ve önemsenmenin belirtilen ilişkideki aracı rolünü araştırmak amaçlamıştır. Orta Doğu Teknik Üniversitesi'nden 343 öğrenci çalışmaya katılmıştır. Veri toplamada Beck Depresyon Envanteri, Çok Boyutlu Mükemmeliyetçilik Ölçeği, Mükemmeliyetçi Öz-sunum Ölçeği, Çok Boyutlu Algılanan Sosyal Destek Ölçeği ve Genel Önemlilik Ölçeği kullanılmıştır. Araştırmanın değişkenleri arasındaki ilişkileri araştırmak için hiyerarşik regresyon analizleri ve aracılık analizleri yapılmıştır. Sonuçlar, sosyal odaklı mükemmeliyetçilik, kusurları söylememe, algılanan sosyal destek ve önemsenmenin depresyon puanlarını anlamlı şekilde yordadığını göstermiştir. Bulgular, hem algılanan sosyal desteğin hem de önemsenmenin, sosyal odaklı mükemmeliyetçilik ile depresyon arasındaki ilişkiye ve kusurları söylememe ile depresyon arasındaki ilişkiye aracılık ettiğini ortaya koymuştur.

Anahtar Kelimeler: Mükemmeliyetçilik, Mükemmeliyetçi Sosyal Kopukluk Modeli, Algılanan Sosyal Destek, Önemsenme, Depresyon

To my beloved grandmother…

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CHAPTER 1

INTRODUCTION

As one of the most common psychological disorder, depression affects more than 300 million people worldwide. In order to intervene with depression effectively, factors that affect the development and maintenance of depression have been investigated by many researchers. Amongst various factors related to depression, interpersonal aspects of perfectionism, namely, socially prescribed perfectionism and perfectionistic self-presentation, were found to be vulnerability factors for depressive disorders. The Perfectionism Social Disconnection Model (PSDM) offers a theoretical framework explaining the relationship between perfectionism and depressive disorders by suggesting that perfectionism leads to depression indirectly through social disconnection and interpersonal problems.

The current thesis aims to investigate the perfectionism social disconnection model and the mediating roles of mattering and perceived social support between perfectionism and depression. The introduction will begin with brief information about depression. Subsequently, perfectionism will be covered in detail. In this part, Hewitt and Flett's understanding of perfectionism will be elaborated on by explaining three dimensions of perfectionism (i.e. self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism), perfectionistic self-presentation and finally, the perfectionism social disconnection model will be presented. Consequently, the concepts of mattering and perceived social support and their relationship with perfectionism social disconnection model and related literature will be given. Lastly, the relationship between mattering and perceived social support will be presented. The introduction part will be finalized by identifying the aims of the current study. The method section will be consisting of sample characteristics, instruments, procedure and statistical analyses. In the results section, the outcomes of the statistical analyses will be given. Findings of the study, limitations, possible

clinical implications and suggestions for future studies will be presented in the discussion part.

1.1 Depression

Depression is one of the most common psychological disorders and according to the World Health Organization (WHO), over 322 million people are living with depression (2017). It is predominant in the South-East Asia Region and Western Pacific Region reflecting countries with large populations such as China (WHO, 2017). In all regions, it has been found that depression is more common in females than in males. Depression can be observed in all age groups but has lower rates in children and older age groups (WHO, 2017).

Being one of the most widespread psychological disorders, depression refers to a low mood state which affects an individual's cognitive, behavioral, emotional and physical functioning (Kessler et al., 2005). American Psychological Association defined depression as;

> A negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency that interferes with daily life. Various physical, cognitive, and social changes also tend to co-occur, including altered eating or sleeping habits, lack of energy or motivation, difficulty concentrating or making decisions, and withdrawal from social activities (American Psychological Association, 2015, p.784).

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), depression has several symptoms including feeling sad, empty and hopeless, decrease in interest and pleasure, notable weight change, disturbance in sleeping, tiredness, psychomotor agitation, feelings of excessive guilt and worthlessness, decreases in the ability in thinking and deciding and suicidal ideation (American Psychiatric Association, 2013). According to the amount and severity of symptoms, the effects of depression can range from feeling sad for a short time to severe hopelessness, despair, and thoughts of suicide (Spielberger et al., 2003). Symptoms of depression may influence one's thinking, feelings, daily activities including eating, sleeping and working (Stewart-Sandusky, 2016). Individuals with depression can suffer from decreased joy of life, feelings of deep grief, excessive guilt

and regret, desperation about the future and recurrent death thoughts (Çevik & Volkan, 1993). Furthermore, in severe depression, acute physical symptoms such as confusion, amnesia and even mutism could occur (Öztürk & Uluşahin, 2014).

Depression affects multiple domains of psychosocial functioning (Judd et al., 2000). It reduces work performance and increases work absences (Broadhead, Blazer, George, & Tse, 1990; Lerner et al, 2010). Additionally, it impairs student's academic performance in both high school and university levels (Vaidya & Mulgaonkar, 2007; Field, 2001). In terms of romantic relationships, it negatively affects relationships with partners or spouses both romantically (Judd et al., 2000) and sexually (Östman, 2008). Furthermore, depression also affects individual's emotional expressions and appearances, for instance, blunt facial expressions, careless personal appearance, tearful look, and short answers can be observed in people with depression (Özkürkçügil & Kırlı, 1998).

Since it is a quite prevalent psychological problem with many negative effects, depression and depressive symptoms have been investigated by many researchers, starting from ancient times to now. Melancholic individuals with sadness, disturbed sleep, and a desire for death were recorded by physicians even in the second century (Beck & Alford, 2009). However, the first theoretical explanation of depression was introduced in Freud's Mourning and Melancholia (1917). Beginning with Freud, psychoanalytic theorists understood depression as a result of different unconscious processes. Freud claimed that depression is associated with loss of affection from a significant person such as a parent and distinguished it from grief by arguing that in depression the individual directs one's repressed anger towards the lost person who abandoned him or inwards and this results in decreased self-esteem; on the other hand, in grief, individuals do not suffer from a sense of worthlessness (Freud, 1917). Other theories under the psychoanalytic umbrella explain depression as the result of unsatisfied narcissistic needs such as feeling beloved, powerful and precious, damages to narcissistic self-esteem and inhibition of libido **(**Tulipan, 1981; Milrod, 1988; Güleç, 1993; Özmen, 2001).

On the other hand, theorists of the behavioral approach asserted that depression occurred as a result of maladaptive learning or the lack of adequate positive

reinforcement. The principles of operant conditioning are also valid for depression. Lewinsohn (1974) claimed that the reduction in positive reinforcement such as a form of loss could result in depression. Another common theory for depression is based on Seligman's learned helplessness theory which was first tested on dogs by exposing them to unavoidable electric shocks, and later when they could avoid, they did not attempt to escape (Seligman, 1975). By generalizing this theory, it was asserted that depression is the result of stressful events that are experienced as uncontrollable and unavoidable, and the subsequent learned helplessness (Abramson, Seligman, & Teasdale, 1978).

As another approach, cognitive theorists revised and enhanced Seligman's work by adding attribution model concepts which suggested that the type of attributions for failure is a key factor for depression (Abramson, Seligman, & Teasdale, 1978). They explained that individuals with internal (e.g. it is my mistake), stable (e.g. nothing will change) and global (e.g. I'm a failure in everything) attributions to failure are vulnerable to depression (Abramson, Seligman, & Teasdale, 1978). Furthermore, Beck, Rush, Shaw, and Emery (1987) argued that depression occurred because of errors in the ''cognitive triad'', that is automatic, spontaneous negative thoughts about self, world or environment, and future. In other words, cognitive theorists believed that individuals evaluate experiences according to their basic assumptions or cognitive schemata and negative self-schemas and cognitive evaluations could result in depression (Beck, 1972; Mossier & Dyck, 1989; Oatley & Bolton, 1985).

In conclusion, depression is a common psychological disorder that influences one's life negatively in many areas including the relationship with partners, academic and work life and daily activities. Additionally, its symptoms may affect an individual's physical, psychological and psychosocial well-being. Since it is a common disorder with many negative effects, in order to prevent depression and create more effective ways for treatment, factors that may be related to the development of depression have been studied. As a part of it, vulnerability factors for depression will be presented in the next section.

1.1.1 Vulnerability Factors for Depression

In 1978, Brown and Harris identified 'vulnerability factors' for depression based on the observation that individuals' reactions to life events are different from each other. Their study which was based on sociological research about women in Camberwell, Greater London, United Kingdom, revealed that the development of depression is four times more possible for working-class women with children than middle-class women with children. Based on these results, they identified 'vulnerability factors' for depression that refers to factors that increase the risk of depression in the presence of provoking agents (e.g. major marital problem). In their theory about social origins of depression, they identified four main vulnerability factors for women; lack of an intimate relationship, loss of mother before age 11, having more than 3 children under age of 14 living at home and unemployment (Brown & Harris, 1978).

In the same year, Abramson, Seligman, and Teasdale (1978) suggested that negative attribution style is one of the major vulnerability factors for depression. They suggested that individuals who believed that negative events occurred because of their unchanging negative qualities are more likely to be depressed (Abramson, Seligman & Teasdale, 1978). Internal attributions for negative events and external attributions for positive events were found to be related to low self-esteem and depression (Peterson, Schwartz & Seligman, 1981). In addition, according to Seligman's helplessness theory, individuals who believed that the causes of negative events are stable and global may suffer from hopelessness and depression (Alloy, Just, & Panzarella, 1997).

Another major line of research focused on the effects of the personality variables as vulnerability factors. Several personality traits such as neuroticism (Coppen & Metalfe, 1965), dependency (Blatt, 1984), and perfectionism (Hawley, Ho, Zuroff, & Blatt, 2006) were found to be vulnerability factors for depression. Individuals who have high neuroticism and low conscientiousness tend to suffer from major depressive disorder (Kotov, Gamez, Schmidt, Watson, 2010). According to Blatt's theory about dependency and self-criticism (1984), receiving support from others is important for individuals who are dependent, and they evaluate their self-

worth according to others' approvals. Thus, having social difficulties such as problems with friends, breaking up with a partner, the experience of rejection and loss could more likely result in depression for these people through feelings of sadness, loneliness, and hopelessness (Alden & Bieling, 1996).

Similarly, in Hewitt and Flett's theory of perfectionism, it has been found that socially prescribed perfectionism (i.e. perfectionists who believe that others demand perfection from themselves) was significantly related to depressive symptoms (Hewitt & Flett, 1991a; Hewitt & Flett, 1991b). Additionally, individuals who set high standards for themselves, have perfectionistic expectations from themselves (i.e. neurotic perfectionists, self-oriented perfectionists or individuals who are high on self-criticism) are more likely to suffer from depression (Hewitt & Flett, 1991b, Hamachek, 1978). Therefore, the present thesis will address perfectionism as a vulnerability factor for depression and in the following section, the concept of perfectionism will be presented extensively.

1.2 Perfectionism

The concept of perfectionism has been given various definitions throughout the history of psychology. According to Adler (1956), striving for perfection is a natural motivation, however, Freud (1959) conceptualized it as a result of the intolerant superego that tried to achieve perfection. Ellis (1962) saw perfectionism as maladaptive irrational beliefs while Hollender (1978) and Burns (1980) defined it as the desire for achieving higher standards and better performance. Although there is no general definition of perfectionism that is accepted by everyone, traditionally, perfectionism can be defined as 'the tendency to maintain or to reach unreasonably high standards' (Hill, Zrull, and Turlington, 1997).

Early researchers investigated perfectionism via observations and clinical experiences (Pirot, 1986). In 1980, Burns started systematic scientific research on perfectionism by developing a perfectionism scale. Later on, this approach was enhanced by Frost, Marten, Lahart, and Rosenblate (1990) and Hewitt and Flett (1991b) by understanding perfectionism as a multidimensional construct that includes both intrapersonal and interpersonal dimensions. In order to grasp a better

understanding of perfectionism, the historical onset of the concept of perfectionism will be given by starting with the unidimensional approach and continuing with two different multidimensional approaches.

1.2.1 Unidimensional and two-dimensional understanding of perfectionism

The unidimensional approach of perfectionism is mostly based on Burns' early works on perfectionism and his measure of perfectionism which is based on self-assessment. According to Burns (1980), perfectionism was rooted in parent-child relationships where love and approval were conditional. Burns (1980) proposed that perfectionists evaluate their self-worth according to their achievements. Since perfection cannot be achieved or sustained for a long time, it eventually became a self-defeating aspect which leads to depression and other psychological problems. Additionally, perfectionists engaged in self-defeating cognitive distortions, they have 'all or none' thinking patterns that lead to extreme fear from mistakes or to overreact to them; moreover, they suffer from 'should' statements such as 'should have worked harder' and 'should have been a better person' (Burns, 1980). Similarly, Patch (1984) stated that perfectionists generalize their mistakes and minimize their successes and perceive themselves as unsuccessful persons. Additionally, perfectionists have telescoping thinking, in other words, they tend to focus on future achievements since successes they already achieved mean nothing to them, in addition, they emphasize past failures (Adderholdt-Eliott & Goldberg, 1999). Also, they overemphasize order, organization, neatness, and precision (Frost et al., 1990).

Furthermore, perfectionism is related with several behavioral characteristics including avoidance, procrastination, extreme controlling for mistakes, and personal controlling strategies (Chang et al., 2007; Santanello and Gardner, 2007; Stoeber and Rennert, 2008). Conjointly, it has been found that some aspects of perfectionism including indecision and fear of failure related to procrastination behavior and depression in college students (Solomon & Rothblum, 1984).

Although, perfectionism is generally seen as a negative personality trait, beginning with Hamacheck's (1978) distinction between normal and neurotic perfectionism, researchers focused on differentiating highly competent and successful

people from the perfectionists. According to Hamacheck (1978), normal perfectionists have high but realistic standards and they also enjoy getting approval from others and it encourages them to advance in their tasks. On the other side, neurotic perfectionists have excessively high standards and, they are overly critical of their own performances. According to neurotic perfectionists, any mistake or any performance less than perfect is a failure which might become disastrous. Another important distinction between neurotic and normal perfectionists is that while normal perfectionism is related to satisfaction and increased self-esteem, neurotic perfectionists tend to believe that if their performances are less than perfect, they are worthless, moreover, they often doubt their own performances (Mitzman, Slade and Dewey, 1994). Similarly, Patch (1984) used the same distinction of perfectionism although he understood perfectionism as pathologic and 'unhealthy motive' in both successful and unsuccessful situations.

As the research continued on perfectionism, the early and unidimensional evaluations of perfectionism were questioned and were found to be inadequate to cover different aspects of perfectionism. For instance, Burns' scale of perfectionism was criticized for measuring only self-related perfectionism. On the other hand, more recent theorists believed that perfectionism should be assessed in a broader way, they suggested that the concept of perfectionism is multi-dimensional by its nature and has interpersonal aspects as well as intrapersonal aspects (Frost et al., 1990; Hewitt & Flett, 1991b). In the next section, the latter approach of perfectionism, namely, multidimensional understanding of perfectionism will be elaborated comprehensively.

1.2.2 Multidimensional understandings of perfectionism

In earlier studies, it has been found that perfectionism is related with many psychological problems including eating disorders (Mitzman, Slade & Dewey, 1994), personality disorders (Broday, 1988) and obsessive-compulsive disorders (Frost & Marten, 1990). In order to understand individual differences in those problems and to promote more effective treatment approaches coherent with patient's perfectionistic tendencies (Hewitt & Flett, 1991b), two research groups, Frost, Marten, Lahort and

Rosenblate and Hewitt and Flett, developed two different understanding of multidimensional perfectionism.

1.2.2.1 Frost, Marten, Lahort & Rosenblate's Multidimensional Perfectionism

Frost and colleagues employed a six-factor model of perfectionism which is based on shared characteristics of early unidimensional perfectionism definitions. The model contains dimensions including personal standards (i.e. setting of very high standards and evaluate oneself according to them), concern over mistakes (i.e. understanding mistakes as failure and negative reactions to mistakes), doubting of actions (i.e. the tendency to feel that projects are not completed to satisfaction), organization (i.e. putting excessive importance on order and organization), parental expectations (i.e. setting very high goals) and parental criticism (i.e. being overly critical) (Frost et al., 1990). Based on this definition, Multidimensional Perfectionism Scale (MPS), also known as Frost Multidimensional Perfectionism Scale (FMPS), was developed and excluding of organization, all subscales of the MPS were found to be correlated with Perfectionism Scale which was developed by Burns (1980).

Considering different dimensions' relation with various psychological problems, it has been found that concern over the mistakes and doubt about actions dimensions positively correlated with various psychological symptoms such as depression, general distress and procrastination while the subscales of personal standards and organization positively correlated with achievement and work habits (Frost et al., 1990). Also, subscales of parental expectations, doubt about actions and concern over mistakes were found as related to eating disorders and depressive symptoms (Minarik & Ahrens, 1996).

Although Frost's understanding of perfectionism is important to shed light on the multidimensional conceptualization of perfectionism, it is mainly focused on intrapersonal perfectionism and it is inadequate to grasp interpersonal dimensions of perfectionism. Therefore, in the current study, another approach of multidimensional perfectionism, namely Hewitt and Flett's understanding of multidimensional perfectionism will be used and it will be broadly explained in the next part.

1.2.2.2 Hewitt and Flett's Multidimensional Perfectionism

In their ground-breaking theory of perfectionism, Hewitt and Flett (1991b) suggested that perfectionism has interpersonal aspects as well as intrapersonal aspect and each aspect is important in the classification and etiology of psychiatric disorders. They defined three dimensions of perfectionism, namely, self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism.

Self-oriented perfectionism includes self-directed perfectionistic behaviors and expectations such as setting excessively high standards, striving for perfection and avoiding failures, evaluating one's own behaviors over critically and censuring behaviors (Hewitt & Flett, 1991b). All or none thinking patterns, focusing on past failures, self-blame, self-punishment and low self-regard are common characteristics for this dimension of perfectionism (Hewitt & Flett, 1991a; Hewitt & Flett, 1991b; Hewitt & Genest, 1990; Hewitt, Flett & Weber, 1994; Hewitt, Mittelstaedt & Wollert, 1989). Another component of self-oriented perfectionism that has been found to reflect the incompatibility between the ideal and actual self is found to be related to depressive affect (Higgins, Bond, Klein, & Strauman, 1986).

Other-oriented perfectionism involves perfectionistic behaviors and expectations that are directed outwards, for example; having unrealistic standards for significant others, evaluating others' behaviors over critically and blaming others for their failures (Hewitt & Flett, 1991b). According to other-oriented perfectionists, the perfection of others is important and in times of failure, they feel a lack of trust and hostile feelings towards others (Hewitt & Flett, 1991b). 'Other-oriented should' statements are one of the major criteria while assessing other-oriented perfectionists (Demaria, Kassinove, & Dill, 1989; Kassinove, 1986).

Finally, socially prescribed perfectionism refers to one's perception that significant others have unrealistic standards for them, expect them to be perfect and pressure them accordingly and are overly critical toward one's behaviors (Hewitt & Flett, 1991b). In other words, it can be defined as incompatibility between ought and real self (Strauman, 1989). One of the differences of socially prescribed perfectionism from the other two dimensions is that, in socially prescribed perfectionism, the standards for perfection are perceived as they are imposed by significant others and

therefore uncontrollable. Due to believing that others have unrealistic expectations or failing to please others, socially prescribed perfectionists could feel anger, anxiety, and depression (Hewitt & Flett, 1991b). Hewitt and Flett (1991b) suggested that socially prescribed perfectionist could also experience extreme fear of negative evaluation and strive for obtaining attention while avoiding disapproval of others.

According to these dimensions, Hewitt and Flett developed the Multidimensional Perfectionism Scale (MPS) which is also known as Hewitt's Multidimensional Perfectionism Scale (HMPS). It has been studied in both clinical and non-clinical samples and was found to be a reliable and valid measure (Hewitt & Flett, 1991b). Since then, researchers have investigated the relationship between various psychological conditions and dimensions of perfectionism through MPS.

In Hewitt and Flett's study (1991b) examining the relationship of perfectionistic dimensions and Symptom Checklist 90-Revised (Derogatis, 1983), it has been found that self-oriented perfectionism related to psychological distress, somatoform disorders and hypomania, other-oriented perfectionism related to phobic anxiety and paranoia and socially prescribed perfectionism correlated with many psychopathological conditions including depression, anxiety, paranoia and obsessive-compulsive disorder. In the same study, Hewitt and Flett (1991b) investigated the relationship between perfectionistic dimensions and personality disorders and found that self-oriented perfectionism did not relate to any personality disorder, while other-oriented perfectionism was correlated with narcissistic, histrionic, avoidant and antisocial personality disorders and finally, socially prescribed perfectionism was positively related with avoidant, passive-aggressive, compulsive, schizoid and borderline personality disorders.

In other studies, it has been found that self-oriented perfectionism is correlated with many psychological problems including anorexia nervosa (Bastiani, Rao, Weltzin, & Kaye, 1995), anxiety (Bielinga, Israelib, & Antony, 2004; Blankstein & Lumley, 2008), psychological distress (Blankstein & Dunkley, 2002), body dissatisfaction (Brannan & Petrie, 2008), eating disturbances (Chang, Ivezaj, Downey, Kashima, & Morady, 2008), compulsive behaviors (Yorulmaz, Karanci, & Tekok-Kılıç, 2006), concerns about eating, weight and shape, restraining eating (Watson,

Raykos, Street, Fursland, & Nathan, 2011; Gaudreau & Vernor-Filion, 2010), expectations for higher successes (Kobori, Hayakawa, & Tanno, 2009), neuroticism (Sherry, Hewitt, Sherry, Flett, & Graham, 2010), anger (Blankstein & Lumley, 2008), suicide ideation (Hewitt, Flett & Weber, 1994) and achievement stress which is also considered as a predictor for depressive symptoms (Hewitt, Flett, & Ediger, 1996).

Other-oriented perfectionism has been found to be mainly linked to interpersonal difficulties (Hewitt & Flett, 2002). Other-oriented perfectionists tend to have arrogant, dominant and vindictive characteristics (Hill, Zrull & Turlington, 1997). Moreover, if their expectations are not met, they could be hostile toward others (Hewitt & Flett, 1991b). There is no correlation between other-oriented perfectionism and depression or anxiety (Hewitt & Flett, 1993).

Among the three dimensions of perfectionism, socially prescribed perfectionism seems to be the dimension that is mostly related to psychopathology and severe psychological problems along with interpersonal difficulties (Flett, Hewitt, Blankstein, & O'Brien, 1991; Hill, Zrull & Turlington, 1997). Socially prescribed perfectionism has been linked to depression (Cha, 2016; Hewitt & Flett, 1991; Jahromi, Naziri & Barzegar, 2012; Enns, Cox & Borger, 2001; Hewitt, Flett, & Ediger, 1996), suicidal behaviors (Hewitt, Flett, & Trunbull-Donovan, 1992; Hewitt, Norton, Flett, Callander, & Cowan, 1998) anxiety (Blankstein & Lumley, 2008), social phobia (Antony, Purdon, Huta & Swinson, 1998; Saboonchi, Lundh, & Ost, 1999) obsessive compulsive symptomology (Yorulmaz, Karanci, & Tekok-Kılıç, 2006), emotional dysregulation (Aldea & Rice, 2006), anger (Hewitt et al., 2002), eating disorders (Sherry, Hewitt, Besser, McGee, & Flett, 2004), achievement stress (Hewitt et al., 2002; Childs & Stoeber, 2012), higher levels of burnout (Childs & Stoeber, 2010), low tolerance of frustration (Flett, Hewitt, Blankstein, & Koledin, 1991), hostility (Vicent, Inglés, Sanmartín, Gonzálvez, García-Fernández (2018) and difficulties in interactive relationships (Laurenti, Bruch, & Haase, 2008). In addition, socially prescribed perfectionism was found to be a predictor of hopelessness and several psychological symptoms (Chang & Rand, 2000). Furthermore, socially prescribed perfectionism is identified as a risk factor for binge eating (Sherry & Hall, 2009).

As their studies about interpersonal aspects of perfectionism continued, Hewitt and colleagues enhanced their concept of perfectionism by investigating pervasive interpersonal styles that perfectionists commonly used, namely perfectionistic self-presentation. Perfectionistic self-presentation will be taken into consideration as a part of interpersonal perfectionism in this thesis and will be discussed in the next section.

1.2.3 Perfectionistic Self Presentation

In 2003, Hewitt, Flett, Sherry, Habke, Parkin, Lam, Murtry, Ediger, Fairlie, and Stein identified another aspect of perfectionism which is a pervasive and stable interpersonal style that mainly focused on creating a perfect public image, namely; perfectionistic self-presentation. They claimed that certain perfectionists have a need to appear perfect to others and they tend not to disclose their imperfections in public (Hewitt et al., 2003). According to perfectionistic self-presentation perspective, perfectionists differ in their concerns about how they appear to others, try to appear as perfect. In other words, some perfectionists mainly focus on impression management which includes self-presentational attempts to display an ideal public self (Hewitt et al., 2003). According to whether one's focus is on demonstrating one's supposed perfection or not disclosing mistakes and shortcomings, perfectionistic self-presentation was differentiated into three facets, namely; perfectionistic self-promotion, non-display of imperfections, and nondisclosure of imperfections (Hewitt et al., 2003).

Perfectionistic self-promotion includes attempts to look perfect to others in order to gain respect and admiration. The person creates an image of being socially competent, highly successful, moral and capable of everything and thus viewed as perfect (Hewitt et al., 2003). This facet of perfectionistic self-presentation tends to be perceived as interpersonally aversive and driven pathologically (Hewitt et al., 2003).

Non-display of imperfection mainly focusses on preventing oneself to display any overt behavior that others may appraise as less than perfect (Hewitt et al., 2003). In other words, it involves concern over demonstrations of an individual's witnessed weaknesses and failures. Non-display of imperfection is considered as an avoidant style of behavior since individuals have an exaggerated need for avoiding being seen

as imperfect and as a result, they tend to avoid situations where they are in the focus since their imperfections, shortcomings might be revealed, and they may seem as inadequate or incorrect.

Nondisclosure of imperfections refers to avoidance of verbal disclosures of imperfections, shortcomings, mistakes, and failures (Hewitt et al., 2003). In addition, individuals who are high in nondisclosure of imperfection have difficulties in terms of admitting their mistakes and expressing their concerns verbally. According to Flett, Hewitt, and DeRosa (1996), perfectionists that avoid verbal expression in the public are extremely concerned about negative evaluation. Furthermore, perfectionists with high levels of nondisclosure of imperfections fear interpersonal rejection (Weisinger & Lobsenz, 1981).

All three facets of perfectionistic self-presentation were found to be correlated with psychological problems including stress, depression, anxiety, anorexia nervosa, anxiety sensitivity, difficulties in relationships, social hopelessness and suicide risk (Besser, Flett, & Hewitt, 2010; Cockell et al., 2002, Flett, Greene, & Hewitt, 2004, Hewitt et al., 2011; Roxborough et al., 2012). It has been found that perfectionistic self-presentation has a unique relationship with psychological difficulties even after trait levels of perfectionism and big five personality traits were controlled (Chen et al., 2012).

Findings revealed that perfectionistic self-promotion and non-display of imperfection facets of PSP are not just strongly correlated with anorexic and bulimic tendencies but also it provides unique variance in predicting body image avoidance and lower self-esteem (Besser, Flett, Hewitt, 1995). Moreover, all aspects of perfectionistic self-presentation were found as correlated with personality pathology differently, for example, Cluster B pathology related to self-promotion while Cluster A pathology correlated with non-display of imperfection (Sherry, Hewitt, Flett, Lee-Baggley, & Hall, 2007). In addition, a study which compared anorexic, psychiatric and normal women found that all perfectionistic self-presentation aspects were significantly associated with a reduction in expressing negative emotions, turning anger in and silencing the self, including thoughts and feelings (Geller, Cockell, Hewitt, Goldner, & Flett, 2000).

Although perfectionistic self-presentation was found to be associated with several negative outcomes, there has not been much research that focuses on the mechanisms behind this association (Chen et al., 2012). In order to explore the pathways between interpersonal components of perfectionism (i.e. perfectionistic self-presentation and socially prescribed perfectionism) and well-being, Hewitt and Flett developed a theoretical model, namely the perfectionism social disconnection model (PDSM). Since this thesis is mainly based on the PDSM to investigate the relationship between depression and perfectionism, in the next section the model will be elaborated comprehensively, according to the historical development of the model.

1.3 Explaining Perfectionism Social Disconnection Model

The perfectionism social disconnection model firstly emerged by investigating the relationship between socially prescribed perfectionism and suicidality. Afterward, the model was enhanced by adding depression as an outcome of interpersonal perfectionism. Therefore, this part begins with the relationship between suicidality and perfectionism and follows the historical journey of the PDSM.

In earlier times, socially prescribed perfectionism was found to be correlated and accounted for a unique variance in increasing rates of suicide ideation and suicide attempts (Dean, Range, & Goggin, 1996; Hewitt, Newton, Flett, & Callander, 1997; Enns, Cox, Sareen, & Freeman; 2001; Hewitt, Flett, & Weber, 1994; Donaldson, Spirito, & Farnett, 2000; Eens, Cox, & Inayatulla, 2003; Flamenbaum & Holden, 2007). Although self-oriented perfectionism was also related to suicidality for women, socially prescribed perfectionism strongly correlated with suicide ideation in both men and women (Blankstein, Lumley, Crawford, 2007). Furthermore, socially prescribed perfectionism was found to be correlated with suicide potential even after the relationship between suicide potential and both hopelessness and depression were controlled (Hewitt, Caelian, Chen, & Flett, 2014).

Although many studies found links between socially prescribed perfectionism and suicidality, studies that explain the pathways behind this interaction were quite a few. A significant path that revealed the relation between perfectionism and suicidality were discovered. According to this path, socially prescribed perfectionism leads to

depression, depression leads to hopelessness and through hopelessness suicidality (Dean & Range, 1996). That is, when socially prescribed perfectionists fail to meet the unreasonably high standards, they tend to blame themselves and feel guilty and inadequate which results in depression and negative affect. Their cognitions affected, and hopelessness becomes crucial, and they tend to inhibit their reasons to live which finally this results in suicidality (Dean & Range, 1996).

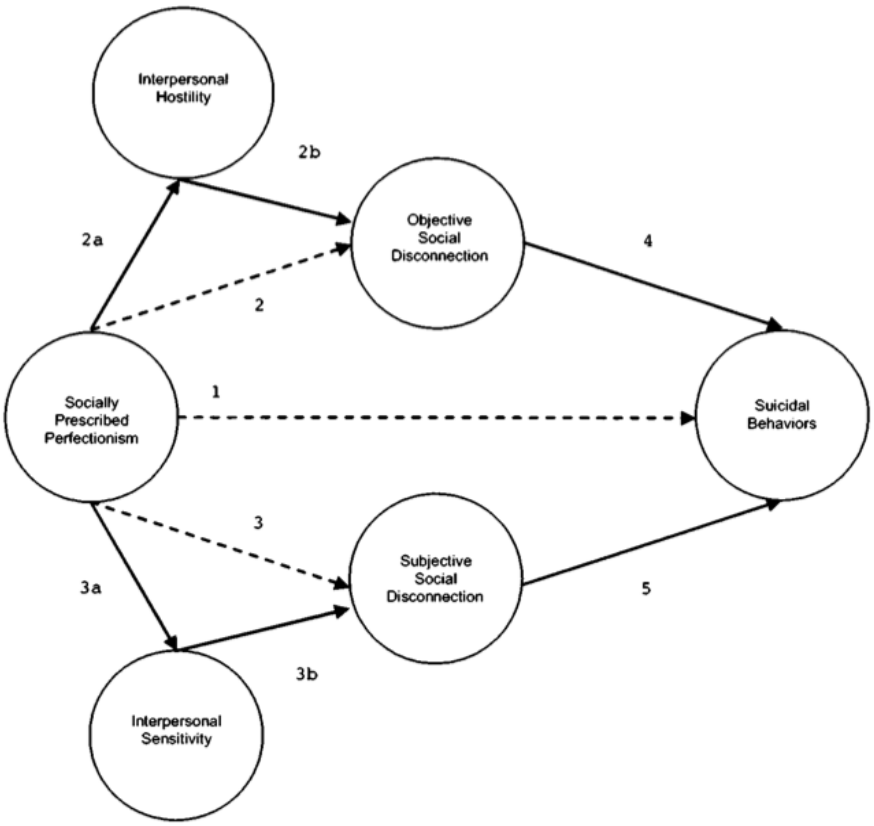

Figure 1. Hewitt et al.'s (2006) Perfectionism Social Disconnection Model

According to Hewitt and Flett (2002), the interaction between *specific types of stressors* and *specific dimensions of perfectionism* may result in increased risk of depression and suicidal behaviors. In other words, if the type of stressor (e.g., achievement vs. social stressor) match with the specific perfectionism dimension (e.g.,

self-oriented vs. socially prescribed perfectionism) irritability of the stressful occasion will be escalated; thus, the risk of suicidality and depression may also increase (Hewitt & Flett, 2002, 1993). To clarify the empirically supported link between suicidality, depression and perfectionism dimensions, Hewitt, Flett, Sherry, and Caelian (2006) proposed the 'Perfectionism Social Disconnection Model' (PDSM), by hypothesizing that socially prescribed perfectionism results in suicidality through social disconnection and interpersonal problems (see Figure 1).

The perfectionism social disconnection model theorizes that socially prescribed perfectionism may lead to several interpersonal dysfunctions including interpersonal hostility and interpersonal over-sensitivity which may result in social disconnection and lack of belonging (Hewitt et al., 2006). PDSM suggested two main pathways between socially prescribed perfectionism and suicidality. In the first one, interpersonal hostility, aggression, irritability and resentment which may stem from the perception that others require perfection from oneself leads to objective social disconnection such as intimate relationship problems and lack of companionship that may result in suicidality (Hewitt et al., 2006). In the second pathway, interpersonal sensitivity such as excessive neediness, fragile inner-self, interpersonal awareness (Boyce & Parker, 1989) which may be stemming from the perception that others demand perfection to offer love and acceptance leads to subjective disconnection such as feeling rejected by others, lack of emotional intimacy and perceiving others as not supporting and it results in increased suicidal behavior and ideation (Hewitt et al., 2006).

The PDSM model was extended by including other interpersonal aspects of perfectionism which refers to perfectionists that need to appear perfect, in other words individuals with perfectionistic self-presentation style (Nock & Banaji, 2007). Finally, Sherry, Law, Hewitt, Flett, and Besser (2008) enlarged the social disconnection model by including depressive symptoms as an outcome variable referring that individuals high in perfectionistic concerns are vulnerable to depressive symptoms since they feel alienated and rejected by others. It has been found that socially prescribed perfectionism is a predictor of depression while other-oriented and self-oriented

perfectionism has much lower or no correlation with depression (Malinowski, Veselka, & Atkinson, 2017).

In their study with adolescent and child psychiatry outpatients, Roxborough and colleagues (2012) found empirical evidence for the extended model that includes objective and subjective social disconnection, depressive symptoms, suicidal behaviors and all aspects of interpersonal perfectionism (i.e. perfectionistic self-presentation and socially prescribed perfectionism). With this study, supporting the mediating relationship of social disconnection between perfectionistic self-presentation and suicidal behaviors, PSPs role for suicidality gained importance. On the one hand, individuals with interpersonal perfectionism tend to believe they do not matter and they are not accepted by others, and those beliefs lead to depression via social isolation, on the other hand, individuals with high levels of perfectionistic self-presentation become socially irritable towards others because of either withdrawing themselves in order to hide their shortcomings or evenly promoting their perfection, leading others to isolate them or treat them negatively which results in negative psychological outcomes such as depression and suicidal behavior (Roxborough et al, 2012; Flett, Galfi-Pechenkov, Molnar, Hewitt, & Goldstein, 2012). Likewise, negative aspects of interpersonal perfectionism including perfectionistic self-presentation have been found to be correlated with poor social relations and connectivity (Nounopoulos, 2013).

In addition, Sherry and colleagues (2013) found longitudinal evidence for the mediating role of social disconnection in the relationship between perfectionistic concerns and depressive symptoms and tested the expanded model in four longitudinal studies. They suggested that interpersonal aspects of perfectionism (i.e. socially prescribed perfectionism and perfectionistic self-presentation) influence depressive symptoms since perfectionists perceive others as dissatisfied or disapproving. Besides, individuals who are high in perfectionistic concerns do not only experience the generation of negative social experience (e.g., conflict) but also the degeneration of positive social experiences (e.g., intimacy) (Mackinnon & Sherry et al., 2012).

To sum up briefly, perfectionism social disconnection model suggests that interpersonal aspects of perfectionism conduce social disconnection via interpersonal

hostility or sensitivity and results in depression and suicidality. The current study aims to gain a better understanding of the pathway between perfectionism and depression according to the PDSM. For this reason, it is important to look at other factors that can affect the relationship. Therefore, in the following sections, concepts of mattering and perceived social support will be discussed as parts of interpersonal sensitivity which may affect subjective social disconnection.

1.4 Mattering

Rosenberg and McCullough (1981) defined the concept of mattering as ‘‘the feeling that others depend on us, are interested in us, are concerned with our fate, or experience us as an ego-extension’’ (as cited in Taylor & Turner, 2001). In other words, if one feels that others do not listen to him/her, no one is interested in him/her, that others do not get into meaningful conversations with him/her, s/he will feel that s/he does not matter (Elliott, Kao & Grant, 2004). Mattering can be divided into two categories; societal and interpersonal. Societal mattering refers to the general sense of mattering to the social environments such as a university or one’s community, whereas, interpersonal mattering represents perceptions of mattering to significant others such as spouse, parents, siblings, and friends (Rayle, 2005).

According to Rosenberg and McCullough (1981) feelings of mattering emerged from four sources including attention (i.e. ‘‘self-perception that one’s actions are noticed or acknowledge by others’’), importance (i.e. ‘‘perception that one’s actions are relevant to others’’), dependence (i.e. ‘‘one’s perception that others rely on him or her and their welfare depends upon his or her actions or affection’’), ego-extension (i.e. ‘‘belief that others have an emotional investment in her or him, that she or he would be missed if gone, or that her or his individual successes or failures would bring joy or disappointment to others’’) (as cited in Taylor & Turner, 2001). In addition, Rosenberg and McCullough (1981) pointed out that the perception of mattering is crucial and even if objective indicators are present they do not lead to feelings of mattering if they are not perceived as such (as cited in Elliot et al., 2004).

Later on, appreciation was added as another aspect of mattering. Schlossberg and colleagues conducted interviews with 605 students in higher education institutes

and repeatedly the interviewees expressed that appreciation of their efforts was quite important for feeling mattered (Schlossberg, LaSalle, & Golec, 1990). Being noticed by others only in negative situations, failures and taking only negative feedbacks and never being mentioned about positive contributions did not contribute to feeling mattered to others (Schlossberg, 1989).

Additionally, mattering has a more transcending meaning than just feeling mattered in specific domains of life, it also includes general evaluations about one's existence carries significance, importance, value and worth to world, as well as, one's existence is unique, special and cannot be replaced (George & Park, 2016). Mattering also comprehended the belief that one's actions and existence can create a difference in the world, hence, ultimately one's life is worth for living (George & Park, 2016; Martela & Steger, 2016). Relatedly, feeling of mattering was found closely related to one's evaluations about meaning of life (Costin & Vignoles, 2019).

Lower levels of mattering were found to be correlated with several psychological problems and psychological distress such as depressive symptoms, anxiety and low self-esteem (Dixon, Scheidegger, & Mcwhirter, 2009; DeForge, Belcher, O'Rourke, & Lindsey, 2008; Taylor & Turner, 2001). Moreover, in her study about marginality and mattering, Schlossberg (1989) found that people who perceive low levels of mattering are most likely to feel marginalized or disconnected. Rosenberg and McCullough (1981) also claimed that individuals who believe that they do not matter to anyone will be more likely to engage in criminal behaviors (as cited in Schlossberg, 1989). Additionally, it has been revealed that individuals with low levels of mattering perceptions were more likely to suffer from existential meaninglessness, while individuals who perceived higher levels of mattering were more likely to find a purpose and meaning in life and a sense of relatedness with key people in their lives (Marshall, 2001; Costin & Vignoles, 2019).

Mattering also closely linked to relatedness with others, relationship satisfaction, psychosocial well-being (Marshall, 2004) and happiness through relationship with others (Taniguchi, 2014). It has been found that lower levels of mattering closely associated with social anxiety and loneliness (Flett, Goldstein, Pechenkov, Nepon & Wekerle, 2016). In another research with adolescents, it has been

found that adolescents who perceive that they do not matter to their families are more likely to commit intrafamily physical violence and were more likely to have suicide ideation (Elliott, Colangelo, & Gelles, 2005). Furthermore, mattering related to relationship quality (Rayle & Chung, 2007). Supporting this, mattering was found as a predictor of romantic relationship satisfaction (Mak & Marshall, 2004). Also, it was found that mattering is not only related to romantic relationships, but it also associated with friendship quality for both close and best friends (Demir, Özen, Doğan, Bilyk & Tyrell, 2010).

To conclude, mattering refers to the perception that one is important to others and noticed and relied by others along with one's existence is valued and meaningful. In addition, the feeling of mattering is crucial for an individual's psychological well-being. However, people with high levels of interpersonal perfectionism (i.e. socially prescribed perfectionism and perfectionistic self-presentation) may have difficulties to believe they matter to others since they believe that others demand perfection from them. Therefore, the perception of mattering could be an important element in the relationship between perfectionism and depression. In the following section, the link between mattering and perfectionism disconnection model will be explained.

1.4.1 Mattering and Perfectionism Social Disconnection Model

The relationship between perceptions of mattering and depressive symptoms is well-known for a long time (Taylor & Turner, 2001). In both longitudinal and cross-sectional studies, it has been found that perceptions of high levels of mattering related to low levels of depressive symptoms for both men and women (Taylor & Turner, 2001). More recently, researchers examined the relationship between mattering and perfectionism and whether mattering can be a mediator in perfectionism social disconnection model. In 2012, Flett, Galfi-Pechenkov, Molnar, Hewitt, and Goldstein showed that mattering was significantly and negatively associated with interpersonal perfectionism, that is socially prescribed perfectionism and all three perfectionistic self-presentation facets, and also, it was negatively correlated with depression. Importantly, mattering was found to partially mediate the relationship between

interpersonal perfectionism and depression (Flett et al., 2012) which indicates that other variables can also be a mediator in perfectionism social disconnection model.

Mattering is relevant to the social disconnection perspective since perfectionists who need getting attention and approval will be more likely to have depressive symptoms if they believe that they do not matter and are disconnected from others (Flett et al., 2012). In addition, extreme socially prescribed perfectionism may result in feelings that one cannot ever matter to others since perfectionists tend to believe that others can be pleased by only perfection. Moreover, perfectionistic self-presentation styles may be used by perfectionists who feel interpersonally insignificant in order to get attention from others and gain a sense of mattering by appearing as perfect (Flett et al., 2012).

Since mattering only partially mediates the relationship between perfectionism and depression, Cha (2016) added self-esteem as another mediator in this relationship and found that double mediation effect of self-esteem and mattering was significant although single mediation effect of mattering and self-esteem was not found as statistically significant. These results suggested that it is important to investigate other possible mediators between perfectionism and depression while considering the effects of mattering. Therefore, the current study investigates perceived social support as another mediator in the link through interpersonal perfectionism, perceived mattering and depression since perceived social support is closely related with mattering.

1.5 Perceived Social Support

Social support can be defined as one's belief that she or he is loved, valued and belongs to a social network of mutual obligation (Cobb, 1976). In the literature, there are two kinds of social support; provided social support and perceived social support. Provided social support is a quantitative concept which refers to the amount of social support deriven from social support sources (Kef, 1997). On the other hand, perceived social support is a qualitative concept that is built on mental assessment about presence and sufficiency of others' support when the individual needs it (Procidano & Heller, 1983; Park, 2007). In other words, objective, provided or received social disconnection refers to number of sources or how frequently one has received supportive behaviors

and mainly focused on overt behaviors, while perceived or subjective social support refers to an individual's feelings of whether his or her present relationships are gratifying support needs and focused on internal experiences (Sherry et al., 2008).

It has been found that perceived and provided social support are not always equivalent to each other since perceived social support can be influenced by several things including personality traits, moods, and attitudes (Deveci, 2011). Moreover, Sherry and colleagues showed that only perceived social support mediates the relationship between perfectionism and depression (Sherry et al., 2008). Therefore, in the present study, perceived social support is used since studies showed that the quality and the strength of social support have more impact on individual's psychological well-being than provided social support (Çeçen, 2008).

Social support can be obtained from a number of different sources. Although some researchers defined social support based on a number of people who support the person (Barrera & Ainly, 1983), commonly accepted definition of sources of social support are grouped into three; support from friends, family and significant others (Zimet et al., 1988).

Family support is composed of support that is obtained from the mother, father, and siblings. It has been found that while support from friends and significant others are highly correlated with each other, support from family is experienced differently from other types of social support (Zimet et al., 1988). This difference may be related to the fact that social support provided by the family is more stable over time as compared to support from friends and significant others (Dahlem, Zimet, & Walker, 1991). Zimet and colleagues found that support from family is especially important for environmental and emotional adaptation (Zimet et al., 1988).

Another source, support from friends, includes friends from peer groups and colleagues. Friend support is critical for the socialization process. Support from friends differs from family since friendships are based on equal and voluntary relationships (Crohan & Antonucci, 1989; Adams & Blieszner, 1989). Support provided by friends has a buffering role in decreasing psychological distress stemming from social conflict (Lepore, 1992).

Finally, the third source is significant-other support and it includes support from romantic relationships, spouses, relatives, neighbors, teachers, religious advisers and other people that are considered as significant figures in one's life. In a study with cancer patients, results revealed that partner support is strongly and negatively correlated with psychological distress (Kamen et al., 2015).

Perceived social support has been found to be closely linked to both psychological and physical well-being. Wilcox (1981) found that social support has a buffering role in the negative impacts of stressful life events. That is, social support prevents the negative effects of stressful events (Dalgard, Bjork, & Tambs, 1995). In a study with caregivers of cancer patients, it has been found that caregivers who perceive high social support from family members and significant others have lower scores on anxiety and depressive symptoms (Kuşçu, Dural, Yaşa, Kızıltoprak, & Önen, 2009). Similarly, Pengilly and Dowd (2000) found that social support moderates the relationship between depression and stress. In many studies, social support significantly and negatively associated with depression scores (Roh, Burnette, Lee, Lee, Easton, & Lawler, 2015; Chao, 2014; Bouteyre, Maurel, & Bernaud, 2007). Additionally, social support closely and positively linked to coping skills (Dunkel-Schetter, Folkman, & Lazarus, 1987). Likewise, individuals with high levels of social support, tend to have higher problem solving and decision-making skills and tend to be more optimistic (Yıldırım, 2006).

Social support also related to physical health. It has been found that in times of exposure stressors, people with strong social support are more likely to have better health (Cohen & Willis, 1985). Moreover, poor social support is related to elevated stress reactivity including increased blood pressure (Uchino, Cacioppo, & Kiecolt-Glaser, 1996) and heightened heart rate (Stansfeld, Fuhrer, Head, Ferrie & Shipley, 1997). Studies have shown that lower levels of social support associated with cancer (Manne, Pape, Taylor, & Dougherty, 1999), cardiovascular disease (Rozanski, Blumenthal, & Kaplan, 1999) and multiple sclerosis (Mohr, Classen, & Barrera, 2004).

Although perceiving social support is quite significant for both physical and psychological well-being, people who have high levels of interpersonal perfectionism (i.e. perfectionistic self-presentation and socially prescribed perfectionism) can have

difficulties in getting support from others since they tend to conceal their shortcomings and they may believe that others only support them if they achieve perfection. In the next section the link between perfectionism social disconnection model and perceived social support will be discussed.

1.5.1 Perceived Social Support and Perfectionism Social Disconnection Model

The first study that investigated the role of perceived support in the perfectionism social disconnection model was carried out by Sherry and her colleagues and revealed that perceived social support partially mediates the relationship between socially prescribed perfectionism and depressive symptoms while received social support does not correlate with depression significantly (Sherry et al., 2008). They suggested that the difference between perceived and received support might be due to distorted social appraisals of socially prescribed perfectionists, that is, socially prescribed perfectionist might misconstrue supportive behaviors, for instance, misapprehending a helpful comment as criticism (Sherry et al., 2008). Additionally, socially prescribed perfectionists may feel less social support because they tend to conceal their imperfections and this tendency may lead to not sharing distress with others, which in turn may prevent receiving support (Sherry et al., 2008).

Another study about perfectionism dimensions and physical health revealed that perceived social support mediates the relationship between socially prescribed perfectionism and poorer physical health, however, there is no significant correlation between self-oriented perfectionism and poorer health in terms of perceived social support (Molnar, Sadava, Flett, & Colautti, 2012). This outcome might be due to the oversensitivity of socially prescribed perfectionists toward rejection and social evaluation (Flett, Hewitt, Garshowitz, & Martin, 1997; Molnar et al., 2012). Collectively, these results indicate a significant link between higher levels of socially prescribed perfectionism and lower levels of perceived social support which results in poorer physical health and depressive symptoms.

As mentioned above, both perceived social support and mattering partially mediate the relationship between perfectionism and depression individually. Since they are different but closely related concepts, in this thesis, both will be considered

as part of interpersonal sensitivity in PDSM, and their effect on depression will be investigated together. In the next section, the relationship between mattering and perceived social support will be given.

1.5.2 Mattering and Perceived Social Support

Although social support and mattering are theoretically different and independent concepts, they share common variance in indicating psychological well-being (Marshall, 2001) and both constructs are closely related to each other (Elliot, Kao, & Grant, 2004; Marshall, 2001, Rayle & Chung, 2007). Previous researchers found that perceived mattering mediates the relationship between friendship and happiness in college students (Demir, Özen, Doğan, Bilyk, & Tyrell, 2011). Another study with 533 first-year college students revealed that perceived social support from family and friends predicted greater mattering to colleagues and organizations (Rayle & Chung, 2007).

Social support and mattering could be related through several mechanisms. First of all, according to many people being significant to others may strengthen the belief that both parties receive and give emotional warmth or assistance, mutually (Taylor & Turner, 2001). Therefore, mattering can be related to social support due to the nature of close relationships. Another mechanism could be related to the positive correlation between both social support and mattering and feelings of connectedness and sense of belonging (Kaplan, Cassell, & Gore, 1977). Mattering and social support could be correlated since each of them contributes to belongingness and minimizing the negative effects of social disconnection. Finally, Vaux (1988) claimed that social support could increase ‘‘social esteem’’ which is a belief that one counts and is respected by others. In other words, social support enhances feelings of mattering through increasing social esteem. Due to these mechanisms, Taylor and Turner (2001) suggested that social support could mediate the relationship between mattering and psychological well-being in many incidents.

Although mattering and perceived social support are closely related, they are theoretically different concepts. Mattering can be distinguished from social support since mattering is related to feeling important to others, having valued life, it may be

gained without specific support (Elliot, Kao, & Grant, 2004). Mattering is also related to general evaluations about one's existence carries significance, importance and value to world (George & Park, 2016). Therefore, it is important to investigate their relationship with perfectionism and depression jointly to understand their unique effects without effects of their common variance.

To conclude by considering all the information above, according to perfectionism social disconnection model, people who have high levels of interpersonal perfectionism (i.e. socially prescribed perfectionism and perfectionistic self-presentation) experience rejection, alienation and loneliness as a result of their interpersonal sensitivity and become subjectively disconnected from others and it results in depression. As parts of interpersonal sensitivity, low levels of mattering and perceived social support seems to partially mediate the relationship between interpersonal perfectionism and depression. Although they are similar concepts, there is no study that takes into consideration their mediating role on perfectionism together. Therefore, this study focuses on the relationship between interpersonal aspects of perfectionism and depression while investigating the effects of mattering and perceived social support to this link.

1.6 The Aim of the Study

Considering the information provided above, it is important to investigate the possible mediators in the relationship between perfectionism and depression. As the perfectionism social disconnection model outlines, interpersonal dimensions of perfectionism could result in depression and even suicidality. Although several researchers investigated this phenomenon, there are still quite a few studies that investigate the effect of mattering in terms of mediating the relationship between perfectionism and depression. Additionally, there is no study that investigates effects of perceived social support and mattering together to understand their unique effects although they are closely related with each other. Therefore, this thesis aimed to investigate the relative mediating roles of mattering and perceived social support in the relationship between perfectionism and depression together.

Hypotheses:

1. After controlling demographic variables, interpersonal aspects of perfectionism (i.e. socially prescribed perfectionism and perfectionistic self-presentation), mattering and perceived social support will predict depression scores.
2. Both mattering and perceived social support will mediate the relationship between socially prescribed perfectionism and depression.
3. Both mattering and perceived social support will mediate the relationship between perfectionistic self-promotion and depression.
4. Both mattering and perceived social support will mediate the relationship between nondisplay of imperfection and depression.
5. Both mattering and perceived social support will mediate the relationship between nondisclosure of imperfection and depression.

CHAPTER 2

METHOD

2.1 Participants

The sample of the present study consisted of 343 university students from the Middle East Technical University. In terms of gender, 232 (67.6%) of the participants were females and 108 (31.5%) of them were males. Three participants did not indicate their genders. The mean age of the participants was 22.23 (SD = 2.00 with a range of 19 to 33). All participants were undergraduate university students and 8 (2.33%) of the participants were employed while they were studying. According to residential data, 217 (63.3%) of the participants spent most of their lives in metropolis, 110 (32.1%) of them in a city, 11 (3.2%) of them in a town and 5 (1.5%) participants lived in a village in most of their lives (see Table 1).

Table 1 *Socio-demographic Characteristics of the Sample (N =343)*

Variables	**N**	**%**	**Mean**	**SD**	**Range**
Age			22.23	2.00	19 - 33
Gender					
Female	232	67.6			
Male	108	31.5			
Unspecified	3	.9			
Urban/rural living status					
Metropolis	217	63.3			
City	110	32.1			
Town	11	3.2			
Village	5	1.5			

2.2 Measures

The instruments used in this research consisted of a demographic information form, Beck Depression Inventory (BDI), The Multidimensional Perfectionism Scale (MPS), The Perfectionistic Self Presentation Scale (PSPS), The Multidimensional Scale of Perceived Social Support (MSPSS), and General Mattering Scale (GMS).

2.2.1 The Demographic Information Form

The demographic information form was developed by the researcher to inquire about gender, age, educational level, and working status of the participants (see Appendix B).

2.2.2 The Beck Depression Inventory (BDI)

BDI is a 21-items self-report assessment tool which was developed by Beck, Ward, Mandelson, Mock, and Erbaugh (1961). Each item is associated with a characteristic of depression and scores for each item range between 0 to 3. The score range of the scale is between 0-63 and higher scores indicate higher levels of depressive symptoms. The scale's Cronbach's alpha coefficient was found to be between .73 to .95 for different sample groups (Beck, Steer & Garbin, 1988).

The Turkish adaptation of the BDI was carried out by Hisli (1988) and split half reliability was found to be .74 and the Cronbach's alpha reliability was found to be .74. The cut-off point for the Turkish adaptation of the scale was determined as 17 (Hisli, 1989). For the current study, the Cronbach's alpha coefficient was .89 (see Appendix C).

2.2.3 The Multidimensional Perfectionism Scale (MPS)

The Multidimensional Perfectionism Scale (MPS) was developed by Hewitt and Flett (1989) to measure the three dimensions of perfectionism, namely self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. MPS consists of 45 items and respondents are required to rate items on a 7-point Likert type scale ranging from "strongly disagree" to "strongly agree". Higher scores indicate greater perfectionism. Some of the items have reversed scoring (i.e; items 2, 3, 4, 8, 9, 10, 12, 19, 21, 24, 30, 34, 36, 37, 38, 43, 44, 45). MPS has three

subscales, namely self-oriented perfectionism (items 1, 6, 8, 12, 14, 15, 17, 20, 23, 38, 32, 34, 36, 40, 42), other-oriented perfectionism (items 2, 3, 4, 7, 10, 16, 19, 22, 24, 26, 27, 29, 38, 43, 45), and socially prescribed perfectionism (items 5, 9, 11, 13, 18, 21, 25, 30, 31, 33, 35, 37, 39, 41, 44). The scale's alpha reliability was found to be .86 for self-oriented perfectionism, .82 for other-oriented perfectionism and .87 for socially prescribed perfectionism (Hewitt & Flett, 1991b).

The reliability and validity study of the Turkish version of MPS was conducted by Oral (1999). In the Turkish version, as a result of factor analysis, one item (item 22) was eliminated from the scale since its factor loading was .19. The Cronbach's alpha was .91 for the whole scale, .91 for self-oriented perfectionism, .73 for other-oriented perfectionism and .80 for socially prescribed perfectionism. In the Turkish version, the subscales have slightly different items than the original version. Self-oriented perfectionism subscale has 19 items, other-oriented perfectionism has 10 items and socially prescribed perfectionism has 15 items. In the Turkish version of MPS, items 1, 6, 7, 8, 12, 14, 15, 16, 17, 20, 23, 26, 28, 29, 30, 38, 32, 34, 36, 40, and 42 represent the self-oriented perfectionism, while items 2, 3, 4, 10, 19, 24, 34, 38, 43, and 45 represent other-oriented perfectionism and items 5, 9, 11, 13, 18, 21, 25, 27, 31, 33, 35, 37, 39, 41, 44 represent socially prescribed perfectionism. For the current study, Cronbach's alpha coefficient for total scale was .91, while it was .91, .75, .87 for self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism, respectively (see Appendix D).

2.2.4 The Perfectionistic Self Presentation Scale (PSPS)

The Perfectionistic Self-Presentation Scale (PSPS) is a 27-item scale which was developed by Hewitt and his colleagues (2003). Participants are required to respond to each item using a 7-point Likert scale which ranges from (1) ''strongly disagree'' to (7) ''strongly agree''. The scale consists of three subscales, namely, perfectionistic self-promotion (items 5, 7, 11, 15, 17, 18, 23, 25, 26, 27), non-display of imperfection (items 2, 3, 4, 6, 8, 10, 12, 20, 22, 24) and non-disclosure of imperfection (items 1, 9, 13, 14, 16, 19, 21). Some of the items have reverse scoring (i.e; items 1, 3, 11, 16, 18, 22). Cronbach alpha for perfectionistic self-promotion was

.86, .83 for non-display of imperfection and .78 for non-disclosure of imperfection (Hewitt et al., 2003).

The Turkish version of PSPS was developed by Balcı, Kıral, Kalafat, and Boysan (2009). The Cronbach alpha for the Turkish version of the whole scale was .80, for perfectionistic self-promotion it was .75, .63 for non-display of imperfection and .55 for non-disclosure of imperfection (Balcı et al., 2009). For the current sample, Cronbach's alpha coefficient was found to be .91 for the total scale and .88, .77, .81 for perfectionistic self-promotion, non-display of imperfection and non-disclosure of imperfection subscales, respectively (see Appendix E).

2.2.5 The Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet and Farley (1988) to assess the perceived social support from three different sources, family, friends, and significant others. The scale has three subscales (i.e. family, friend, significant other) and each subscale has 4 items which are rated on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate higher levels of perceived social support. The Cronbach's Alpha values ranged between .84 to .92 for the whole scale, .81 to .90 for the family subscale, .90 to .94 for the friend subscale and .83 to .98 for the other significant person subscale (Zimet, Powell, Farley, Werkman & Berkoff, 1990).

The Turkish version of the MSPSS was developed by Eker and Arkar (1995). The Cronbach's alpha for the Turkish version of the scale ranged between .80 and .95 (Eker, Arkar & Yaldız, 2001). For the current study, Cronbach's Alpha values were determined for family, friend, and significant other person subscales, and for the total scale as $\alpha = .89$, $\alpha = .89$, $\alpha = .94$, $\alpha = .98$, respectively (see Appendix F).

2.2.6 The General Mattering Scale (GMS)

The General Mattering Scale (GMS) was developed by Marcus (1991) to assess the degree to which an individual believes that they matter to others. The scale has 5 questions and each question has 4-point Likert type response format, ranging from ''Not at All'' to ''Very Much''. Higher scores indicate a greater perception of

mattering and the highest scores that can be obtained from the scale is 20. Cronbach's alpha for the scale was reported as ranging from .74 to .86 (Rayle & Myers, 2004).

The GMS was adapted to Turkish by Haktanır, Lenz, Can and Watson (2016). The Turkish version of the scale was found to be reliable and valid with a Cronbach's alpha value of over .70 (Haktanır et al., 2016). In the present study, Cronbach's alpha for the scale was found to be .78 (see Appendix G).

2.3 Procedure

The research and the questionnaire battery were approved by the Human Participants Ethics Committee of the Middle East Technical University. The data of the current study were collected from undergraduate students in the Middle East Technical University. For data collection, the online survey software, Qualtrics was used. Each participant was awarded with a .5 bonus point for the course they selected for their voluntary participation in the survey. The written informed consent was prepared and given to the participants at the beginning of the online survey (see Appendix H). Individuals who accepted to participate in the study and approved the informed consent, filled out the Demographic Information Form, Beck Depression Inventory, the Multidimensional Perfectionism Scale, the Multidimensional Scale of Perceived Social Support, the General Mattering Scale, and the Perfectionistic Self Presentation Scale, respectively. The order of the scales was determined randomly via drawing. The completion of the questionnaires took approximately 20 minutes.

2.4 Statistical Analyses

In the current study, the Statistical Package of Social Sciences (SPSS), version 24 for Windows was used for data analyses. The mediation analyses were performed via PROCESS macro for IBM SPSS developed by Hayes (2018). Prior to the statistical analyses, participants who did not answer more than 5% of the scales were excluded. The data were tested for normality, the accuracy of data entry and the assumptions of multivariate analysis. The multivariate outlier analysis was performed by calculating the Mahalanobis distance ($p < .001$, $X^2 = 161.581$). The results of multivariate outlier analysis indicated that there were 11 multivariate outliers and they were excluded from the data. Cronbach's alpha coefficients were used to analyze the internal reliability of

the measurement tools. Descriptive statistics and bivariate correlations of all variables were analyzed. To investigate the predictor role of interpersonal aspects of perfectionism (i.e. socially prescribed perfectionism and perfectionistic self-presentation) on depression, hierarchical regression analyses were performed. Finally, to understand the mediating effect of perceived social support and mattering on the relationship between interpersonal aspects of perfectionism and depression mediation analyses were conducted.

CHAPTER 3

RESULTS

The results section will begin with descriptive statistics of the variables of the current study. Later, it will continue with the results of bivariate correlations between all the variables. Subsequently, the results of regression analysis that investigated potential predictor variables of depression (i.e. perfectionism dimensions, perfectionistic self-presentation facets, perceived social support and mattering) will be given. Finally, the findings of the mediation analysis for both socially prescribed perfectionism and perfectionistic self-presentation will be presented.

3.1 Descriptive Statistics

The descriptive statistics (i.e.; mean, standard deviation, and range) of the main variables of the current study are presented in Table 2.

3.2 Bivariate Correlations among the Variables of the Study

Results showed that, the dependent variable of the study, depression, was positively correlated with total multidimensional perfectionism score (r = .20, p < .01), socially prescribed perfectionism (r = .32, p < .01), perfectionistic self-presentation (r = .22, p < .01), perfectionistic self-promotion (r = .11, p < .05), non-display of imperfection (r = .19, p < .01), non-disclosure of imperfection (r = .28, p < .01), and negatively correlated with mattering (r = -.27, p < .01), total perceived social support score (r = -.30, p < .01), family support (r = -.27, p < .01), friend support (r = -.25, p < .01), significant other support (r = -.18, p < .01).

In addition, results revealed that, amongst perfectionism dimensions, only socially prescribed perfectionism negatively and significantly correlated with mattering (r = -.15, p < .01) and perceived social support (r = -.21, p < .01). Regarding perfectionistic self-presentation facets, only nondisclosure of imperfection significantly and negatively related to mattering (r = -.24, p < .01) and perceived

social support (r = -.36, p < .01). Finally, it has been found that mattering positively correlated with perceived social support (r = .49, p < .01).

Bivariate correlations between all the variables of the current study are presented in Table 3.

Table 2 *Descriptive Statistics for the Variables of the Study*

Variables	**N**	**Mean**	**SD**	**Min – Max (within the study)**	**Min - Max (for the scales)**
Mattering	343	14.90	2.46	5 - 20	5 - 20
Perceived Social Support					
Family	343	21.69	5.74	4 - 28	4 - 28
Friend	343	21.38	5.87	4 - 28	4 - 28
Significant Other	343	16.45	9.68	4 - 28	4 - 28
Total	343	59.52	15.71	13 - 84	12 - 84
Perfectionism					
Self-oriented	343	89.42	18.46	34 - 128	7 - 133
Other-oriented	343	39.07	8.61	16 - 67	7 - 70
Socially prescribed	343	51.39	14.03	18 - 88	7 - 105
Total	343	179.88	31.78	86 - 276	45 - 315
Perfectionistic self-presentation					
Self-promotion	343	41.10	11.36	12 - 70	10 - 70
Non-display of imperfection	343	44.62	9.20	21 - 64	10 - 70
Non-disclosure of imperfection	343	24.11	7.81	7 - 48	7 - 49
Total	343	109.83	23.96	47 - 175	27 - 189
Depression	343	12.47	9.08	0 - 51	0 - 63

Table 3 *Bivariate Correlations Between Variables of the Study*

		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
1.	Mattering	1															
2.	Perceived Social Support	.49*	1														
3.	Family Support	.39*	.66*	1													
4.	Friend Support	.46*	.71*	.42*	1												
5.	Significant other support	.29*	.80*	.22*	.29*	1											
6.	Perfectionism	-.04	-.05	-.03	-.10	-.01	1										
7.	Self-oriented perfectionism	.05	.06	.09	.02	.03	.88*	1									
8.	Other-oriented perfectionism	-.00	.03	.05	-.05	.05	.67*	.51*	1								

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

Table 3 *(cont'd)*

		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
1.	Socially prescribed perfectionism	-.15*	-.21*	-.23*	-.21*	-.08	.71*	.35*	.22*	1							
2.	Perfectionistic self-presentation	-.11**	-.14*	-.06	-.19*	-.08	.64*	.57*	.26*	.55*	1						
3.	Self-promotion	.00	-.01	.04	-.04	-.00	.68*	.68*	.31*	.45*	.90*	1					
4.	Non-display of imperfection	-.10	-.06	-.02	-.07	-.04	.49*	.41*	.17*	.45*	.87*	.69*	1				
5.	Non-disclosure of imperfection	-.24*	-.36*	-.23*	-.45*	-.18*	.41*	.27*	.13**	.49*	.74*	.49*	.49*	1			
6.	Depression	-.27*	-.30*	-.27*	-.25*	-.18*	.20*	.10	.01	.32*	.22*	.11**	.19*	.28*	1		
7.	Age	.00	-.03	-.04	-.08	.02	.07	.00	.07	.12**	-.01	.00	-.04	.02	.00	1	
8.	Gender	-.08	-.02	-.07	.06	-.03	.03	.00	.06	.03	.01	.04	-.08	.05	-.10	.17*	1

Note. $^{**}p < .01$, $^{*}p < .001$

3.3 Hierarchical Multiple Regression Analysis

In the current study, a hierarchical multiple regression analysis was conducted to examine the effects of aspects of perfectionism, perfectionistic self-presentation, perceived social support and mattering on depression while controlling for the effects of the socio-demographics characteristics.

3.3.1 Predictors of Depression

In order to test perfectionism social disconnection model and Hypothesis 1 (after controlling demographic variables, interpersonal aspects of perfectionism (i.e. socially prescribed perfectionism, perfectionistic self-presentation, mattering and perceived social support will predict depression scores) of the current study and to examine the predictor variables of depression, a hierarchical multiple regression analysis was conducted.

Prior to the regression analysis, variables of the study (subscales of multidimensional perfectionism, perfectionistic self-presentation, perceived social support and mattering) were checked for multicollinearity, and VIF scores for each item ranged between 1.46 to 2.05 indicating that there is no multicollinearity problem between the variables. After that, the data was also controlled for heterosdacity problem and it has been decided that the data was suitable for regression analysis. Also, for categoric demographic variables (e.g. gender) t-test was conducted to analyze potential control variables. Results showed that only gender variables had marginal significance on depression (t (338) = 1.89, p = .059)

The variables were entered into the regression equation in three steps (see Table 4). In the first step, in order to control for the effects of demographic variables, gender, the only demographic variable that has a marginally significant relationship with depression (t = 1.89, p = .059), was forced to ‘enter’ into the equation. In the second step of the regression equation, perfectionism and perfectionistic self-presentation subscales were entered into the equation. And finally, in the third step, the potential mediator variables (perceived social support and mattering) were entered into the model.

Table 4 *Steps of Hierarchical Multiple Regression Analysis for Depression*

Variables	**Method**
I. Demographic Characteristics	Enter
Gender	
II. Perfectionism and Perfectionistic self-presentation	
Perfectionism	
Self-oriented perfectionism	
Other-oriented perfectionism	
Socially prescribed perfectionism	
Perfectionistic self-presentation	Enter
Perfectionistic self-promotion	
Nondisclosure of imperfection	
Nondisplay of imperfection	
III. Mediator Variables	Enter
Perceived Social Support	
Mattering	

As can be seen from Table 5, the results of the hierarchical regression analysis showed that the contribution of the variable entered in the first block to the equation is marginally significant (β = -1.99, t = -1.89, p = .059) and 1% of the variance was explained by gender, the control variable of the study (R^2 = .01, *F change* (1, 338) = 3.58, p = .059).

In the second block, the entrance of perfectionism related variables accounted for an additional 13% of the variance (R^2 *change* = .13, *F change* (6, 332) = 8.68, p < .001), and increased the total variance to 15% (R^2 = .15, p < .001). Amongst the perfectionism subscales, only socially prescribed perfectionism positively predicted depression score (β = .16, t = 4.08, p < .001), while self-oriented perfectionism and other-oriented perfectionism did not significantly predict depression. Amongst the perfectionism self-presentation subscales, only nondisclosure of imperfection significantly and positively predicted depression (β = .24, t = 3.23, p < .001), while

perfectionistic self-promotion and non-display of imperfection did not significantly predict depression.

In the third block, both perceived social support (β = -.09, t = -2.46, p < .05) and mattering (β = -.55, t = -2.63, p < .01) predicted depression negatively while both potential mediator variables increased the explained variance to 20% (R^2 *change* = .06, *F change* (2, 330) = 11.28, p < .001).

With all the variables in the equation, in the last step, gender (β = -2.33, t = -2.38, p < .05), socially prescribed perfectionism (β = .14, t = 3.61, p < .001), mattering (β = -.55, t = -2.63, p < .01), and perceived social support (β = -.09, t = -2.46, p < .05) remained to be significant predictors of depression.

3.4 Mediation Analyses

With the aim of investigating the nature of the relationship between depression and its predictors, namely, socially prescribed perfectionism and nondisclosure of imperfection, mediation analyses were performed by using PROCESS macro developed by Hayes (2018) for IBM SPSS. In each mediation analysis, both potential mediators (i.e. perceived social support and mattering) were entered into the model together.

In order to test Hypothesis 2 (mattering and perceived social support will mediate the relationship between socially prescribed perfectionism and depression) and 5 (mattering and perceived social support will mediate the relationship between nondisclosure of imperfection and depression) of this study, mediation analyses were conducted for both socially prescribed perfectionism and nondisclosure of imperfection subscale of the perfectionistic self-presentation scale which was the only subscale that predicted depression, although nondisclosure of imperfection was not significant in the final analysis. For each significant predictor variable, mediation analysis was conducted independently. Firstly, mediation analysis for socially prescribed perfectionism was performed. Then, mediation analysis was conducted for nondisclosure of imperfection. In each mediation analyses, both perceived social support and mattering entered the mediation at the same time.

Table 5 *Predictors of depression*

Block	**B (within set)**	**SE B (within set)**	***B* (within set)**	***t* (within set)**	***t* (last step)**	R^2	ΔR^2
Dependent Variable: Depression							
I. Demographic Characteristics						.01	.01
Gender	-1.99	1.05	-.10	-1.89	-2.38*		
II. Perfectionism and Perfectionistic self-presentation						.15	.13
Perfectionism							
Self-oriented perfectionism	.03	.04	.06	.72	1.06		
Other-oriented perfectionism	-.06	.06	-.06	-.97	-1.09		
Socially prescribed perfectionism	.16	.04	.25	4.08***	3.61***		
Perfectionistic self-presentation							
Perfectionistic self-promotion	-.11	.07	-.14	-1.55	-.94		
Nondisclosure of imperfection	.24	.07	.21	3.23**	1.50		
Nondisplay of imperfection	.05	.07	.05	.64	.58		
III. Mediator Variables						.20	.06
Perceived Social Support	-.09	.04	-.15	-2.46*	-2.46*		
Mattering	-.55	.21	-.15	-2.63**	-2.63**		

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

3.4.1 Mediation Analysis for Socially Prescribed Perfectionism and Depression

In the first mediation analysis, socially prescribed perfectionism was the predictor, while depression was the outcome and mattering and perceived social support were the mediators. With bootstrapping test from Hayes's SPSS macro, 10000 bootstrap re-samples were conducted for the analysis.

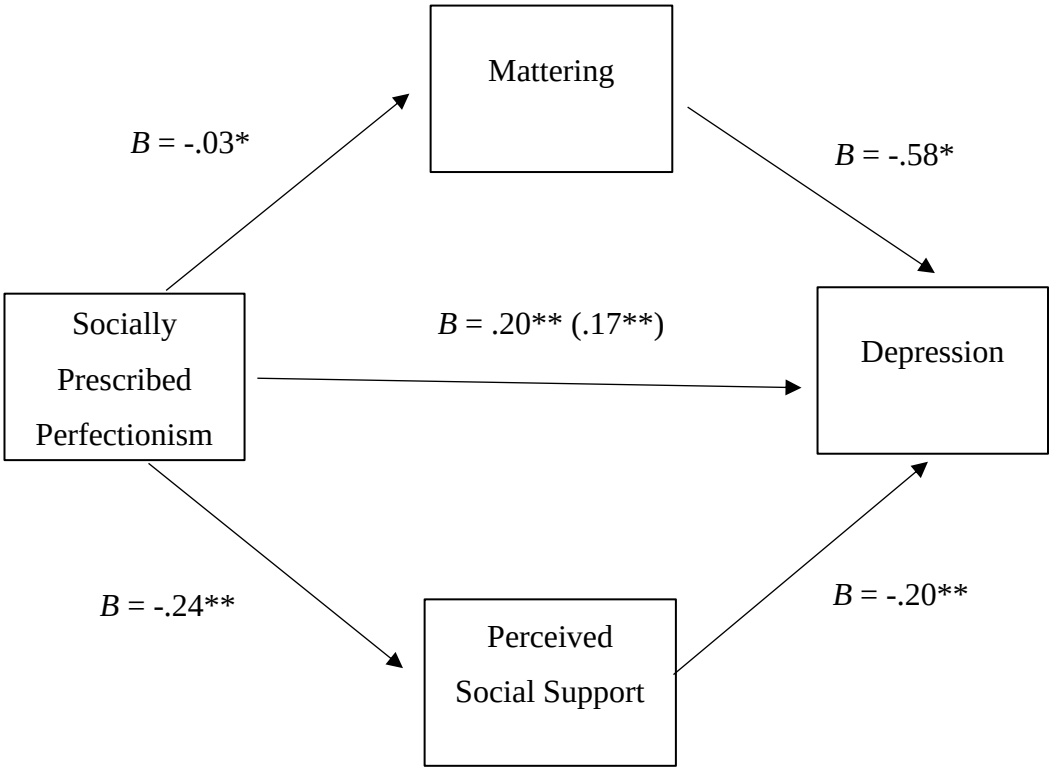

Figure 2 Socially Prescribed Perfectionism and Depression with Mattering and Perceived Social Support as the Mediators

Note. B = Unstandardized regression coefficient, * p = .01, ** p < .001

The results showed that socially prescribed perfectionism was a significant predictor for both mattering (b = -.03, SE = .01, p < .01) and perceived social support (b = -.24, SE = .06, p < .001). Additionally, both mattering (b = -.58, SE = .21, p < .01)

and perceived social support (b = -.10, SE = .03, p < .01) significantly predicted depression (see Figure 2). Socially prescribed perfectionism was still a significant predictor of depression after controlling the mediating effects of mattering and perceived social support (b = .20, SE = .03, p < .001) which indicated that mattering and perceived social support could only partially mediate the relationship between socially prescribed perfectionism and depression. Thus, the model with the mediators explained additional 11% of the variance (ΔR^2 = .11, F (2, 337) = 20.97, p < .001).

By using bootstrap estimation approach, the indirect effects of mattering and perceived social support were calculated with 10000 samples. The results revealed that, the indirect effects of perceived social support (b = .02, *boot SE* = .01, 95% CI [.01, .05]) and mattering (b = .02, *boot SE* = .01, 95% CI [.002, .034]) were significant (See Table 6 for the results). In conclusion, results of the mediation analysis indicated that socially prescribed perfectionism associated with increased depression scores through decreased levels of both mattering and perceived social support.

Table 6 *Mediation effects of Mattering and Perceived Social Support on the Relationship between Socially Prescribed Perfectionism and Depression (N = 343)*

	B	**t**	**p**
Mediation path *a* (socially prescribed perfectionism on mattering)	-.03	-2.75	.01
Mediation path *b* (mattering on depression)	-.58	-2.77	.01
Indirect effect bootstrapped 95% Confidence Interval [.002 - .034]	.01		
Mediation path *b* (perceived social support on depression)	-.10	-3.03	.01

Table 6 *(cont'd)*

	B	**t**	**p**
Indirect effect bootstrapped 95% Confidence Interval [.01 - .05]	.02		
Total effect, path *c* (socially prescribed perfectionism on depression)	.20	6.16	.001
Direct effect, path *c'* (socially prescribed perfectionism on depression with both mediators)	.17	5.08	.001
Covariate (Gender)	-2.20	-2.20	.03
Model R^2 = .11, F (2, 337) = 20.97, p < .001			

B = Unstandardized coefficient

3.4.2 Mediation Analysis for Nondisclosure of Imperfection and Depression

A mediation analysis for nondisclosure of imperfection subscale of perfectionistic self-presentation, the only subscale that predicted depression as it entered the equation, was conducted. In the current mediation analysis, nondisclosure of imperfection was the predictor, while depression was the outcome and the mediators were perceived social support and mattering. By using bootstrapping test from Hayes's SPSS macro, 10000 bootstrap re-samples were generated for the analysis.

The findings revealed that nondisclosure of imperfection was a significant predictor for both perceived social support (b = -.74, SE = .10, p < .001) and mattering (b = -.08, SE = .02, p < .001). In addition, both perceived social support (b = -.09, SE = .03, p < .01) and mattering (b = -.58, SE = .21, p < .01) were significant predictors

of depression (see Figure 3). Nondisclosure of imperfection was still a significant predictor of depression after controlling the mediating effects of mattering and perceived social support (b = .23, SE = .06, p < .001), indicating mattering and perceived social support only partially mediated the relationship between nondisclosure of imperfection and depression. The model with the mediators explained 9% additional variance (ΔR^2 = .09, F (2, 337) = 17.56, p < .001).

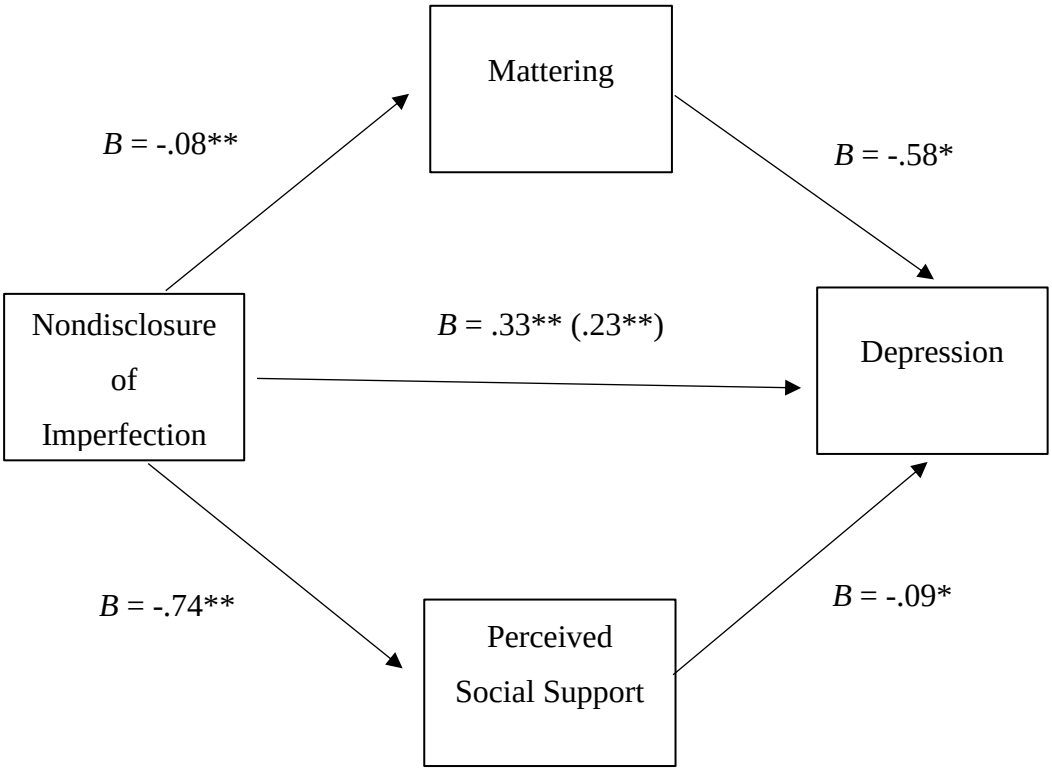

Figure 3 Nondisclosure of Imperfection and Depression with Mattering and Perceived Social Support as the Mediators

Note. B = Unstandardized regression coefficient, * p < .01, ** p < .001

The indirect effects of mattering and perceived social support were calculated with 10000 samples by using bootstrapping method. The findings indicated that, the

indirect effects of perceived social support (*b* = .07, *boot SE* = .03, 95% CI [.01, .13]) and mattering (*b* = .04, *boot SE* = .02, 95% CI [.01, .09]) were significant (See Table 7 for the results). In conclusion, results of the mediation analysis indicated that nondisclosure of imperfection associated with increased depression scores through decreased levels of both mattering and perceived social support.

Table 7 *Mediation effects of Mattering and Perceived Social Support on the Relationship between Nondisclosure of Imperfection and Depression (N = 343)*

	B	**t**	**p**
Mediation path *a* (nondisclosure of imperfection on mattering)	-.08	-4.52	.001
Mediation path *b* (mattering on depression)	-.58	-2.71	.01
Indirect effect bootstrapped 95% Confidence Interval [.01 - .09]	.04		
Mediation path *a* (nondisclosure of imperfection on perceived social support)	-.74	-7.22	.001
Mediation path *b* (perceived social support on depression)	-.09	-2.61	.01
Indirect effect bootstrapped 95% Confidence Interval [.01 - .13]	.07		
Total effect, path *c* (nondisclosure of imperfection on depression)	.34	5.59	.001

Table 7 *(cont'd)*

	B	**t**	**p**
Direct effect, path *c'* (nondisclosure of imperfection on depression with both mediators)	.23	3.61	.001
Covariate (Gender)	-2.29	-2.27	.05
Model $R2$ = .09, F (2, 337) = 17.56, p < .001			

B = Unstandardized coefficient

CHAPTER 4

DISCUSSION

The purpose of the current study was to investigate the relationship between interpersonal aspects of perfectionism (i.e. socially prescribed perfectionism and perfectionistic self-presentation) and depression and the roles of mattering and perceived social support as mediators in this relationship by using the framework of Perfectionism Social Disconnection Model (Hewitt et al. 2006). Another aim of this study was to examine the unique effects of mattering and perceived social support on the relationship between perfectionism and depression without their shared variance. According to these aims, this study hypothesized that after controlling demographic variables, interpersonal aspects of perfectionism, mattering and perceived social support will predict depression scores, and both mattering and perceived social support mediate the relationship between interpersonal aspects of perfectionism (i.e. socially prescribed perfectionism, perfectionistic self-promotion, nondisplay of imperfection, nondisclosure of imperfection) and depression.

In order to test the hypotheses of the study, firstly, intercorrelations between all the variables of the study were analyzed. Later on, to investigate the association between depression, perfectionism, perfectionistic self-presentation, mattering and perceived support, a set of hierarchical regression analyses was conducted. Lastly, mediation analyses were performed to examine mediating roles of perceived social support and mattering between interpersonal aspects of perfectionism and depression.

In this section, the findings of the study will be discussed in the light of the relevant literature along with its relation to the hypotheses. Subsequently, the strengths and clinical implications of the current results will be given. Finally, limitations of the study will be discussed and suggestions for future studies will be presented.

4.1 Findings Related to Correlations between Measures of the Study

According to the findings regarding the relationships between depression and interpersonal domains of perfectionism, participants who reported higher levels of depression also reported higher levels of socially prescribed perfectionism, perfectionistic self-promotion, non-display of imperfection and non-disclosure of imperfection. Similarly, in a study with college students, depression was found to be correlated with socially prescribed depression (Smith et al., 2018). In another research, all subscales of perfectionistic self-presentation, namely, perfectionistic self-promotion, non-display of imperfection and non-disclosure of imperfection were found to be correlated with depression (Hewitt et al., 2003). In agreement with the literature, correlations of this study revealed preliminary support for the perfectionism social disconnection model, which proposes that interpersonal aspects of perfectionism have unique effects on the depression levels of perfectionists, by showing that while interpersonal aspects of perfectionism were positively related with depression, other aspects of perfectionism (i.e. self-oriented perfectionism and other-oriented perfectionism) did not significantly correlate with depression.

Similar to the existing literature (Yavuzer, Albayrak, & Keldal, 2018), the current results showed that perceived social support was negatively associated with depression. In the same manner, it has been found that mattering was negatively correlated with depression along with the same line in the literature (Flett et al., 2012). These early correlations were consistent with the hypotheses of the study that suggested both mattering and perceived social support will be significantly related to depression. The pathways behind such correlations and implications of these correlations will be discussed extensively in the subsequent sections.

4.2 Predictors of Depression

The current study hypothesized that after controlling for the effects of demographic variables, socially prescribed perfectionism and perfectionistic self-presentation, mattering and perceived social support will predict depression scores (Hypothesis 1). To test this hypothesis, a set of hierarchical regression analysis was conducted. The results of the analysis showed that the only demographic variable that

was significantly associated with depression was gender. As in the literature, depression scores were greater in female participants than males also in this study (Townsend et al., 2019; Calvó-Perxas, Vilalta-Franch, Turró-Garriga, López-Pousa, & Garre-Olmo, 2016). However, gender only had marginal significance on depression; this result might be due to unequal distribution of participants in terms of gender. In the current study female participants were nearly twice as males, therefore, gender differences should be evaluated carefully.

According to the results of the regression analysis, it was found that amongst the dimensions of perfectionism, only socially prescribed perfectionism was positively and significantly related to depression. In other words, participants who had high levels of socially prescribed perfectionism tend to have higher scores in depression. In many studies, these results were supported by showing that socially prescribed perfectionism significantly and positively predicted depression (Flett, Nepon, Hewitt & Fitzgerald, 2016; Graham et al., 2010). Furthermore, socially prescribed perfectionism was identified as a vulnerability factor for depression (Hewitt et al., 1996) even after neuroticism personality trait was controlled for in both clinical and nonclinical samples (Smith et al., 2016). Similarly, socially prescribed perfectionism was found as moderately associated with depression in psychiatric patients (Sherry et al., 2003). In this line, it can be inferred that the results of this study are consistent with the existing literature. The reason for such a link between depression and socially prescribed perfectionism could be explained by socially prescribed perfectionists' tendency to blame themselves for failing to meet others' high standards which leads to feelings of inadequacy which in turn leads to depression (Dean & Range, 1996). In other words, socially prescribed perfectionists believe that others can never be satisfied due to either one's inability to please them or their unrealistically high expectations, and through these feelings of incompetency and hopelessness they may become more depressed (Hewitt & Flett, 1991b). Another reason for such a link may be that socially prescribed perfectionists' feelings of powerlessness due to their assumptions that standards of perfection decided by others, indicating that one has no control for deciding it (Hewitt & Flett, 1991b). Finally, for socially prescribed perfectionists, never-ending search for perfection due to the perceptions that others demand them to exceed in everything may

result in a consistent tension, and slight failures can trigger perceptions of loss which may lead to depression.

As in the literature (Malinowski et al., 2016), it has been found that neither self-oriented perfectionism nor other-oriented perfectionism was significantly related to depression scores. The reason behind that could be that self-oritented perfectionism associated with psychological distress while other-oritented perfectionism related to paranoia and anger (Hewitt & Flett, 1991b). Although in some studies in the literature self-oriented perfectionism was found to be a predictor of depression, it occurred in the presence of specific stressors such as failure in an achievement situation (Békés et al., 2015), the reason for not finding such significant association between depression and self-oriented perfectionism in the current study may be due to a lack of a specific stressor related to achievement failure.

Another interpersonal aspect of perfectionism that is found to be linked to depression is perfectionistic self-presentation (Besser et al., 2010) that can be defined as an interpersonal style which mainly focuses on building a perfect public image (Hewitt et al., 2003). To identify the association between perfectionistic self-presentation facets and depression, Hewitt and his colleagues performed a set of hierarchical regression analyses with 468 participants, and it has been found that all facets of perfectionistic self-presentation, namely, perfectionistic self-promotion, non-display of imperfections, and nondisclosure of imperfections, positively predicted depression scores after controlling for gender (Hewitt et al., 2003). However, in the current study, only nondisclosure of imperfection scale scores significantly and positively related with depression after controlling for gender. One reason for such a difference from the existing literature could be the socio-cultural difference. Jain and Sudhir (2010) suggested that the interpersonal aspects of perfectionism could be influenced by socio-cultural factors. In Turkish culture, sharing one's distress with others, seeking advice from social environment are common strategies for dealing with negative life events (Neftçi & Barnow, 2016) and for such a culture, nondisclosure of imperfection could be associated with more negative outcomes than nondisplay of imperfection and perfectionistic self-promotion because it may prevent gaining support from others.

Supporting this, in the current study nondisclosure of imperfection facet did not significantly related with depression after mattering and perceived social support were entered into regression. This might have occurred because of the socially distancing outcome of nondisclosure of imperfection, that is, one could be perceived as cold, distant and narcissistic by others for not disclosing any imperfection and as a result could be distanced by others and such a distance might increase depression (Hewitt et al., 2003). This outcome could be explained by the perfectionism disconnection model, that was used as a model of the present study, which suggests that perfectionism could increase depression through social disconnection.

In the last step of the hierarchical regression analysis, after perfectionism scales, perceived social support and mattering were entered into the equation. Perceived social support was related with depression negatively and significantly, indicating that participants who reported low levels of perceived social support were more likely to experience depression. Similarly, previous studies revealed that perceived social support was negatively associated with depression (Eagle, Hybels, & Proeschold-Bell, 2018). For perfectionists, perceived social support might work as an inhibitor of depression. To explain, perfectionists consistently suffer from self or other imposed pressure to be perfect and perceive slight mistakes as big failures; hence, they frequently feel stressed and this in turn may increase their vulnerability to depression (Hewitt & Flett, 2002). Moreover, perceived social support might decrease the impact of perfectionism on depression by buffering the stress related to failure and eliminate its negative effects; therefore, might serve as a potential protector of depression (Zhou, Zhu, Zhang, & Cai, 2013). Although the link between perceived social support and depression provides preliminary support for the perfectionism disconnection model, this link will be discussed in detail in subsequent sections. Likewise, mattering negatively and significantly associated with depression, meaning that individuals who reported higher levels of mattering were less likely to have higher depression scores. For perfectionists, especially for the ones who required value approval from others, low mattering could result in depression (Flett et al., 2012). Due to an inability to fulfill high standards of others, perfectionists may be more prone to see their life experiences as unsatisfactory and meaningless, and this perception may reduce their feelings of

self-worth and mattering and thorough this way it may enhance depression (Sherry, Sherry, Hewitt, Mushquash, & Flett, 2015). On the other hand, the belief that one matters to others might decrease perfectionists' self-critiques and their cognition that even smallest mistakes cannot be accepted, by showing that one can be accepted and loved by others with his/her shortcomings.

To sum up all the information above, this study hypothesized that depression will be predicted by socially prescribed perfectionism and perfectionistic self-presentation, mattering and perceived social support after controlling for demographic variables (Hypothesis 1). The findings of this study were in agreement with the literature and supported the Hypothesis 1 by showing that while socially prescribed perfectionism, nondisclosure of imperfection predicted increased depression scores, mattering and perceived social support predicted decreased depression scores significantly. However, the results regarding perfectionistic self-promotion and nondisplay of imperfection facets of perfectionistic self-presentation were different from the literature and did not support the Hypothesis 1 because there was no significant relation between perfectionistic self-promotion and nondisplay of imperfection facets of perfectionistic self-presentation and depression.

4.3 Possible Mediations of Perceived Social Support and Mattering on Depression Scores

Perfectionism social disconnection model asserts that socially prescribed perfectionism leads to social disconnection experiences which result in increased depression scores (Hewitt et al., 2006; Sherry et al., 2008). The current study aimed to test the perfectionism social disconnection model by hypothesizing that both perceived social support and mattering will mediate the link between interpersonal aspects of perfectionism and depression (Hypothesis 2, 3, 4 and 5). In order to test these hypotheses, mediation analyses were conducted for the two aspects of interpersonal perfectionism (socially prescribed perfectionism, nondisclosure of imperfection) which were the only aspects that associated with depression scores according to the results of the hierarchical regression analysis.

4.3.1 Possible Mediators for Socially Prescribed Perfectionism on Depression Scores

In order to grasp a better understanding of the pathway between socially prescribed perfectionism and depression link, the mediator roles of perceived social support and mattering were examined through process macro as suggested by Hayes (2018). Based on the perfectionism social disconnection model, the current study hypothesized that both perceived social support and mattering will mediate the relationship between socially prescribed perfectionism and depression (Hypothesis 2). This hypothesis was supported by the results of the mediation analysis.

The mediation analysis revealed that there was a significant total effect of socially prescribed perfectionism on depression while perceived social support and mattering affected the relationship indirectly. However, there was still a direct effect of socially prescribed perfectionism on depression after the mediation variables entered. Hence, according to the results of the mediation analysis, it can be inferred that both perceived social support and mattering partially mediates the relationship between socially prescribed perfectionism and depression. In other words, individuals with higher levels of socially prescribed perfectionism tend to perceive less social support and mattering and such a link results in higher depression scores.

Regarding perceived social support, the results of the current study were consistent with previous studies suggesting that socially prescribed perfectionists might feel less social support because they are more prone to hide their imperfections and failures and this tendency prevents them from getting support from others (Sherry et al., 2008). Moreover, since they perceive other people as judgmental and dissatisfied with one's performances, they might isolate themselves from others to avoid their judgments and by this way they might block the ways of getting social support (Habke & Flynn, 2002). Similarly, to avoid such negative feedbacks, they might become either less open and involved in their close relationships or become more domineering, vindictive and arrogant to others and both interpersonal styles may result in decreased social support which increases perfectionists' vulnerability to be depressed (Habke & Flynn, 2002). On the other hand, previous studies revealed that not the received but the perceived social support mediates the link between socially prescribed

perfectionism and depression (Sherry et al., 2008). In light of these findings, it might be argued that socially prescribed perfectionists tend to perceive their social environment as less supportive regardless of the actual support they received, and this perception contributes to their depression scores. Supporting this, socially prescribed perfectionists believe that others consistently evaluate one's behaviors and acceptance from others is conditional on achieving high performances (Campbell & Di Paule, 2002). Because others demand perfection, perfectionists believe that other people are critical and evaluate slight divergence from perfection as big failures. Such beliefs may give rise to perceiving others' supportive feedbacks as critiques and decrease one's perception of social support. Moreover, due to the belief that others' support is conditional on being perfect, they may consider the support they receive as insincere.

In terms of mattering, perfectionism social disconnection model suggests that perfectionists who need approval and value from others will be prone to depression when they feel that they do not matter to others (Flett et al., 2012). On the other line, another reason for the association between socially prescribed perfectionism and depression might be the difficulty of having meaning and satisfaction in life for people with high levels of socially prescribed perfectionism because they live according to others' judgments rather than finding internal motivators for their behaviors (Malinowski et al., 2017). As one of the most important predictors of meaning in life judgments (George & Park, 2016), mattering could have an important role in the relationship between depression and socially prescribed perfectionism. According to the findings of the current study, mattering mediates the association between depression and socially prescribed perfectionism. This outcome is consistent with the existent literature that suggests that high levels of socially prescribed perfectionism may negatively affect the sense of mattering due to the belief that others can never be satisfied, and lack of sense of mattering could make individuals more vulnerable to depression (Cha, 2016).

Additionally, as being the first study that investigated the mediation effects of perceived social support and mattering together, the current study revealed that both perceived social support and mattering mediated the link between socially prescribed perfectionism and depression uniquely without their shared variance. However, the

confidence intervals for the association between mattering and depression were found closer to zero, indicating that this link might need to be reevaluated with other samples. Nevertheless, it can be inferred that although social support and mattering shared a great variance according to previous studies (Elliot, Kao, & Grant, 2004; Marshall, 2001; Rayle & Chung, 2007), each concept has a unique variance for mediating the relationship between socially prescribed perfectionism and depression. It can be deduced that mattering has a different meaning in the link between perfectionism and depression than just the nature of close relationships and social support. Regarding perfectionism, mattering could also have an existential meaning that is perfectionists might decide whether one's life is meaningful and worth to live according to its value for others and its closeness to perfection.

In conclusion, consistent with the literature and hypothesis 2, this study revealed that both perceived social support and mattering mediated the relationship between socially prescribed perfectionism and depression. And congruent with the perfectionism social disconnection model, the findings of this study have provided preliminary support for the notion that socially prescribed perfectionism may lead to a sense of detachment from others by reducing feelings of mattering and social support, and through this, it might contribute to depression.

4.3.2 Possible Mediators for Nondisclosure of Imperfection on Depression Scores

Nondisclosure of imperfection is an aspect of the perfectionistic self-presentation which includes avoidance of any verbal disclosure about one's imperfections, mistakes, failures, and shortcomings (Hewitt et al., 2003). To illuminate the link between nondisclosure of imperfection and depression, a mediation analysis was performed via process macro (Hayes, 2018) to investigate the effects of mattering and perceived social support on this link. According to the perfectionism social disconnection model, the reason behind this link might be through perfectionists' objective or subjective social disconnection. Accordingly, this study hypothesized that both perceived social support and mattering will mediate the relationship between

nondisclosure of imperfection and depression (Hypothesis 5). This hypothesis was supported by the results of the mediation analysis and will be discussed detailly.

Results of the mediation analyses revealed that there was a significant total effect of nondisclosure of imperfection on depression while perceived social support and mattering affected the link indirectly. However, there was still a direct effect of nondisclosure of imperfection on depression after the mediation variables were entered into the model. As a deduction, according to the results of the mediation analysis, both perceived social support and mattering partially mediated the relationship between nondisclosure of imperfection and depression. That is, individuals with higher levels of nondisclosure of imperfection tend to perceive less social support and mattering, and such a link results in an enhancement in depression scores.

In terms of perceived social support, findings of the mediation analyses displayed that nondisclosure of imperfection related to low perceived social support and low perceived social support mediated the relationship between nondisclosure of imperfection and depression. In other words, nondisclosure of imperfection may decrease the perception of social support and through this, it may increase depression. Although there is no study that investigates the mediator role of perceived social support in the pathway between perfectionistic self-presentation and depression, the results of this study are generally in agreement with the perfectionism disconnection model that proposed high levels of interpersonal perfectionism is associated with low levels of perceived social support which results in increased depression scores (Sherry et al., 2008). A possible reason for that link might be that individuals with high levels of nondisclosure of imperfection may be more likely to hide their imperfections and failures and, this tendency may prevent them from getting support from others; hence they feel less supported. Another reason might be that since perfectionists tend to perceive comments from others as negative even if they are neutral or vague, they may be less likely to perceive others' supportive comments and behaviors (Hewitt & Flett, 2002). Similarly, to avoid such negative comments and criticisms, perfectionists might engage in social withdrawal, and this isolation may result in a decrease in social support and an increase in depression scores (Habke & Flynn, 2002).

Regarding mattering, which can be defined as the feeling that others are concerned with one's life, value one's feelings and thoughts and one's life worth to live, findings of the current study showed that nondisclosure of imperfection was associated with perceptions of low mattering and low mattering mediated the link between depression and nondisclosure of imperfection. These results are consistent with the previous studies and the general notion of perfectionism social disconnection model which suggests that individuals with higher levels of interpersonal perfectionism will be more likely to be depressed if they lack a sense that they matter to others (Flett et al., 2012). Moreover, individuals with interpersonal perfectionism may believe that one's worth to others depends on one's performance and achievements, this conditional worth might reduce one's belief that s/he matters to others (Campbell & Di Paula, 2002). Similarly, failing others' unreasonably high expectations might decrease one's self-esteem and self-worth and result in the belief that one's life does not matter (Campbell & Di Paula, 2002).

In addition, although previous studies showed that social support and mattering shared a great variance as independent concepts (Rayle & Chung, 2007), the current study showed that, both of them mediated the relationship between nondisclosure of imperfection and depression uniquely without their shared variance. By doing this, the current study becomes the first study that investigated the mediation effects of perceived social support and mattering together on the relationship between perfectionism and depression. However, after both perceived social support and mattering entered into the model, there was still a direct link between nondisclosure of imperfection and depression indicating that both perceived social support and mattering were only partially mediators in the pathway between nondisclosure of imperfection and depression.

To conclude, consistent with hypothesis 5 (i.e. both mattering and perceived social support will mediate the relationship between nondisclosure of imperfection and depression) along with the literature, findings of this study showed that both perceived social support and mattering mediated the link between nondisclosure of imperfection and depression. Hence, this study provided preliminary support for the perfectionism social disconnection model and its assumption that interpersonal aspects of

perfectionism may lead to a sense of isolation from others by reducing feelings of mattering and social support, and through this, it might contribute to depression scores.

4.4 Strengths and Clinical Implications of the Study

This study has both theoretical and practical implications. On the side of academic and theoretical research, this thesis is the first study that investigated the mediation effects of perceived social support and mattering together in the relationship between perfectionism and depression. The results showed that although both concepts shared a great variance theoretically, each of them has a unique effect on the link between interpersonal aspects of perfectionism and depression.

Additionally, although there are several studies which investigated the mediator role of perceived social support on the relationship between socially prescribed perfectionism and depression, there is no study that examined the role of perceived social support in the relationship between perfectionistic self-presentation and depression. Thus, this thesis became the first study that provides preliminary support for the mediator role of perceived social support in the relationship between perfectionistic self-presentation and depression.

Moreover, there is no study that investigated the perfectionism social disconnection model in the Turkish context. Therefore, as the first study that tests the PDSM in the Turkish context, this thesis provides a basis for future research on this topic along with preliminary support for perfectionism social disconnection model in a Turkish sample.

On the side of practical implications, the findings of this thesis are quite relevant for the interventions and psychopathology conceptualizations of clinical psychologists. To begin with, the results showed that individuals with higher levels of nondisclosure of imperfection and socially prescribed perfectionism might be more prone to be depressed. They also perceive relatively low levels of social support and mattering indicating that they might have difficulties in having meaningful and close relationships along with finding their existence as meaningful and worthy. While working with such individuals, therapists should be careful to assess not only perfectionistic demands and expectations but also related areas that might be interact

with perfectionism such as feelings of mattering and support. Moreover, to decrease perfectionists' tendency to feel depressed, psychologists should aim to boost their perceptions of social support, work with the ways they may block receiving support from others and reduce their avoidant coping with social interactions (Dunkley, Sanislow, Grilo, & Mcglashan, 2006). Because of their tendency to hide their shortcomings, perfectionists may not ready to call out for support; therefore, therapists should also work with their cognitions related to meaning of perfection and asking for social support. Additionally, perfectionists may believe that a life with many failures is not worth to live; for this reason, therapists should cover areas related to mattering, including their cognitions about worth of individual's existence.

Furthermore, psychologists should acknowledge that individuals with high levels of perfectionistic self-presentation characteristics may be less likely to accept personal problems and may be reluctant to seek help for their psychological problems since seeking for professional help may be perceived as a sign of weakness (Hewitt et al., 2003). Besides, even if they engage in professional help, they are less likely to benefit from therapy because they have difficulties in disclosing their shortcomings (Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008). Additionally, individuals with high levels of perfectionistic self-presentation facets might find clinical interviews as threatening and judge their own performance poorly (Hewitt et al., 2008). Hence, establishing a therapeutic alliance could be difficult with such individuals (Powers, Zuroff, & Topciu, 2004). According to previous findings, individuals with high levels of perfectionistic self-promotion and nondisplay of imperfection facets may feel discomfort when they initially seek professional help while individuals with nondiclosure of imperfection are less likely to benefit from the therapy process (Hewitt et al., 2006). Therefore, it is important for psychologists to reduce the stigma that is associated with seeking psychological help along with using strategies to address aforementioned problem areas in the process of therapy (Hewitt et al., 2008).

Accordingly, socially prescribed perfectionists' belief that others demand perfection could also be valid for the therapeutic experience. In clinical interviews, they may still believe that their performance is poor, and the interviewer is dissatisfied with their performance (Hewitt et al., 2008). Hence, it is important for therapists to

provide an accepting and non-judgmental environment especially when working with perfectionistic clients.

4.5 Limitations of the Current Study and Directions for Future Research

Regarding the limitations of the study, first of all, although the mediation analysis suggests causal links, due to the cross-sectional design of the current study, the determination of such causation for this study is not possible. Further studies should investigate the relationship between interpersonal aspects of perfectionism and depression via longitudinal methods.

Secondly, Qualtrics was used to reach participants and to collect data, and because it is only available on the web, only individuals who have access to internet participated in the study. Therefore, there may be a problem with generalizability and representativeness of the results to the general population. Relatedly, the gender distribution of the sample was not equal, the majority of the participants were females. Additionally, all of the participants were college students, therefore, the validity of the findings for individuals who have lower levels of education could be questioned. Thus, in further studies, a sample that is more representative of the general population could be selected. Moreover, by taking into consideration the aforementioned clinical implications of the study, future studies could investigate perfectionism social disconnection model by using clinical samples along with clinical intervention trials.

Another limitation of the study is that the results are based entirely on self-report, which may raise a problem of biased responses. Especially individuals with high levels of perfectionistic self-presentation may tend to hide their shortcomings and give socially desirable answers. Future studies could use other measurement reports including interviewers' ratings to provide more precise findings.

Finally, according to the findings of this study, there was a difference between the existing literature in terms of the relationship between depression and perfectionistic self-presentation. To clarify, although all facets of perfectionistic self-presentation were associated with depression in the previous studies, in this study only nondisclosure of imperfection facet was found as a significant predictor of depression. Such difference might be due to socio-cultural differences. Therefore, future studies

could investigate the effects of perfectionistic self-presentation in the Turkish context in order to understand the consequences of such a style on interpersonal relationships.

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APPENDICES

APPENDIX A: APPROVAL OF METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

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02 OCAK 2018

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Ayşe Nuray KARANCI;

Danışmanlığını yaptığınız yüksek lisans öğrencisi Güler Beril KUMPASOĞLU'nun **"Önemsenme ve algılanan sosyal desteğin mükemmeliyetçilik ve depresyon arasındaki aracı rolü "** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2017-SOS-217** protokol numarası ile **02.01.2018-28.12.2018** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Yrd. Doç. Dr. Pınar KAYGAN
Üye

Yrd. Doç. Dr. Emre SELÇUK
Üye

APPENDIX B: THE DEMOGRAPHIC INFORMATION FORM

1. **Cinsiyetiniz:** …….
2. **Doğum yılınız:** .....
3. **Eğitim düzeyiniz:** (En son mezun olunan okul)

   Okuma-Yazma Bilmiyor ( ) Okur-Yazar ( ) İlkokul ( ) Ortaokul ( )

   Lise ( ) Üniversite ( ) Yüksek Lisans ( ) Doktora ( )

4. Öğrenci misiniz? Evet ( ) ise Bölümünüz:..... Hayır ( )

5. Çalışıyor musunuz? Evet ( ) ise Mesleğiniz:……

Hayır ( )

6. Yaşamınızın büyük çoğunluğunu geçirdiğiniz yer:

Köy (.....) Kasaba (.....) Şehir (.....)

Metropol (İstanbul/İzmir/Ankara) (.....)

APPENDIX C: THE BECK DEPRESSION INVENTORY

Bu form son bir (1) hafta içerisinde kendinizi nasıl hissettiğinizi araştırmaya yönelik 21 maddeden oluşmaktadır. Aşağıdaki ifadelerden BUGÜN DAHİL GEÇEN HAFTA içinde kendinizi nasıl hissettiğini en iyi anlatan cümleyi seçiniz.

1. (0) Üzgün ve sıkıntılı değilim.
(1) Kendimi üzüntülü ve sıkıntılı hissediyorum.
(2) Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.
(3) O kadar üzgün ve sıkıntılıyım ki, artık dayanamıyorum.

2. (0) Gelecek hakkında umutsuz ve karamsar değilim.
(1) Gelecek için karamsarım.
(2) Gelecekten beklediğim hiçbir şey yok.
(3) Gelecek hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

3. (0) Kendimi başarısız biri olarak görmüyorum.
(1) Başkalarından daha başarısız olduğumu hissediyorum.
(2) Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum.
(3) Kendimi tümüyle başarısız bir insan olarak görüyorum.

4. (0) Her şeyden eskisi kadar zevk alıyorum.
(1) Birçok şeyden eskiden olduğu gibi zevk alamıyorum.
(2) Artık hiçbir şey bana tam anlamıyla zevk vermiyor.
(3) Her şeyden sıkılıyorum.

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

6. (0) Kendimden memnunum.
(1) Kendimden pek memnun değilim.
(2) Kendime kızgınım.
(3) Kendimden nefrete ediyorum.

7. (0) Başkalarından daha kötü olduğumu sanmıyorum.
(1) Hatalarım ve zayıf taraflarım olduğunu düşünmüyorum.
(2) Hatalarımdan dolayı kendimden utanıyorum.
(3) Her şeyi yanlış yapıyormuşum gibi geliyor ve hep kendimde kabahat buluyorum.

8. (0) Kendimi öldürmek gibi düşüncülerim yok.
(1) Kimi zaman kendimi öldürmeyi düşündüğüm oluyor ama yapmıyorum.

(2) Kendimi öldürmek isterdim.
(3) Fırsatını bulsam kendimi öldürürüm.

9. (0) İçimden ağlamak geldiği pek olmuyor.
(1) Zaman zaman içimden ağlamak geliyor.
(2) Çoğu zaman ağlıyorum.
(3) Eskiden ağlayabilirdim ama şimdi istesem de ağlayamıyorum.

10. (0) Her zaman olduğumdan daha canı sıkkın ve sinirli değilim.
(1) Eskisine oranla daha kolay canım sıkılıyor ve kızıyorum.
(2) Her şey canımı sıkıyor ve kendimi hep sinirli hissediyorum.
(3) Canımı sıkan şeylere bile artık kızamıyorum.

11. (0) Başkalarıyla görüşme, konuşma isteğimi kaybetmedim.
(1) Eskisi kadar insanlarla birlikte olmak istemiyorum.
(2) Birileriyle görüşüp konuşmak hiç içimden gelmiyor.
(3) Artık çevremde hiç kimseyi istemiyorum.

12. (0) Karar verirken eskisinden fazla güçlük çekmiyorum.
(1) Eskiden olduğu kadar kolay karar veremiyorum.
(2) Eskiye kıyasla karar vermekte çok güçlük çekiyorum.
(3) Artık hiçbir konuda karar veremiyorum.

13. (0) Her zamankinden farklı göründüğümü sanmıyorum.
(1) Aynada kendime her zamankinden kötü görünüyorum.
(2) Aynaya baktığımda kendimi yaşlanmış ve çirkinleşmiş buluyorum.
(3) Kendimi çok çirkin buluyorum.

14. (0) Eskisi kadar iyi iş güç yapabiliyorum.
(1) Her zaman yaptığım işler şimdi gözümde büyüyor.
(2) Ufacık bir işi bile kendimi çok zorlayarak yapabiliyorum.
(3) Artık hiçbir iş yapamıyorum.

15. (0) Uykum her zamanki gibi.
(1) Eskisi gibi uyuyamıyorum.
(2) Her zamankinden 1-2 saat önce uyanıyorum ve kolay kolay tekrar uykuya dalamıyorum.
(3) Sabahları çok erken uyanıyorum ve bir daha uyuyamıyorum.

16. (0) Kendimi her zamankinden yorgun hissetmiyorum.
(1) Eskiye oranla daha çabuk yoruluyorum.
(2) Her şey beni yoruyor.
(3) Kendimi hiçbir şey yapamayacak kadar yorgun ve bitkin hissediyorum.

17. (0) İştahım her zamanki gibi.
(1) Eskisinden daha iştahsızım.

(2) İştahım çok azaldı.
(3) Hiçbir şey yiyemiyorum.

18. (0) Son zamanlarda zayıflamadım.
(1) Zayıflamaya çalışmadığım halde en az 2 Kg verdim.
(2) Zayıflamaya çalışmadığım halde en az 4 Kg verdim.
(3) Zayıflamaya çalışmadığım halde en az 6 Kg verdim.

19. (0) Sağlığımla ilgili kaygılarım yok.
(1) Ağrılar, mide sancıları, kabızlık gibi şikayetlerim oluyor ve bunlar beni tasalandırıyor.
(2) Sağlığımın bozulmasından çok kaygılanıyorum ve kafamı başka şeylere vermekte zorlanıyorum.
(3) Sağlık durumum kafama o kadar takılıyor ki, başka hiçbir şey düşünemiyorum.

20. (0) Sekse karşı ilgimde herhangi bir değişiklik yok.
(1) Eskisine oranla sekse ilgim az.
(2) Cinsel isteğim çok azaldı.
(3) Hiç cinsel istek duymuyorum.

21. (0) Cezalandırılması gereken şeyler yaptığımı sanmıyorum.
(1) Yaptıklarımdan dolayı cezalandırılabileceğimi düşünüyorum.
(2) Cezamı çekmeyi bekliyorum.
(3) Sanki cezamı bulmuşum gibi geliyor.

APPENDIX D: THE MULTIDIMENSIONAL PERFECTIONISM SCALE

Aşağıda mükemmeliyetçilik ile ilgili bir grup ifade yer almaktadır. İfadeleri size uygunluğuna göre cevaplayın. Okuduğunuz ifadeye, kesinlikle katılmıyorsanız 1'i, katılmıyorsanız 2'yi, biraz katılmıyorsanız 3'ü, kararsızsanız 4'ü, biraz katılıyorsanız 5'i, katılıyorsanız 6'yı, tamamen katılıyorsanız 7'yi işaretleyin.

	Kesinlikle katılmıyorum (1)	(2)	(3)	(4)	(5)	(6)	Tamamen katılıyorum (7)
1) Bir iş üzerinde çalışırken, iş kusursuz olana dek rahatlayamam.							
2) Kişileri kolay pes ettikleri için genelde eleştirmem.							
3) Çevremdekilerin başarılı olmaları gerekmez.							
4) En iyisiden daha aşağısına razı oldukları için çevremdekileri nadiren eleştiririm.							
5) Başkalarının benden beklentilerini karşılamada güçlük çekerim.							

6) Yaptığım her işte mükemmel olmak amaçlarımdan biridir.							
7) Başkalarından her işi en iyi şekilde yapmalarını isterim							
8) İşlerimde asla mükemmelliği hedeflemem.							
9) Çevremdekiler benim de hata yapabileceğimi kabullenirler.							
10) Çevremdekilerin yapabileceğinin en iyisini yapmamış olmasını önemli görmem.							
11) Bir işi ne kadar iyi yaparsam yapayım, çevremdekiler daha da iyisini yapmamı beklerler.							
12) Nadiren mükemmel olma ihtiyacı duyarım.							
13) Yaptığım bir şey mükemmel değilse, çevremdekiler tarafından yetersiz bulunur.							

14) Elimden geldiği kadar mükemmel olmaya çalışırım.							
15) Ele aldığım her işte mükemmel olmam çok önemlidir.							
16) Benim için önemli olan insanlardan beklentilerim çok yüksektir.							
17) Yaptığım her işte en iyi olmaya çalışırım.							
18) Çevremdekiler yaptığım her işte başarılı olmamı beklerler.							
19) Çevremdeki insanlar için çok yüksek standartlarım yoktur.							
20) Kendim için mükemmelden daha azını kabul edemem.							
21) Her konuda üstün başarı göstermesem de, başkaları beni takdir eder.							
22) Kendilerini geliştirmek için							

uğraşmayan kişilerle ilgilenmem.							
23) Yaptığım işte hata bulunması beni huzursuz eder.							
24) Arkadaşlarımdan yaptıkları işte çok şey beklemem.							
25) Başarı, başkalarını memnun etmek için daha çok çalışmam anlamına gelir.							
26) Birisinden bir iş yapmasını istersem, o işin mükemmel yapılmasını beklerim.							
27) Çevremdekilerin hata yapmasını görmeye katlanamam.							
28) Hedeflerimi belirlemede mükemmeliyetçiyimdir.							
29) Değer verdiğim insanlar beni hiçbir zaman hayal kırıklığına uğratmamalıdırlar.							
30) Başarısız olduğum zamanlar bile, başkaları yeterli olduğumu düşünürler.							

31) Başkalarının benden çok şey beklediğini düşünüyorum.							
32) Her zaman yapabileceğimin en iyisini yapmaya çalışırım.							
33) Bana göstermeseler bile, hata yaptığım zaman diğer insanlar bana çok bozulurlar.							
34) Yaptığım her işte en iyi olmak zorunda değilim.							
35) Çevremdekiler benden mükemmel olmamı beklerler.							
36) Kendim için yüksek hedeflerim yoktur.							
37) Çevremdekiler nadiren hayatımın her alanında başarılı olmamı beklerler.							
38) Sıradan insanlara saygı duyarım.							
39) İnsanlar, yaptıklarımın mükemmelden aşağı							

olmasını kabul etmezler.							
40) Kendim için çok yüksek başarı standartları beklerim.							
41) İnsanlar benden yapabileceğimden fazlasını beklerler.							
42) İşimde her zaman başarılı olmalıyım.							
43) Bir arkadaşımın elinden gelenin en iyisini yapmaya çalışmaması, benim için önemli değildir.							
44) Çevremdekiler hata yapsam bile yeterli ve becerikli olduğumu düşünürler.							
45) Başkalarının yaptığı her işte üstün başarı göstermelerini nadiren beklerim.							

APPENDIX E: THE PERFECTIONISTIC SELF PRESENTATION SCALE

Aşağıda mükemmeliyetçi tutumlarla ilgili bir grup listelenmiş ifade yer almaktadır. Her bir ifadede size en uygun olan seçeneği verilen ölçeğe göre işaretleyiniz.

(1)Kuvvetli bir şekilde katılmıyorum (4)Kararsızım (7) Kuvvetli bir şekilde katılıyorum

S. no	İfadeler	Katılım Düzeyleri						
1	Başkalarına mükemmel olmadığımı göstermekte bir sorun yok.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
2	Kendimi başkalarının önünde yaptığım hartalardan dolayı yargılarım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
3	Bir yanlışım olduğunda kapatmak için bir şey yapmam.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
4	Hatalar başkalarının önünde yapılıyorsa kendi başına yapılandan çok daha kötüdür.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
5	Her zaman mükemmel bir görüntü sunmaya çalışırım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
6	Başkalarının önünde kendimi küçük düşürmem çok kötü olabilir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
7	Mükemmel görülebilirsem başkaları beni çok daha olumlu algılar	(1)	(2)	(3)	(4)	(5)	(6)	(7)
8	Başkalarının önünde yaptığım hatalar için endişe duyarım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
9	Bir şeyler üzerinde ne kadar çok çalıştığımı başkalarının bilmesine asla izin vermem	(1)	(2)	(3)	(4)	(5)	(6)	(7)

10	Gerçekte olduğumdan daha yetkin görünmekten hoşlanırım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
11	Şayet görünümümde bir kusur varsa bu benim için sorun teşkil etmez.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
12	Bir işte çok iyi değilsem insanların beni o işi yaparken görmesini istemem.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
13	Problemlerimi her zaman kendime saklamam gerektiğini düşünüyorum.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
14	Problemlerimi başkalarına anlatmaktansa kendim çözmem gerekir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
15	Her zaman davranışlarımın kendi kontrolümde olduğunu göstermem gerekir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
16	Yapılan hataları başkalarına anlatmada bir sakınca yoktur.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
17	Sosyal durumlarda mükemmel davranmak önemlidir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
18	Mükemmel bir şekilde giyinip kuşanmış olmaya çok fazla önem vermem.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
19	Hataları başkalarına itiraf etmek olabilecek en kötü şeydir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
20	Toplum içinde hatalar yapmaktan nefret ederim.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
21	Yanlışlarımı kendime saklamaya çalışırım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
22	Toplum içinde hata yapmayı önemsemem.	(1)	(2)	(3)	(4)	(5)	(6)	(7)

23	Yaptığım her şeyde mükemmel düzeyde yetenekli görünmeye ihtiyaç duyarım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
24	Eğer başka insanlar biliyorsa bir şeylerde başarısız olmak korkunç bir şeydir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
25	Yaptığım işlerde en üst düzeyde görünmek benim için çok önemlidir.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
26	Her zaman mükemmel görünmeliyim.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
27	Başkalarına mükemmel görünmek için çabalarım.	(1)	(2)	(3)	(4)	(5)	(6)	(7)

APPENDIX F: THE MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

Aşağıda bir grup listelenmiş ifade yer almaktadır. Her bir ifadede size en uygun olan seçeneği verilen ölçeğe göre işaretleyiniz.

	Kesinlikle Hayır (1)	(2)	(3)	(4)	(5)	(6)	Kesinlikle Evet (7)
1.Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.							
2. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.							
3. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır.							
4. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım.							

5. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.							
6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.							
7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.							
8. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim.							
9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.							
10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.							
11. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir							
12. Sorunlarımı arkadaşlarımla konuşabilirim.							

APPENDIX G: THE GENERAL MATTERING SCALE

Aşağıdaki beş soru, sizin başkalarına karşı ne kadar önemli olduğunuza inandığınızı ölçmek için tasarlanmıştır. Lütfen size uygun olduğuna inandığınız seçeneği işaretleyiniz.

1. Diğer insanlar için ne kadar önemli olduğunu düşünüyorsun?
a. Çok fazla
b. Bir dereceye kadar
c. Biraz
d. Hiç

2. Başkalarının sana ne kadar dikkat ettiklerini düşünüyorsun?
a. Çok fazla
b. Bir dereceye kadar
c. Biraz
d. Hiç

3. Eğer uzaklara gitseydin, başkalarının seni ne kadar özleyeceğini düşünüyorsun?
a. Çok fazla
b. Bir dereceye kadar
c. Biraz
d. Hiç

4. Genel olarak, insanlar fikirlerinle ne kadar ilgililer?
a. Çok fazla
b. Bir dereceye kadar
c. Biraz
d. Hiç

5. İnsanlar sana ne kadar güveniyorlar/bel bağlıyorlar?
a. Çok fazla
b. Bir dereceye kadar
c. Biraz
d. Hiç

APPENDIX H: INFORMED CONSENT FORM

Bu araştırma, ODTÜ Psikoloji Bölümü öğretim üyesi Prof. Dr. A. Nuray Karancı danışmanlığında G. Beril Kumpasoğlu tarafından Klinik Psikoloji Yüksek Lisans tezi kapsamında yürütülen bir çalışmadır. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır. Yaklaşık 20-25 dakika süren çalışmanın amacı, bireylerin deneyimleyebilecekleri mükemmeliyetçilik, depresif belirtiler, algılanan sosyal destek ve önemsenme gibi kavramların incelenmesidir.

Araştırmaya katılımınız tamamen gönüllülük esasına dayalıdır. Çalışmada sizden *kimlik veya kurum belirleyici hiçbir bilgi* istenmemektedir. Cevaplarınız tamamıyla *gizli tutulacak* ve sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır.

Dolduracağınız anketler, genel olarak bireysel anlamda rahatsızlık verecek sorular veya uygulamalar içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden dolayı kendinizi rahatsız hissederseniz anketi yarıda bırakıp çıkabilirsiniz.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için proje danışmanı Prof. Dr. A. Nuray Karancı (E-posta: karanci@metu.edu.tr) veya proje yürütücüsü G. Beril Kumpasoğlu (beril.kumpasoglu@metu.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

APPENDIX I: TURKISH SUMMARY / TÜRKÇE ÖZET

MÜKEMMELİYETÇİLİK VE DEPRESYON İLİŞKİSİNDE ALGILANAN SOSYAL DESTEK VE ÖNEMSENMENİN ARACI ROLLERİ

1.GİRİŞ

En yaygın psikolojik bozukluklardan biri olan depresyon, dünya çapında 300 milyondan fazla insanı etkilemektedir. Depresyonla etkili bir şekilde mücadele etmek için birçok araştırmacı tarafından depresyonun gelişimini ve sürecini etkileyen faktörler araştırılmıştır. Bu kapsamda, bu çalışmada depresyon ile ilişkilenen faktörlerden mükemmeliyetçiliğin, depresyon ile ilişkisinin araştırılması hedeflenmiştir.

1.1. Depresyon

Depresyon, bireyin bilişsel, davranışsal, duygusal ve fiziksel işleyişini etkileyen düşük ruh halini ifade eder (Kessler ve ark. 2005). DSM-5'e göre, depresyonda olan bireylerde, üzgün, boş ve umutsuz hissetme, ilgi ve zevkte azalma, belirgin kilo değişimi, uykuda bozulma, yorgunluk, psikomotor ajitasyon, suçluluk ve değersizlik duygularının yanı sıra düşünme ve karar verme yeteneğinde azalma ve intihar düşüncesinde artış gibi semptomlar görülebilir (Amerikan Psikiyatri Birliği, 2013).

Depresyon birçok olumsuz etkileri olan yaygın bir hastalık olduğundan, depresyonu önleme ve tedavi için daha etkili yollar oluşturmak amacıyla, bireylerde depresyonun gelişimi ile ilgili olabilecek 'yatkınlık faktörleri' incelenmiştir.

1.1.1. Depresyona Yatkınlık Faktörleri

Depresyona yatkınlık faktörleri, Brown ve Harris (1978) tarafından provoke edici unsurların varlığında depresyon riskini arttıran etmenler olarak tanımlanmıştır.

Brown ve Harris (1978), çalışmalarında kadınlar için depresyona yatkınlık faktörleri olarak yakın ilişkiye sahip olmamak, işsizlik gibi etmenleri belirlerken, Abramson, Seligman ve Teasdale (1978) olumsuz atfetme tarzının, depresyon için en önemli yatkınlık faktörlerinden biri olduğunu öne sürmüştür. Başka bir araştırma hattı ise, kişilik değişkenlerinin yatkınlık faktörleri olarak etkilerine odaklanmıştır. Bu tez kapsamında da bir kişilik değişkeni olan mükemmeliyetçilik, depresyon için bir yatkınlık faktörü olarak incelenmiştir.

1.2. Mükemmeliyetçilik

Herkes tarafından kabul edilen genel bir tanım olmamasına rağmen, mükemmeliyetçilik genel olarak "makul olmayan yüksek standartlara ulaşma veya ulaşma eğilimi" olarak tanımlanabilir (Hill, Zrull ve Turlington, 1997). Mükemmeliyetçiliğe dair ilk araştırmalar klinik deneyim ve gözlemlere dayansa da (Pirot, 1986), 1980 yılında Burns'ün geliştirdiği mükemmeliyetçilik ölçeğiyle birlikte mükemmeliyetçilik üzerine sistematik bilimsel araştırmalar gerçekleştirilmeye başlanmıştır. Daha sonra bu sistematik yaklaşım, mükemmeliyetçiliği hem içsel hem de kişilerarası boyutlar da dahil olmak üzere çok boyutlu bir yapı olarak ele alan iki farklı araştırma grubu; Frost, Marten, Lahart ve Rosenblate (1990) ve Hewitt ve Flett (1991b) tarafından geliştirilmiştir.

1.2.1. Hewitt ve Flett'in Çok Boyutlu Mükemmeliyetçilik Görüşü

Hewitt ve Flett (1991b), mükemmeliyetçiliğin, içsel özelliklerinin yanı sıra kişilerarası özelliklere sahip olduğunu ve psikiyatrik bozuklukların sınıflandırılmasında ve etiyolojisinde her bir özelliğin önemli olduğunu öne sürmüştür. Bu bağlamda mükemmeliyetçiliğin üç boyutu olan kendi odaklı mükemmeliyetçiliği, başkası odaklı mükemmeliyetçiliği ve sosyal odaklı mükemmeliyetçiliği ele almışlardır.

Kendi odaklı mükemmeliyetçilik, kişinin kendisine aşırı yüksek standartlar belirlemesini, mükemmellik için çabalamasını, başarısızlıklardan kaçınmasını ve kendi davranışlarına takıntığı eleştirel tutumu içerir (Hewitt ve Flett, 1991b). Başkası odaklı mükemmeliyetçilik, diğerlerine dönük mükemmeliyetçi davranışları ve beklentileri içerir; önemli öteki için gerçekçi olmayan standartlara sahip olmak,

başkalarının davranışlarını eleştirel olarak değerlendirmek ve başarısızlıklarından başkalarını suçlamak gibi tutumları kapsar (Hewitt ve Flett, 1991b). Sosyal odaklı mükemmeliyetçilik ise, kişinin, diğerlerinin kendisinden mükemmel olmasını beklediği, bu yönde baskı yaptığı ve eleştirildiği algısını ifade eder (Hewitt ve Flett, 1991b).

Mükemmeliyetçiliğin kişilerarası yönleriyle ilgili çalışmaları devam ederken, Hewitt ve arkadaşları mükemmeliyetçilerin sıkça kullandıkları kişilerarası tarzları araştırarak mükemmeliyetçi öz-sunum kavramını geliştirdiler. Bu kavram, bu tezde kişilerarası mükemmeliyetçiliğin bir parçası olarak ele alınacaktır.

1.2.2. Mükemmeliyetçi Öz-sunum

Mükemmeliyetçi öz-sunum, bazı mükemmeliyetçilerin başkalarına mükemmel görünme gereksinimini ve kusurlarını açığa vurmama eğilimini ifade eder (Hewitt ve ark., 2003). Mükemmeliyetçi öz-sunum; mükemmeliyetçi öz-tanıtma, kusurların gösterilmemesi, kusurların söylenmemesi olmak üzere üç gruba ayrılmıştır (Hewitt ve ark., 2003). Mükemmeliyetçi öz-tanıtma, saygı ve beğeni kazanmak için başkalarına mükemmel görünme girişimlerini içerir. Kusurların gösterilmemesi, temel olarak, diğerlerinin mükemmelden daha az olarak değerlendirebileceği açık davranışları sergilememeye odaklanır (Hewitt ve ark. 2003). Kusurların söylenmemesi ise, kusurların, eksikliklerin, hataların ve başarısızlıkların sözlü ifşa edilmesinden kaçınılması anlamına gelir (Hewitt ve ark., 2003).

1.3. Mükemmeliyetçi Sosyal Kopukluk Modeli

Mükemmeliyetçi sosyal kopukluk modeli ilk olarak sosyal odaklı mükemmeliyetçilik ile intihar arasındaki ilişkiyi inceleyen çalışmalarla ortaya çıkmıştır. Daha sonra, kişilerarası mükemmeliyetçiliğin sonucu olan depresyon eklenerek model geliştirilmiştir. Hewitt, Flett, Sherry ve Caelian (2006), sosyal odaklı mükemmeliyetçiliğin toplumsal kopukluk ve kişilerarası problemler yoluyla intihara yol açacağını öne sürerek, "Mükemmeliyetçi Sosyal Kopukluk Modelini" önermiştir.

Mükemmeliyetçi sosyal kopukluk modeli, sosyal odaklı mükemmeliyetçiliğin, kişilerarası düşmancıllık ve kişilerarası aşırı duyarlılık da dahil olmak üzere, sosyal kopukluk ve aidiyet eksikliğine yol açabilecek çeşitli kişilerarası işlevsizliklere neden

olabileceği teorisini ileri sürmektedir (Hewitt ve ark. 2006). Bu modele göre, sosyal odaklı mükemmeliyetçilik ve intihar arasındaki ilişkide iki farklı yol bulunur. Birincisinde, başkalarının kendinden mükemmellik talep ettiği algısından kaynaklanabilecek kişilerarası düşmanlık, saldırganlık, huzursuzluk ve kızgınlık, yakın ilişki problemleri ve arkadaşlık eksikliği gibi intihara neden olabilecek objektif sosyal kopukluk ele alınmaktadır (Hewitt ve ark., 2006). İkinci yolda, başkalarının sevgi ve kabul için mükemmellik talep ettiği algısından kaynaklanabilecek aşırı ihtiyaç, kırılgan iç benlik gibi (Boyce ve Parker, 1989) kişilerarası duyarlılık, reddedilme hissi gibi öznel kopukluklar ele alınmakta ve bu kopukluğun intihar davranışı ve düşüncesinde artışa neden olduğu öne sürülmektedir (Hewitt ve ark. 2006).

1.4. Önemsenme

Rosenberg ve McCullough (1981), önemsenme kavramını "başkalarının bize bağlı olduğunu, bize ilgi duyduğunu, kaderimizle ilgilendiğini veya bizi bir ego uzantısı olarak gördüklerini hissetmek" olarak tanımlamıştır (Taylor & Turner, 2001'de belirtildiği gibi). Rosenberg ve McCullough'a (1981) göre, önemsenmeye ilişkin duygular, önem verme, bağımlılık, ego-uzantısı ve dikkat da dahil olmak üzere dört kaynaktan ortaya çıkmıştır (Taylor ve Turner, 2001'de belirtildiği gibi). Daha sonra, bu maddelere önemsenmenin bir başka yönü olarak takdir eklenmiştir. Bunların yanı sıra önemsenmenin, yaşamın belirli alanlarında önemli hissetmekten ziyade, aşkın bir anlamı da vardır; önemsenme, birinin varlığının dünya için önemi ve değeri ile ilgili genel değerlendirmelerini de içerir (George & Park, 2016).

1.4.1. Önemsenme ve Mükemmeliyetçi Sosyal Kopukluk Modeli

Dikkat çekmeye ve onaylanmaya ihtiyaç duyan mükemmeliyetçilerin, önemli olmadıklarına ve diğerlerinden kopuk olmadıklarına inanmaları durumunda, depresif belirtilere sahip olma olasılıkları daha fazla olacaktır (Flett ve ark., 2012). Bu bakımdan önemsenme, sosyal kopukluk perspektifi ile yakından ilgilidir. Ek olarak, sosyal odaklı mükemmeliyetçiler, başkalarının sadece mükemmeliyetten memnun olabileceğine inanma eğiliminde olduklarından, başkaları için asla önemli olamayacaklarını düşünebilirler. Bunların yanı sıra, mükemmeliyetçi öz-sunum

stilleri, dikkat çekmek ve mükemmel görünerek önemli hissetmek amacıyla kendilerini önemsiz hisseden mükemmeliyetçiler tarafından kullanılabilir (Flett ve ark., 2012).

1.5. Algılanan Sosyal Destek

Sosyal destek, kişinin sevildiği, değer verildiği ve bir sosyal ağa ait olduğu inancı olarak tanımlanabilir (Cobb, 1976). Sosyal destek, yaygın olarak üç kaynaktan alınır; arkadaşlar, aile ve önemli öteki (Zimet ve ark., 1988).

1.5.1. Algılanan Sosyal Destek ve Mükemmeliyetçi Sosyal Kopukluk Modeli

Algılanan sosyal destek, sosyal odaklı mükemmeliyetçilik ve depresif belirtiler arasındaki ilişkide aracı rolü üstlenmektedir (Sherry ve ark., 2008). Ayrıca, sosyal odaklı mükemmeliyetçiler, kusurlarını gizleme eğiliminde olduklarından diğerleriyle sorunlarını paylaşmayabilirler, bu durum sosyal destek almalarını engelleyebilir (Sherry ve ark., 2008).

1.5.2. Önemsenme ve Sosyal Destek

Her ne kadar sosyal destek ve önemsenme bağımsız kavramlar olsa da psikolojik iyilik bakımından her iki yapı da birbirleriyle yakından ilişkilidir (Elliot ve ark., 2004; Marshall, 2001, Rayle ve Chung, 2007). Önemsenme ve algılanan sosyal destek birbiriyle yakından ilişkili olmasına rağmen, teorik olarak farklılaşırlar. Başkaları için önemli hissetmek, değerli bir hayata sahip olmak sosyal destek olmaksızın elde edilebileceğinden önemsenme sosyal destekten farklılaşır (Elliot ve ark., 2004). Önemsenme, birinin varlığına ilişkin genel değerlendirmelerle de ilgilidir, kişinin varlığının önemi ve değerini içerir (George ve Park, 2016). Bu nedenle, bu kavramların özgül etkilerini anlamak için mükemmeliyetçilik ve depresyon ile ilişkilerini birlikte araştırmak önemlidir.

1.6. Çalışmanın Amacı

Mükemmeliyetçi sosyal kopukluk modelinin belirttiği gibi, mükemmeliyetçiliğin kişilerarası boyutları depresyona ve hatta intihara neden olabilir. Her ne kadar bu fenomeni araştıran birkaç araştırma olsa da önemsenmenin mükemmeliyetçilik ve depresyon arasındaki ilişkideki aracı rolünü araştıran oldukça

az çalışma vardır. Ek olarak, algılanan sosyal desteğin ve önemsenmenin etkilerini birlikte araştıran bir çalışma yoktur. Bu nedenle, bu tez, mükemmeliyetçilik ve depresyon arasındaki ilişkide, önemsenme ve algılanan sosyal desteğin aracı rollerini araştırmayı amaçlamıştır.

2. YÖNTEM

2.1. Katılımcılar

Bu çalışmanın örneklemini Orta Doğu Teknik Üniversitesi'nden 343 üniversite öğrencisi oluşturmaktadır. Katılımcıların 232'si (%67.6) kadın, 108'i (% 31.5) erkektir. Katılımcıların yaş ortalaması 22.23'tür. Katılımcıların tamamı üniversite öğrencisi olmakla birlikte 8'i (% 2.33) aynı zamanda çalışmaktadır.

2.2. Materyaller

Araştırmada kullanılan araçlar demografik bilgi formu, Beck Depresyon Envanteri, Çok Boyutlu Mükemmeliyetçilik Ölçeği, Mükemmeliyetçi Öz-sunum Ölçeği, Çok Boyutlu Algılanan Sosyal Destek Ölçeği ve Genel Önemsenme Ölçeği'dir.

2.2.1. Demografik Bilgi Formu

Demografik bilgi formu cinsiyet, yaş, eğitim düzeyi ve çalışma durumu hakkında bilgi almak için araştırmacı tarafından geliştirilmiştir.

2.2.2. Beck Depresyon Envanteri

21 maddeden oluşan Beck Depresyon Envanteri'nin puan aralığı 0-63 arasındadır ve yüksek puanlar depresif belirtilerin daha yüksek olduğunu göstermektedir (Beck ve ark., 1961). Ölçeğin Türkçeye uyarlanması Hisli (1988) tarafından gerçekleştirilmiş ve Cronbach alfa güvenirliği .74 olarak bulunmuştur. Mevcut çalışma için Cronbach alfa katsayısı .89'dur.

2.2.3. Çok Boyutlu Mükemmeliyetçilik Ölçeği

Çok Boyutlu Mükemmeliyetçilik Ölçeği, mükemmeliyetçiliğin üç boyutunu, yani kendi odaklı, diğer odaklı ve sosyal odaklı mükemmeliyetçiliği ölçmek için geliştirilmiştir (Hewitt ve Flett, 1989). Ölçeğin Türkçe versiyonunun güvenilirlik ve

geçerlilik çalışması Oral (1999) tarafından yapılmıştır. Bu çalışmada ölçeğin Cronbach katsayısı .91 olarak bulunmuştur.

2.2.4. Mükemmeliyetçi Öz-sunum Ölçeği

27 madde içeren ölçek, mükemmeliyetçi öz-tanıtma, kusurların gösterilmemesi ve kusurların söylenmemesi alt boyutlarından oluşmaktadır (Hewitt ve ark., 2003). Ölçeğin Türkçe versiyonu Balcı ve arkadaşları (2009) tarafından geliştirilmiştir. Mevcut örneklemde, toplam ölçek için Cronbach alfa katsayısı .91 olarak bulunmuştur.

2.2.5. Algılanan Sosyal Destek Ölçeği

Çok Boyutlu Algılanan Sosyal Destek Ölçeği, Zimet ve arkadaşları (1988) tarafından algılanan sosyal desteği üç farklı kaynaktan (aile, arkadaşlar ve önemli öteki) değerlendirmek üzere geliştirilmiştir. Ölçeğin Türkçe versiyonu Eker ve Arkar (1995) tarafından geliştirilmiştir. Bu çalışmada Cronbach alfa katsayısı toplam ölçek için $\alpha = .89$ olarak bulunmuştur.

2.2.6. Genel Önemsenme Ölçeği

Ölçek bir insanın başkaları için önemli olduğuna inanma derecesini değerlendirmek için Marcus (1991) tarafından geliştirilmiştir. Ölçek Türkçeye Haktanır ve arkadaşları (2016) tarafından uyarlanmıştır. Bu çalışmada, Cronbach alfa değeri .78 olarak bulunmuştur.

2.3. Prosedür

Araştırma ve anket bataryası Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından onaylanmıştır. Bu çalışmanın verileri Orta Doğu Teknik Üniversitesi'ndeki lisans öğrencilerinden toplanmıştır. Veri toplama için, çevrimiçi anket yazılımı olan Qualtrics kullanılmıştır.

2.4. İstatiksel Analiz

Bu çalışmanın veri analizlerinde Sosyal Bilimler İstatistik Paketi'nin (SPSS), Windows için olan 24. sürümü kullanılmıştır. Aracı değişken analizleri, Hayes (2018) tarafından geliştirilen IBM SPSS için PROCESS makro aracılığıyla

gerçekleştirilmiştir. Veriler normallik, veri girişi doğruluğu ve çok değişkenli analiz varsayımları için test edilmiştir.

3. BULGULAR

3.1. Değişkenler Arası Korelasyon Analizleri

Bulgular, çalışmanın bağımlı değişkeni olan depresyonun, sosyal odaklı mükemmeliyetçiliğin (r = .32, p <.01), mükemmeliyetçi öz-tanıtma (r = .11, p <.05), kusurların gösterilmemesi (r = .19, p <.01) ve kusurların gösterilmemesi (r = .28, p <.01) değişkenleri ile anlamlı ve pozitif yönde bir ilişkisi olduğunu göstermektedir. Aynı zamanda aracı değişkenlerle yapılan korelasyon analizlerinin sonucuna bakıldığında, çalışmanın bağımlı değişkeni olan depresyonun önemsenme (r = -.27, p <.01) ve algılanan sosyal destek (r = -.30, p <.01) ile ise anlamlı ve negatif yönde bir ilişkisi olduğunu göstermektedir. Bir başka deyişle, yüksek depresyon puanları düşük önemsenme ve düşün sosyal destek algısı ile ilişkilidir.

3.2. Çoklu Hiyerarşik Regresyon Analizi

3.2.1. Depresyonu Yordayan Faktörler

Değişkenler regresyon denklemine üç adımda girilmiştir. İlk adımda, demografik değişkenlerin etkilerini kontrol etmek için depresyon ile marjinal olarak anlamlı ilişkisi olan tek demografik değişken olan cinsiyet (t = 1.89, p = .059) denkleme girilmiştir. Regresyon denkleminin ikinci aşamasında, mükemmeliyetçilik ve mükemmeliyetçi öz-sunum alt ölçekleri denkleme katılmıştır. Son olarak, üçüncü adımda, potansiyel aracı değişkenler (algılanan sosyal destek ve önemsenme) modele girilmiştir.

Hiyerarşik regresyon analizinin sonuçları, ilk blokta girilen cinsiyet değişkeninin denkleme katkısının marjinal derecede önemli olduğunu (β = -1.99, t = -1.89, p = .059) ve varyansın % 1'ini açıkladığını göstermiştir (R^2 = .01, F değişim (1, 338) = 3.58, p = .059).

İkinci blokta, mükemmeliyetçilikle ilgili değişkenlerin girişiyle, mevcut varyansa ek olarak % 13'lük varyans açıklanmış (R^2 değişim = .13, F değişim (6, 332) = 8.68, p <.001) ve toplam varyans %15'e yükselmiştir (R^2 = .15, p <.001). Mükemmeliyetçilik alt ölçekleri arasında sadece sosyal odaklı mükemmeliyetçilik,

depresyon puanını pozitif olarak yordamış (β = .16, t = 4.08, p <.001), kendi odaklı mükemmeliyetçilik ve diğer odaklı mükemmeliyetçilik ise depresyonu anlamlı şekilde yordamamıştır. Mükemmeliyetçi öz-sunum alt ölçekleri arasında ise, yalnızca kusurların söylenmemesi alt ölçeği depresyonu anlamlı ve pozitif olarak yordamıştır (β = .24, t = 3.23, p <.001), mükemmeliyetçi öz-tanıtma ve kusurları göstermeme ise depresyonu anlamlı şekilde yordamamaktadır.

Üçüncü blokta, hem algılanan sosyal destek (β = -.09, t = -2.46, p <.05) hem de önemsenme (β = -.55, t = -2.63, p <.01) depresyonun olumsuz ve anlamlı olarak yordarken potansiyel aracı değişkenler açıklanan varyansı % 20'ye yükseltmiştir (R^2 değişim = 0,06, F değişim (2, 330) = 11.28, p <.001).

Denklemdeki tüm değişkenlerle birlikte, son adımda cinsiyet (β = -2.33, t = -2.38, p <.05), sosyal odaklı mükemmeliyetçilik (β = .14, t = 3.61, p <.001), önemsenme (β = -.55, t = -2.63, p <.01) ve algılanan sosyal destek (β = -.09, t = -2.46, p <.05) depresyonun yordayıcıları olmuştur.

3.3. Aracı Değişken Analizleri

Hayes'in (2018) Bootstrap yöntemi kullanılarak 10000 örneklem ile aracı değişken analizleri gerçekleştirilmiştir.

3.3.1. Sosyal Odaklı Mükemmeliyetçilik ve Depresyon İlişkisinde Aracı Değişkenler

Sonuçlar, sosyal odaklı mükemmeliyetçiliğin, hem önemsenme (b = -.03, SE = .01, p <.01) hem de algılanan sosyal destek (b = -.24, SE = .06, p < .001) için anlamlı bir yordayıcı olduğunu göstermiştir. Ayrıca, hem önemsenme (b = -.58, SE = .21, p <.01) hem de algılanan sosyal destek (b = -.10, SE = .03, p <.01) depresyonu anlamlı şekilde yordamıştır. Sosyal odaklı mükemmeliyetçilik, önemsenme ve algılanan sosyal desteğin aracılık etkilerini kontrol ettikten sonra hala önemli bir depresyon belirleyicisi olmuştur (b = .20, SE = .03, p <.001). Tüm model %11'lik varyans değişimini açıklamıştır (ΔR^2 = .11, F (2,337) = 20,97, p <.001).

Bootstrap yöntemi kullanılarak, 10000 örneklem ile önemsenme ve algılanan sosyal desteğin dolaylı etkileri hesaplanmıştır. Sonuçlar, algılanan sosyal desteğin (b

= .02, *boot SE* = .01,% 95 CI [.01, .05]) ve önemsenmenin (*b* = .02, *boot SE* = .01, %95 CI [.002, .034]) dolaylı etkilerinin anlamlı olduğunu ortaya koymuştur.

3.3.2. Kusurları Söylememe ve Depresyon Arasındaki İlişkide Aracı Değişkenler

Bulgular, kusurları söylememenin hem algılanan sosyal destek (*b* = -.74, *SE* = .10, *p* <.001) hem de önemsenme (*b* = -.08, *SE* = .02, *p* <. 001) için anlamlı bir yordayıcı olduğunu göstermiştir. Ek olarak, hem algılanan sosyal destek (*b* = -.09, *SE* = .03, *p* <.01) hem de önemsenme (b = -.58, SE = .21, p <.01) depresyonu anlamlı biçimde yordamıştır. Kusurları söylememe, önemsenme ve algılanan sosyal desteğin aracılık etkilerini kontrol ettikten sonra da depresyonu anlamlı olarak yordamıştır (*b* = .23, *SE* = .06, *p* <.001). Bu durum önemsenme ve algılanan sosyal desteğin sadece kısmen aracı rolünde olduğunu göstermektedir. Aracıların da olduğu tüm model, %9 ek varyans açıklamıştır (ΔR^2 = .09, F (2,337) = 17,56, *p* < .001).

Önemsenme ve algılanan sosyal desteğin dolaylı etkileri, bootstrapping metodu kullanılarak 10000 örneklem ile hesaplanmıştır. Bulgular, algılanan sosyal desteğin (*b* = .07, *boot SE* = .03, %95 CI [.01, .13]) ve önemsemenin (*b* = .04, *boot SE* = .02, %95 CI [.01, .09]) dolaylı etkilerinin anlamlı olduğunu göstermiştir.

4. TARTIŞMA

4.1. Depresyonu Yordayan Faktörler

Analiz sonuçları, depresyon ile anlamlı bir şekilde ilişkili olan tek demografik değişkenin cinsiyet olduğunu göstermiştir. Alanyazında olduğu gibi, bu çalışmada da kadın katılımcılarda depresyon puanları erkeklerden daha yüksek bulunmuştur (Townsend ve ark., 2019; Calvó-Perxas ve ark., 2016). Bununla birlikte, cinsiyet depresyon üzerinde yalnızca marjinal bir anlama sahiptir. Bu sonuç, katılımcıların cinsiyete göre eşit olmayan dağılımından kaynaklanıyor olabilir; bu örneklemde kadın katılımcılar erkeklerin neredeyse iki katı olduğundan cinsiyet farklılıkları dikkatli değerlendirilmelidir.

Regresyon analizine göre sosyal odaklı mükemmeliyetçilik düzeyleri yüksek olan katılımcıların depresyonda daha yüksek puan alma eğilimi ortaya çıkmıştır. Bu bağlantının sebebi, sosyal odaklı mükemmeliyetçilerin, başkalarının yüksek standartlarını karşılayamadıkları için kendilerini suçlama eğilimi, yetersizlik hisleri ve

bunların sonucu ortaya çıkan depresyonla açıklanabilir (Dean ve Range, 1996). Literatürde olduğu gibi (Malinowski ve ark., 2016), ne kendi odaklı mükemmeliyetçilik ne de diğer odaklı mükemmeliyetçiliğin depresyon puanlarıyla anlamlı bir şekilde ilişkili olmadığı bulunmuştur.

Önceki çalışmalarda, cinsiyet değişkeni kontrol edildikten sonra mükemmeliyetçi öz-sunumun tüm alt ölçeklerinin depresyon puanlarını pozitif yönde yordadığı bulunmuştur (Hewitt ve ark. 2003). Bu çalışmada ise, cinsiyet değişkeni kontrol edildikten sonra sadece kusurları söylememe alt ölçeğinin depresyonu anlamlı ve pozitif olarak yordadığı bulunmuştur. Mevcut literatürle oluşan bu ayrım sosyo-kültürel farklılıklardan kaynaklanıyor olabilir. Jain ve Sudhir (2010) mükemmeliyetçiliğin kişilerarası yönlerinin sosyo-kültürel faktörlerden etkilenebileceğini öne sürmüştür. Türk kültüründe, kişilerin sıkıntılarını başkalarıyla paylaşması, sosyal çevrelerinden tavsiye alması, olumsuz yaşam olaylarıyla başa çıkmak için kullanılan yaygın stratejilerdendir (Neftçi ve Barnow, 2016). Böyle bir kültür için, kusurların söylenmemesi kişinin başkalarından destek almasını engelleyebileceğinden bireyin ruh sağlığı için daha ciddi olumsuz sonuçlara yol açabilir. Buna paralel olarak, regresyon analizinde kusuru söylememe alt ölçeğinin, algılanan sosyal destek ve önemsenme regresyona girdikten sonra anlamlı olarak depresyonu yordamadığı görülmüştür. Bu durum kusurları söylememenin sosyal olarak uzaklaştırıcı etkisinin bir sonucu olabilir; yani, kusurlarını söylemeyen bir kişi başkaları tarafından soğuk, uzak ve narsisistik olarak algılanabilir ve bunun sonucu olarak sosyal ortamlardan uzaklaştırılabilir ve bu uzaklaşma depresyona neden olabilir (Hewitt ve ark., 2003).

Hiyerarşik regresyon analizinin son aşamasında ise, mükemmeliyetçilik ölçeklerinden sonra algılanan sosyal destek ve önemsenme değişkenleri denkleme girmiştir. Bu analiz sonucunda algılanan sosyal destek puanı düşük olan katılımcıların depresyon deneyimleme olasılığının daha fazla olduğu bulunmuştur. Aynı şekilde, önceki çalışmalar da algılanan sosyal desteğin depresyon ile negatif ilişkili olduğunu ortaya koymuştur (Eagle, Hybels ve Proeschold-Bell, 2018). Benzer şekilde, düşük düzeyde önemsenme algısına sahip bireylerde daha yüksek depresyon puanları

gözlemlenmiştir. Özellikle başkalarından onay bekleyen mükemmeliyetçiler için, düşük düzeyde önemsenme algısı depresyon ile sonuçlanabilir (Flett ve ark., 2012).

4.2. Algılanan Sosyal Destek ve Önemsenmenin Olası Aracı Rolleri

Bu çalışma hem algılanan sosyal desteğin hem de önemsenmenin, mükemmeliyetçiliğin kişilerarası yönleri ile depresyon arasındaki ilişkiye aracılık edeceğini öne sürerek mükemmeliyetçi sosyal kopukluk modelini test etmeyi amaçlamıştır. Bu nedenle bağımlı değişkeni yordayan her bağımsız değişken için aracı değişken analizi yapılmıştır.

4.2.1. Sosyal Odaklı Mükemmeliyetçilik ve Depresyon İlişkisinde Aracı Değişkenler

Aracı değişken analizi, sosyal odaklı mükemmeliyetçiliğin depresyon üzerinde anlamlı bir etkisinin olduğunu ve algılanan sosyal desteğin ve önemsenmenin bu ilişkiyi dolaylı olarak etkilediğini ortaya koymuştur. Bununla birlikte, aracı değişkenler girildikten sonra sosyal odaklı mükemmeliyetçiliğin depresyon üzerinde doğrudan etkisinin devam ettiği görülmüştür. Dolayısıyla, aracı değişken analizinin sonuçlarına göre, hem algılanan sosyal desteğin hem de önemsenmenin sosyal odaklı mükemmeliyetçilik ile depresyon arasındaki ilişkiye kısmen aracılık ettiği sonucuna varılabilir.

Algılanan sosyal destekle ilgili olarak, mevcut çalışmanın sonuçları, alanyazındaki, sosyal odaklı mükemmeliyetçilerin kusurlarını ve başarısızlıklarını gizlemeye daha yatkın olduklarını, bu eğilimin diğerlerinden destek almalarını önleyebileceği ve bu nedenle daha az sosyal destek hissedebileceklerini öne süren çalışmalarla uyumludur (Sherry ve ark., 2008).

Mükemmeliyetçi sosyal kopukluk modeli, başkalarından onay ve değer görmeye ihtiyaç duyan mükemmeliyetçilerin, başkaları için önemli olmadığını düşündüklerinde depresyona eğilimli olacağını göstermektedir (Flett et al., 2012). Bu çalışmanın bulgularına göre, önemsenme, depresyon ve sosyal odaklı mükemmeliyetçilik arasındaki ilişkiye aracılık etmiştir. Bu sonuç, sosyal odaklı mükemmeliyetçiliğin yüksek düzeylerinin, başkalarının yüksek standartlarının asla karşılanamayacağı inancı nedeniyle önemsenme algısını olumsuz yönde

etkileyebileceğini ve önemsenme duygusunun eksikliğinin bireyleri depresyona karşı daha savunmasız hale getirebileceğini öne süren mevcut literatürle tutarlıdır (Cha, 2016).

Ek olarak, hem algılanan sosyal desteğin hem önemsenmenin aracı rollerini birlikte araştıran ilk çalışma olarak, bu çalışma hem algılanan sosyal desteğin hem de önemsenmenin sosyal odaklı mükemmeliyetçilik ile depresyon arasındaki bağlantıya ortak varyansları dışında da aracılık ettiğini ortaya koymuştur.

4.2.2. Kusurları Söylememe ve Depresyon İlişkisinde Aracı Değişkenler

Aracı değişken analizi, kusurları söylememenin depresyon üzerinde anlamlı bir etkisinin olduğunu ve algılanan sosyal desteğin ve önemsenmenin bu ilişkiyi dolaylı olarak etkilediğini ortaya koymuştur. Bununla birlikte, aracı değişkenler modele girildikten sonra, kusurları söylememenin depresyon üzerindeki doğrudan etkisi devam etmiştir. Bu nedenle, aracı değişken analizinin sonuçlarına göre hem algılanan sosyal desteğin hem de önemsenmenin kusurları söylememe ile depresyon arasındaki ilişkiye kısmen aracılık ettiği söylenebilir. Başka bir deyişle, kusurların söylemeyen mükemmeliyetçiler daha az sosyal destek ve önemsenme algılamaya meyillidir ve bu ilişki, depresyon puanlarında bir artışa yol açabilir.

Mükemmeliyetçi öz-sunum ve depresyon arasındaki ilişkide algılanan sosyal desteğin aracı rolünü araştıran bir çalışma olmamasına rağmen, bu çalışmanın sonuçları genel anlamda yüksek düzeyde kişilerarası mükemmeliyetçiliğin algılanan sosyal destek düzeyinde azalmaya yol açtığı ve bu düşüşün depresyon puanlarında artışla sonuçlanacağını öne süren mükemmeliyetçi sosyal kopukluk modeli ile uyumludur (Sherry ve ark., 2008).

Önemsenmeye bakıldığında, bu çalışmanın sonuçları, önceki çalışmalarla ve kişilerarası mükemmeliyetçilik düzeylerinin daha yüksek olduğu bireylerin, başkalarına önemli olduklarını hissetmedikleri takdirde depresyona girme ihtimalinin daha yüksek olacağını öne süren mükemmeliyetçi sosyal kopukluk modeliyle tutarlıdır (Flett ve ark., 2012). Dahası, kişilerarası mükemmeliyetçilik boyutlarına sahip bireyler, diğerlerinin kendisine önem vermesinin kişinin performansına ve başarılarına

bağlı olduğuna inanabilir, bu şartlı değer verme, kişinin başkaları için önemli olduğu inancını azaltabilir (Campbell ve Di Paula, 2002).

Ek olarak, önceki çalışmalar algılanan sosyal destek ve önemsenmenin bağımsız kavramlar olarak ortak varyans paylaştığını göstermiş olmasına rağmen (Rayle ve Chung, 2007), mevcut çalışma, her ikisinin de ortaklaşa varyansı olmadan da kusurları söylememe ve depresyon arasındaki ilişkiye aracılık ettiğini göstermiştir.

4.3. Çalışmanın Güçlü Yanları ve Klinik Göstergeleri

Bu çalışmanın hem teorik hem de pratik alana dair bulguları bulunmaktadır. Akademik ve teorik açıdan bakıldığında, bu tez, algılanan sosyal desteğin ve önemsenmenin mükemmeliyetçilik ve depresyon arasındaki ilişkideki aracı rolünü birlikte araştıran ilk çalışmadır. Bulgular, her iki kavramın da ortak bir varyans paylaşmasına rağmen, her birinin mükemmeliyetçiliğin kişilerarası yönleri ile depresyon arasındaki bağlantı üzerinde özgün bir etkiye sahip olduğunu göstermiştir. Ek olarak, algılanan sosyal desteğin, sosyal odaklı mükemmeliyetçilik ile depresyon arasındaki ilişkideki aracı rolünü araştıran birkaç çalışma olmasına rağmen, mükemmeliyetçi öz-sunum ve depresyon arasındaki ilişkide algılanan sosyal desteğin rolünü inceleyen bir çalışma yoktur. Bu tez, mükemmeliyetçi öz-sunum ile depresyon arasındaki ilişkide, algılanan sosyal desteğin aracı rolünü araştıran ilk çalışma olmuştur. Ayrıca, mükemmeliyetçi sosyal kopukluk modelini Türkiye bağlamında inceleyen bir çalışma bulunmamaktadır. Bu nedenle, bu modeli Türk örnekleminde test eden ilk çalışma olarak, bu tez, bu konuda gelecekteki araştırmalar için bir temel sağlamaktadır.

Pratik uygulamalar bakımından, bu tezin bulguları klinik psikologların müdahale alanları ve psikopatoloji kavramsallaştırmaları ile oldukça ilgilidir. Öncelikle, sonuçlar, kusurları söylememe ve sosyal odaklı mükemmeliyetçilik düzeylerinin daha yüksek olduğu bireylerin depresyona daha yatkın olabileceğini göstermiştir. Ayrıca bu kişilerin, göreceli olarak düşük sosyal destek ve önemsenme algılamaları, varlıklarını değersiz bulmalarının yanı sıra yakın ilişkilerde zorluk yaşayabileceklerini göstermektedir. Terapistler bu bireylerle çalışırken yalnızca mükemmeliyetçi talep ve beklentileri değil, aynı zamanda önemsenme ve sosyal

destek algısı gibi mükemmeliyetçilikle ilgili olabilecek diğer alanları da göz önünde bulundurmalıdır. Ayrıca, psikologlar, yüksek düzeyde mükemmeliyetçi öz-sunum özelliklerine sahip bireylerin kişisel sorunlarını kabul etmelerinin daha zor olabileceğini ve profesyonel yardımı bir zayıflık belirtisi olarak görüp psikolojik sorunları için yardım aramakta isteksiz olabileceklerini de dikkate almalı ve psikolojik yardıma dair damgalanmayı ortadan kaldırmak ve bu damgaya dair sorunları terapide ele almak için çalışmalıdır (Hewitt ve ark., 2003).

4.4. Çalışmanın Kısıtlılıkları ve Gelecek Çalışmalara Dair Öneriler

Bu çalışmanın kesitsel bir çalışma olması ve bu nedenle neden-sonuç ilişkisine dair bir bulgu elde edilememesi, cinsiyet dağılımının dengesiz olması, verinin internet aracılığıyla toplanması ve bu nedenle internet erişimi olmayan katılımcılara ulaşılamaması, çalışmanın verileri toplanırken kişilerin kendi gözlem ve yanıtlarının baz alınması bu çalışmanın sınırlılıkları arasında değerlendirilebilir.

Gelecekte, ileriye dönük ve uzun süreli boylamsal araştırmalar yapılarak mevcut ilişkilere dair neden-sonuç bilgisi verebilecek çalışmalar yapılabilir. Ayrıca popülasyonu temsil bakımından daha uygun ve cinsiyet dağılımı bakımından daha dengeli bir örneklemde mevcut çalışmanın genellenebilirliği arttırılabilir. Ek olarak, araştırma bulguları klinik tanı almış örneklemde gözlemlenebilir ve klinik gözlemle araştırma sonuçlarının tutarlılığı incelenebilir. Son olarak, araştırmanın bulgularının mükemmeliyetçi öz-sunum ve depresyon ilişkisi bakımından mevcut alan yazından farklı olmasının nedenleri gelecek çalışmalarda araştırılabilir.

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YAZARIN / AUTHOR

Soyadı / Surname : Kumpasoğlu
Adı / Name : Güler Beril
Bölümü / Department : Psikoloji

TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) :
The relationship between perfectionism and depression: Mediator roles of perceived social support and mattering

TEZİN TÜRÜ / DEGREE: **Yüksek Lisans** / Master ■ **Doktora** / PhD ☐

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