EFFECT OF ACCEPTING THE PAST ON FINDING A MEANING IN LIFE
AMONG TURKISH OLD AGE INDIVIDUALS; MODERATING ROLE OF
PERCEIVED SOCIAL SUPPORT

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ABSTRACT

EFFECT OF ACCEPTING THE PAST ON FINDING A MEANING IN LIFE
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The aim of the present master's thesis was to investigate the association between accepting the past and meaning in life, as well as the moderating role of perceived social support in this association among Turkish old age population. Data were collected from 164 individuals aged between 65 and 91. The results of the study indicated that total score of accepting the past was positively correlated with presence of meaning and negatively correlated with search for meaning. Positive representation of accepting the past was positively correlated with both presence of meaning and search for meaning. Accepting the past was also found to be positively correlated with global perceived social support and its three dimensions. Dimensions of meaning in life, presence of meaning and search for meaning, were found to be positively correlated with each other. The findings of the moderation analyses revealed that only perceived family support moderated the association between total score of accepting the past and search for meaning, as well as the association between positive representation of accepting the past and search for meaning. Findings regarding the moderation analyses did not support the moderator role of perceived social support and its dimensions in the association between accepting the

past and presence of meaning. The findings of the study were discussed in the light of the literature. Strengths, limitations, personal experiences of the researcher, and possible clinical implications of the current study were presented.

Keywords: Accepting the Past, Perceived Social Support, Meaning in Life, Aging

ÖZ

GEÇMİŞİ KABUL ETMENİN HAYATTA ANLAM BULMADAKİ ETKİSİNİN TÜRKİYEDEKİ YAŞLI POPÜLASYONDA BELİRLENMESİ: ALGILANAN SOSYAL DESTEĞİN MODERATÖR/DÜZENLEYİCİ ROLÜ

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Bu yüksek lisans tez çalışmasının amacı Türkiye'deki yaşlı nüfusunda geçmişi kabul etmenin hayatı anlamlı bulmadaki ilişkisine bakmak ve bu ilişkide algılanan sosyal desteğin moderatör/düzenleyici etkisini belirlemektir. Çalışmanın veriler yaşları 65 ve 91 arasında değişen 164 kişiden toplanmıştır. Çalışmanın sonuçlarına göre, geçmişi kabul etme toplam puanı anlam varlığı ile pozitif, anlam arayışı ile negatif korelasyon göstermiştir. Geçmişi kabul etmenin olumlu temsili, hem anlam varlığı hem de anlam arayışı ile pozitif olarak ilişkili bulunmuştur. Geçmişi kabul etme toplam puanı algılanan sosyal desteğin toplam puanı ve boyutları ile pozitif ilişkili bulunmuştur. Yaşamda anlam boyutları, anlam varlığı ve anlam arayışı kendi arasında pozitif ilişkili bulunmuştur. Moderasyon analizinin bulguları, yalnızca algılanan aile desteğinin geçmişi kabul etme toplam puanı ve anlam arayışı arasındaki ilişkiyi düzenlediğini ortaya koymuştur. Buna ek olarak algılanan aile desteğinin, geçmişin pozitif temsilinin kabulü ile anlam arayışı arasındaki ilişkiyi düzenlediği bulunmuştur. Moderasyon analizi sonuçlarına göre algılanan sosyel destek ve alt boyutlarının geçmişi kabul ve anlam varlığı arasındaki ilişkiyi düzenlemediği bulunmuştur. Çalışmanın bulguları ilgili literatür bilgileri

ışığında tartışılmış; ayrıca çalışmanın güçlü yanları, sınırlılıkları, çalışma ile ilgili kişisel deneyimler, klinik uygulama alanları ve gelecek çalışmalar için çeşitli öneriler tartışılmıştır.

Anahtar Kelimeler: Geçmişi Kabul Etme, Algılanan Sosyal Destek, Yaşamda Anlam, Yaşlılık

To my beloved family...

ACKNOWLEDGMENTS

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CHAPTER 1

INTRODUCTION

"Challenging the meaning of life is the truest expression of the state of being human"

Viktor E. Frankl

What for I am living in this world? What is the meaning of life? What is my purpose in life? More or less, each person thinks about such questions. For human beings, the world is needed to be made meaningful (Hood, Hill, & Spilka, 2009); therefore, meaning might be the most sophisticated and puzzling concept for understanding human existence. On the other hand, there is no prerequisite for one to be able to seek for a meaning in his/her life (Ciarrocchi & Brelsford, 2009). In other words, regardless of any differences such as gender, education or socioeconomic status, human beings have a given capacity to derive a meaning from all situations. Meaning-seeking questions might occupy a person's mind in puberty, adulthood or in old age. As expected, at different periods of life, individuals' tendencies to seek for meaning might differ. For instance, in old age, decrease in physical, cognitive, and social functions, and realization of approaching death lead individuals to search for an answer to fundamental questions in their life (Takkinen & Ruoppila, 2001). According to some prominent theorists, since aged individuals are generally the ones who experience most of the seasons of life, they might be in the best position to find a meaning in their lives (Butler, 1963; Erikson, 1963). Furthermore, as individuals age, they need to look back and evaluate their past experiences as a part of developmental process of human life (Erikson, 1963). All these human-specific experiences occur within social contexts, because all individuals need to establish relationships with others in their entire lives. Several investigators have argued that, as it is the case with finding a meaning, forming and maintaining positive close relationships is another significant

motivation for human beings (Buss, 1990; Maslow, 1968). In terms of how a sense of meaning arises in one's life, some theorists emphasized the importance of close relationships with family members or friends (DeBats, 1999; Settersten, 2002). Concordantly, some findings have indicated that regardless of individuals' age, meaning in life was mostly based on human relationships (DePaola & Ebersole, 1995). Thus, support that an individual can access through social ties to other individuals, groups or larger communities which was called as social support (Lin, Ensel, Simeone, & Kuo, 1979) might be a crucial factor in finding a meaning process of an individual.

In this study, the association between accepting the past and finding meaning in old age individuals will be examined. Moreover, the role of different sources of perceived social support in the relation between accepting the past and finding meaning in life will be tested.

1.1. Meaning in Life

Although meaning is accepted as a universal concept, there is no definition agreed upon. Reker (2000), defined meaning as the most fundamental part of human life that contains inherent awareness of order, purpose in existence and coherence in one's life. According to another explanation, meaning in life is the great cohesion among events, situations, links and connections that plays a crucial role in one's life by providing physical and psychological well-being, and better adjustment to situations (Park & Gutierrez, 2013). Meaning has no specified survival function; however, it is still a significant human motive and it can be acquired regardless of gender, age, personality characteristic, religious views or intellectual capacity (Frankl, 1967, 1978; Maddi, 1970).

Moreover, a meaningful life has several advantages for individuals' lives. Living a meaningful life is associated with positive functioning in general (Stillman et al., 2009). It was indicated that individuals with a sense of meaning in their life have a better physical and mental health compared to individuals who fail to find meaning in their lives (Krause, 2004; Parquart, 2002; Reker, 1997). Moreover, an individual's life with a meaning is associated with optimism, generativity (McLean & Pratt, 2006), and better quality of life (Russell, White, & Parker, 2006). Furthermore,

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it was found that finding meaning in life is effective in improving physical condition of individuals (Haugan, 2013). Having a meaning was also found to be a protecting factor for general psychological well-being against depression and demoralization (Vehling, Oechsle, Koch & Mehnert, 2013), psychopathology (Crumbaugh & Maholick, 1964), and suicidal ideation (Harlow, Newcomb, & Bentler, 1986). In many other studies, meaning in life was found to be a significant component for well-being and individual's flourishing (Kobau, Sniezek, Zack, Lucas, & Burns, 2010; Steger, Kashdan & Oishi, 2008).

Despite its benefits, certain situations might make finding a meaning in life difficult. For instance, the presence of physical or social illness might hinder one's finding meaning in life, and it may result in increased level of depression (Jim & Andersen 2007; Simonelli et al., 2008). Failing to find a meaning in life may also lead to other undesirable outcomes such as depression, anxiety or physical decline (Frankl, 1978; Tillich, 1952). All in all, with its presence and absence, meaning in life is a fundamental part of human life; and there are many theories that aim to understand this core element of human life.

1.1.1. Theoretical Background of Meaning in Life

Some theorists argued that meaning is about making sense of life (Battista & Almond, 1973); or meaning is directly related to one's spiritual or transcendental concerns (Emmons, 2003; Mascarro, Rosen, & Morey, 2004; Reker, 2000). In other respects, some argued that roots of one's finding meaning in life are in individual's evaluation of his/her self-worth, purpose, self-efficacy, and self-justification (Baumeister, 1991). Paul Wong (1989 on the other hand, identified meaning in life as an individually established cognitive system. That is, source of meaning of one's life can be found mainly in human cognition; and it differs among individuals. One of the ways to come into touch with a one's meaning in life is to look inside deeper; the theory behind the logotherapy is one of approaches to do that.

The leading theory that made the concept of meaning in life a popular subject of study over the years is *logotherapy* of Viktor Emil Frankl. The etymology of the word 'logotherapy' comes from a Greek word 'logos' which corresponds to 'meaning'. As its name indicates, the aim and process of this therapeutic approach are based on

'meaning'. Frankl established his theory from his Holocaust experience during the World War II. Cruelty, persecution, and inhumanity that he was exposed to in concentration camps guided and motivated him to search for the meaning of his own life. In his well-known book "*A Man's Search for Meaning*" he stated that human beings have an inherent motivation to find meaning in situations. He explained how remarkable effect a meaning has on individuals' life by emphasizing that each individual has an ability to function best if s/he has a sense of meaning in life (Frankl, 1963).

Frankl developed logotherapy during 1950s, and basically defined his theory as a system that can collaborate and be combined with other psychotherapy approaches (Frankl, 1969). Logotherapy theory fundamentally proposed that a tendency to reach a meaning is an inherent motivation for human beings. The foundation of logotherapy is based upon three assumptions: (1) Under all circumstances, life has meaning, (2) There is an inherent will in people which motivates them to find meaning, and (3) human beings have a free will to find meaning in their lives within apparent limitations (Frankl, 1969). He also stated that life's 'meaning' is unique for each human being. Similarly, its interpretation or correspondence can vary around the world (Dezelic, 2017). For instance, the word *"ikigai'* in Japanese corresponds to reason for life; and for Japans, each individual has his/her own ikigai.

In his theory, Frankl proposed three ways to identify meaning in one's life. These ways are named as *creative values, experiential values* and *attitudinal values* (Frankl, 1969). As its name indicates, creative values include what a person does for the world; such as establishing something, completing something important or behaving in an altruistic way. The attitudinal value corresponds to our position toward life's uncontrollable and sometimes distressful situations such as one's attitude toward death of someone significant in his/her life. And lastly, experiential values reflect the value that the world gives us. In other words, experiences such as love, lust, trust, beauty etc. are included in experiential values (Frankl, 1969). To Frankl, an individual can identify meaning in his/her life by using these three value systems. From logotherapy perspective, when person's freedom or will to meaning is blocked in a way, human beings tend to experience several negative sensations, such

as hopelessness, despair or emptiness; and many symptoms including boredom, depression, anxiety, and aggression. These blockage was named by Frankl as *existential vacuum* (Frankl, 1969). When an individual starts exploring meaning, death, suffering, work, and happiness in life, s/he becomes getting in touch with existence and inherent meaning; this leads an individual to get rid of existential vacuum (Frankl, 1986). From Frankl's perspective, meaning can be taken into account in terms of will-to meaning. This will was identified as an individual's striving and innate desire to give meaning to his/her life and to actualize values that one have. Frankl (1965) considered this will to meaning as an essential human motive.

Besides Frankl, Michael Steger is another theorist who studied meaning; and conceptualized meaning in life as having two main dimensions; presence of meaning and search for meaning (Steger & Fraizer, 2005; Steger et al., 2006). Presence of meaning corresponds to the extent to which people's perception about their life's significance and meaningfulness, while search for meaning stands for an active and dynamic effort that individuals show during the process of involving coherence, meaning and significance to their lives (Steger, Frazier, Oishi, & Kaler, 2006). According to Steger (2009), presence of meaning and search for meaning differ from each other both in terms of their essential characteristics and expressed attitudes toward life. It can be said that presence of meaning makes people experience their lives more significant, comprehensible and purposeful in the face of daily struggles. It was found to be associated with greater life satisfaction (Edwards & Holden, 2003; Heisel & Flett, 2004), self-esteem (Steger, Frazier, Oishi, & Kaler), higher positive affect and quality of life (Debats, Van Der Lubbe, & Wezeman, 1993; Russell, White, & White, 2006), better adjustment to traumatic experience (Murphy, Johnson, & Lohan, 2003), and lower level of depression (Mascaro & Rosen, 2008). On the other hand, findings related to search for meaning is more inconsistent as compared to presence of meaning. Some findings indicated no association between search for meaning and well-being (Steger et al., 2006; Wong, 2012); however, in another group of studies, search for meaning was found to be positively related to poorer well-being (Park, Park, & Peterson, 2010), rumination, depression, higher level of anxiety (Steger, Mann, Michels, & Cooper,

2009) and some inquisitive constructs such as being curious, open-minded, investigative, and questioning (Steger et al., 2008). Search for meaning was also found to be negatively related to self-acceptance, and relatedness (Steger, Kashdan, Sullivan, & Lorentz, 2008). And in terms of trauma experience, unlike presence of meaning, search for meaning has been found to be related to both adjustment and maladjustment (Murphy, Johnson, Wu, Fan, & Lohan, 2003).

Briefly stated, starting with Viktor Frankl's theory, the concept of meaning in life became a focus of many studies with different samples over the years. Among these samples, old age individuals were one of the targeted groups: Literature stated that finding meaning becomes more salient for one's life especially in older age (Battista & Almond, 1973; Wong, 1989). As a result of several factors such as feeling of loneliness, sense of mortality or feeling of exclusion, old age individuals' existential needs and concerns arise (Reker & Woo, 2011). Brief description and situation of old age individuals in the world and Turkey; and also how a meaning in life issue arises in old age individuals' life will be provided in the following section.

1.1.2. Meaning in Life in Old Age

Old age refers to the stage in which biological, biochemical and anatomical changes in body begins, and generally, after age 60, these changes start affecting person (Marsa, Bahmani & Naghiyaee, 2017). According to World Health Organization, old age is not an illness; it corresponds to a natural process that cannot be reversed or stopped (2013). Based on the world population trends, for the first time in the recorded human history, people with age 65 and over are expected to outnumber children under age 5in the immediate future (NIA, 2007). These projections were indicated as emerging trends around the globe. Estimated 962 million individuals aged 60 and over were reported and this rate accounted for 13 per cent of the world population (UN, 2017). Indistinguishably, Turkey is a country with a growing aging population. According to Turkish Statistical Institute data, about 8.3 percent of total population was over 65 in 2016 (TUİK, 2017). Nearly forty-four percent of old age population was males and 56.1% was females. Estimated 8.6million old age people are expected by 2023. That is, approximately 10.2 percent

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of Turkey's population would be an old age in that time (TUİK, 2013). Due to the increasing rate of old age individuals in the population, more attention and expanded policies are expected to become more important (Reyes Uribe, 2015)

There are many difficulties that old age individuals may face with. These difficulties include physical disabilities, financial constraints, dependency to others or existential conflicts (Marsa, Bahmani, Naghiyaee, & Barekati, 2017). Among these, physical constrains include chronic illnesses, neurological and psychiatric disorders, or progressive loss in hearing or vision (Duberstein, Pálsson, Waern, & Skoog, 2008). In terms of financial and social problems, old age individuals suffer from losing their job and social status, loss of loved ones, impairments in relationships, and social isolation as a result of weakened mobility (Mussen, Conger, Kagan, & Houston, 2002). Psychological issues are another dimension of old age individuals' problems. Psychological problems include loneliness (Heravi-Karimloo et al., 2008), anger, anxiety, and insomnia (Kaldi, 2004). In addition to these, aging may also stimulate existential issues, such as being have to deal with a death concern, enduring questions about meaning in life, and some religious concerns (Längle & Probst, 2000). In terms of such existential concerns, Längle stated in his study that uncertainty about existential issues is larger in older ages; thus old age individuals' life requires answers to main questions of meaning and existence (Längle & Probst, 2000). Similarly, Yalom (1980) posited that in spite of the inherent need for immortality, each person has to confront with meaninglessness, fear of death, feeling of isolation and absurdness as existential concerns. Relevant literature indicated that there is a strong association between sense of a meaning in life and positive mental functioning in old age (Reker, 1994; Zika & Chamberlain, 1992). Therefore, finding a meaning in life in one's older age may help dealing with abovementioned problems.

Some factors were found to be associated with finding a meaning in life. For instance, having a goal in life was found to be effective for one to have a meaning and sense of purpose in life (Bühler, 1968; Frazier, Newman, & Jaccard, 2007). In another study, individual's quality of life was found to be related to sense of meaning in life (Dobríková, Pčolková, AlTurabi, & West, 2014). As stated before, since having a meaning has desirable outcomes and it is a fundamental part of human life,

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identifying the predictors or correlates of finding meaning is also crucial. Apart from having a purpose in life and relatively a high-quality life, accepting the past is thought to be another remarkable concept related to meaning. Thus, in the following section, the concept of accepting the past and its association with meaning in life will be discussed.

1.2. Accepting the Past and Its Theoretical Background

It is specific for human beings to remember past experiences and share them with others. It can be expected that as one grows older, experiences, livings, and memories that belong to past increase. Hence, the concept of accepting the past is mostly related to old age individuals. From developmental perspective, it was found that evaluation of past experiences in older ages is related to psychological well-being (Butler, 1963; Erikson, 1963). Moreover, older individual's reflection and evaluation of their past experiences were found to have an active role on the occurrence of depression (Rylands & Rickwood, 2001). Butler (1963), posited that individuals start reviewing their past experiences in older ages; and to him, reviewing one's past is an essential factor for successful ageing.

Erikson's (1963) theory of Psychosocial Development provided insight to "accepting the past". In his theory Erikson proposed individuals' developmental periods as an eight-stage. The last stage of this developmental process was termed as *ego-integrity vs. ego-despair*. About this last stage, Erikson stated that people who are in their 60s or over need to have a feeling of fulfillment. In other words, they want to have a sense that their younger life includes significant and accepted experiences (Erikson, 1963).

The eight-stage psychosocial development theory of Erikson (1963) emphasizes sociocultural indicatives of development. According to Psychosocial Development Theory, in the last stage of development, old age individuals experience either ego integrity or ego despair. Erikson defined ego integrity as a situation in which a person feels satisfied as a result of a belief that s/he lived his/her life to the fullest. On the other hand, sense of despair comes from a situation in which an old age individual does not feel content when s/he looks back upon his/her life (Erikson, 1963). To Erikson, individuals with an ego-integrity accept their past

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and find it meaningful. In addition to that, people who achieve ego-integrity does not feel guilt or regret; and their general satisfaction with life is higher. Ego-integrity includes resolution of life crisis; dealing with disappointments, acceptance of others and a sense of belongingness to current and past generations (Rylands & Rickwood, 2001). Whereas, as mentioned before, ego-despair occurs when a person fails to accept past life and when there is no probability to try once more.

Based upon Erikson's Psychosocial Development Theory, Santor and Zuroff (1994) developed the "accepting the past" concept. They theorized accepting the past as a core component of Erikson's ego-integrity. Accepting the past was defined as having a favorable representation of past (Santor & Zuroff, 1994). Their more comprehensive definition of accepting the past suggested that it is a process including one's internalization of past and making one's past as a broad representation (Santor & Zuroff, 1994).

It was found that individuals who are successful in accepting their past, experience positive feelings toward past; make positive evaluations about their past experiences, and they do this without experiencing intense negative feelings or frustration (Rylands & Rickwood, 2001). On the other side, individuals who fail to accept their past, are prone to see their lives as meaningless and disappointing. As a result of this, they become more likely to experience a deficiency in self-regard and view their self-concept negatively, as compared to individuals who accept their past (Rylands & Rickwood, 2001).

Accepting the past concept is mostly studied with aged individuals, especially with individuals over the age of 55. In their latest stage of life, individuals start thinking about their past experiences. Since accepting the "past" requires remembering during the process of reviewing, it is necessary to refer reminiscing. Reminiscence is basically recalling of the one's past (Haight & Burnside, 1993); and it is used as a non-pharmacological intervention for old age individuals that provides a sense of fulfillment and comfort when individuals look back (Jones, 2003). For old age individuals, it was found to be helpful to put their lives in perspective as they are ageing (Kimble, 2014). One important point about reminiscence is that individuals experience pleasure during reminiscing and it has therapeutic effect on ageing (Butler, 1960). Moreover, reminiscence provides old age individuals a sense of

meaning in their lives (Chao et al., 2006). During accepting the past process, individuals acknowledge that what they have experienced in the past help them to create a coherent sense of self; and this makes easier to find a meaning in life (Santor & Zuroff, 1994).

While discussing the association between accepting the past and finding meaning in life, some factors can be considered as relevant. In other words, some components of one's life might have a potential to play a role between accepting the past and finding meaning in life association. As it was mentioned above, both accepting the past and finding a meaning are human-specific experiences and expected to occur in social contexts. From this point of view, perceived social support can be thought as a remarkable construct while discussing aforesaid concepts. In the subsequent part, brief description and effects of perceived social support on old age individuals' life will be provided.

1.3. Perceived Social Support

The protective role of social support on individuals' undesirable experiences have become an interest of many researchers over the years. There are many studies conducted to see the effect of social support on physical and psychological health of people. Social support was found to be associated with decreased depression (Buschmann & Hollinger, 1994; Hay, Steffens, Flint Bosworth, & George 2001), generalized positive affect, recognition of self- worth, sense of stability (Cohen, 1988), increased competence in times of stress (Krause, 1987), and psychological well-being (Ducharme, 1994). However, it is worth noting that, social support can be in the form of actual or perceived. Many studies argued that the main determinant of the effectiveness of social support on one's life is basically based upon individual's personal impressions, which is named as perceived social support (Coyne & Downey 1991; Ell 1996; Hupcey, 1998; Winemiller, Mitchell, Sutliff & Cline, 1993). Perceived social support was defined as an "individual's perception of general support or specific supportive behaviors (available or enacted upon) from people in their social network" (Elliot, Malecki, & Demaray, 2002). It corresponds to the amount and quality of support's availability when one needs it (Jameel & Shah, 2017). Considerable evidence linked perceived

social support with better physical and psychological health (Broadhead et al., 1983; Leavy, 1983), such as psychological well-being (House, Landis, & Umberson, 1988; Seeman, 2000), increased health promoting behaviors such as dietary habits, regular sleep (Allgöwer, Wordle, & Steptoe, 2001), and adherence to medical regimens (Povey, Conner, Sparks, James, & Stepherd, 2000). Lower adequacy of perceived social support was found to be related to increased psychological stress; and for old age individuals perceived social support was indicated as a crucial factor reducing and preventing somatic health problems (Bøen, Dalgard & Bjertness, 2012). In other words, perceived social support is more strongly related to desirable well-being and health outcomes as compared to objective assessment of support (Faber & Wasserman, 2002; Chan & Rance, 2005). Favorable effects of perceived social support on individuals' physical and psychological health was revealed in a large body of research even when controlling factors such as age, gender, and initial health status (Berkman, Glass, Brissette, & Seeman, 2000; Uchino, 2009; Holt-Lunstad, Smith, & Layton, 2010). In the scope of the current study, how old age individuals experience perceived social support will be addressed. Hence, in the following section, detailed functions of perceived social support and its association with meaning in life in old age individuals will be presented.

1.3.1. Functions of Perceived Social Support for Old Age

The literature suggested that the perception of sufficient social support is a crucial factor in one's health outcomes; how much a person perceives that support was found to be directly affecting quality of life (Schoofs, Bambini, Ronning, Bielak, & Woehl, 2004). Within the context of old age population, social support was found to significantly affect individual's life satisfaction, well-being, self-esteem, and health outcomes (Newsom & Schulz, 1996). Furthermore, negative correlation between perceived social support and depression among old age individuals suggested that, as perceived social support increases, level of depressive symptoms decreases (Koizumi et al., 2005).

In terms of perceived social support, especially close relationships with friends and family members were indicated as remarkable (DeBats, 1999; Settersten,

2002). Many studies indicated that when old age individuals encounter with difficulty of finding a meaning in their latest life stages, they might turn to significant others in their life for assistance (Krause, 2006). Why such social network members are effective in the process of finding meaning can be grounded on again Erikson's theory of human development. In the last stage of human development, people are expected to look back and evaluate how his/her life was. In other words, process of finding meaning necessitates linking up the past and the present. That is to say, as people grow older, they generally need to evaluate their life in a more coherent way. And the motivation behind this is to have a more intense sense of meaning (Erikson, 1963). In this process, especially in older age, there might be some blind spots and false memories. According to Staudinger (2001), close friends and family members might play a crucial role in life review and finding meaning process. Hence, it can be said that ability to find meaning in older life is closely related to social network and support perceived from this network (Krause, 2007).

While perceived social support is thought to be a facilitating factor in the association between accepting the past and finding meaning in life, there is another significant factor to be taken into account. Depression is closely related to both accepting the past and finding meaning in life. Following part comprises the brief definition of some demographics and the role of geriatric depression on the association between accepting the past and finding a meaning process.

1.4. Geriatric Depression

Although some findings claimed that many individuals are quite satisfied with their life as they age (Carstensen et al., 2011), depression is highly common psychiatric disorder among old age individuals all around the world. According to World Health Organization's report, 7% of old age are affected by depression and this rate is expected to rise (WHO, 2013). Not surprisingly, depression among older adults differ from its earlier age form in terms of its presentation, risk factors, etiology, and expected outcomes (Fiske, Wetherell, & Getz, 2009). For instance, findings indicated that physicians diagnose depression less frequently in older adults than in younger individuals (Gregg, Fiske, & Gatz, 2013). In comparison to

younger age, depression in older age was found to be show longer-term prognosis, higher relapse rate (Mitchell & Subramaniam, 2005), more medical comorbidity (Baldwin, Gallagley, Gourlay, Jackson, & Burns, 2005), and more somatic presentation (Hegeman, Kok, van der Mast, & Giltay, 2012). Moreover, depression in old age was found to be associated with increased risk of morbidity, suicide, and self-neglect; and it was found to be associated with decreased physical, cognitive and social functioning (Fiske, Wetherell, & Gatz, 2009). All these effects were reported as being related to increased risk of mortality (Blazer, 2009), and as a bigger risk factor for disability in old age individuals' life than physical illnesses (Scott, Oakley Browne, McGee, & Wells, 2006). Thus, the increasing proportion of older adults in the population and inevitable increase in old age depression are critical public issues in terms of older adults' psychological needs (Gregg, Fiske, & Gatz, 2013).

Although rates are documented, many studies have reported that it is really hard to estimate real prevalence of depression since it is frequently underdiagnosed in the health care system (Cepoiu et al., 2008; Harman, Veazie, & Lyness, 2006). In addition to that, often, depression might stay undertreated and continue influencing an individual's life negatively for a long time.

When examining senior citizens' condition in Turkey, it can be said that geriatric depression's rate is comparable to the world's old age depression trends. It was found in a study conducted in Istanbul with individuals 70 and over that depression rate is 17%; and this rate is higher among illiterate individuals and individuals aged between 75 and 79 (Kulaksizoglu et al., 2004). In a more recent study conducted in a different region of Turkey with individuals over the age of 55, 13.6% of older adults was found to have depressive symptoms (Kavakçı, Bilici, Çam, & Ülgen, 2011). Based on the world's and Turkey's old age population trends, old age individuals' depression rates are expected to increase.

As mentioned previously, depression was found to be associated with accepting the past. Basically as individuals' level of acceptance of their past increases; depression level decreases. Additionally, depression has similar strong negative association with finding meaning in life. That is, as an individual finds meaning in life, his/her depression level decreases. Since depression is such an

effective factor for both accepting the past and finding a meaning; it should be taken into account while evaluating these two concepts.

1.5. General Aims and Hypotheses of the Current Study

The literature mentioned above pointed out that finding meaning in life and accepting the past are related concepts. In Turkish literature, although there are some studies in which meaning in life among old age individuals was investigated; there is no study examining accepting the past and finding meaning in life together among old age population. Thus, the main aim of this study is to see whether accepting the past has an effect on elderly individuals' finding meaning in life. It was aimed to understand that in the case of failing to accept the past, if perceived social support decreases or eliminates this negative effect of not accepting the past on finding meaning in life. And lastly, if different dimensions of perceived social support (family support, friend support, significant other(s) support) have similar or different effect on the association between accepting the past and finding meaning in life will be examined. Since its prevalence rate is high among old age individuals; and it has an association with both accepting the past and meaning in life; old age individuals' depression level will also be taken into consideration as a control variable.

It was hypothesized that after controlling for the effect of depressive symptoms, as individuals' level of accepting their past increases, probability of finding meaning in life will increase. Moreover, perceived social support is expected to be an influential factor on negative consequences of failing to accept past on finding meaning in life. In other words, perceived social support will buffer the negative effects of failing accepting the past on finding meaning in life.

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CHAPTER 2

METHOD

2.1 Participants

The sample of the present study consisted of 164 individuals ($n = 95$, 57.9%, female; $n = 69$, 42.1% male) aging between 65 and 91 ($M = 72.27$, $SD = 6.48$). In terms of demographic characteristics, while majority of participants 75 (45.7%) were graduates of primary school, 6(3.7%) participants were illiterate; 5 (3.1%) of them were literate. Moreover, 13 (7.9%) participants were graduates of secondary school, 23 (14.4%) of them were high school graduates, and 38 (23.8%) of them were university graduates or had higher educational degree. Of the participants, 116 (70.7%) were married, 45 (27.4%) were widowed, and 3 (1.8%) were divorced or living separately. A great majority of the participants reported that they have children ($n = 158$, 96.3%). The number of children reported by participants ranged between 0 and 7 ($M = 2.98$, $SD = 1.33$).

In terms of participants' occupation and working status, 13 (7.9%) stated that they were still working, 62 (37.8%) have never worked; and 89 (54.3%) of the participants reported that they were retired. Regarding living arrangements of the participants, 31 (18.9%) stated that they were living alone; 91 (55.5%) were living with their spouse; 23 (14%) reported that they were living with spouse and children, and 19 (11.6%) were living with children. The majority of participants ($n = 100$, 61%) reported their residence, i.e. where they were spent the longest period of their lives, as city. Twenty-seven (16.5%) of them reported their residence as village, 22 (13.4%) of participants reported metropolis; 14 (8.5%) of them reported district and only 1 (0.6%) participant reported their residence as town. As for the perceived income level of participants, 115 (70.1%) of them reported they perceive themselves as having middle income. Furthermore, 40 (24.4%) of them reported they had low income and 9 (5.5%) of them reported they have high income.

Regarding health conditions, great majority of participants ($n = 116$, 70.7%) reported that they have no physical illnesses, and 48 (29.3%) of participants indicated they suffer from at least one physical illness. In terms of psychological health of participants, 153 (93.3%) of them reported that they have no psychological problems, and only 11 (6.7%) of them indicated that they are suffering from psychological problems (see Table 1).

Table 1. *Demographic Characteristics of the Sample*

Variables	*N*	%	*M*	*SD*
Gender				
Male	69	42.1		
Female	95	57.9		
Age			72.27	6.49
Education				
Illiterate	6	3.8		
Literate	5	3.1		
Primary School	75	46.9		
Secondary School	13	8.1		
High School	23	14.4		
University/above	38	23.8		
Residence				
Village	27	16.5		
Town	1	0.6		
District	14	8.5		
City	100	61		
Metropolitan	22	13.4		

Table 1. *Demographic Characteristics of the Sample* (continued)

Variables	N	%	M	SD
Marital Status				
Married	116	70.7		
Single	1	0.6		
Divorced	2	1.2		
Widowed	45	27.4		
Working Status				
On duty	13	7.9		
Retired	89	54.3		
Never worked	62	37.8		
Income				
Low	40	24.4		
Middle	115	70.1		
High	9	5.5		
Number of children			2.98	1.33
Living Arrangement				
Spouse	91	55.5		
Spouse and children	23	14		
Children	19	11.6		
Alone	31	18.9		
Physical health problems				
Yes	48	29.3		
No	116	70.7		
Psychological health problems				
Yes	11	6.7		
No	153	93.3		

2.2 Materials

In the current study, participants were given a questionnaire set consisting of informed consent form, demographic information form, Accepting the Past Scale (ACPAST), Meaning in Life Questionnaire (MLQ), Multidimensional Scale of Perceived Social Support (MSPSS), and Geriatric Depression Scale (GDS).

2.2.1 Demographic Information Form

Demographic information form was developed by the researcher in which age, gender, place that individuals spent most of their lifetime, educational level, marital status, number of children, working status, educational level, perceived income and residence status of participants were asked. Also, participants were asked to report whether they have any physical or psychological disease.

2.2.2 The Accepting the Past Scale (ACPAST)

The Accepting the Past Scale was developed by Santor and Zuroff (1994) to measure the main constituent of Erikson's personality development theory's last stage; ego integrity versus ego-despair. ACPAST consists of 16 items investigating the degree to which individuals view their past as satisfactory and acceptable. The scale has two sub-factors as positive past representation and negative past representation. Positive past representation subscale includes 7 items and measures respondents' positive representation of past. This subscale includes statements such as "Generally, I feel comfortable talking about things I've done in the past". On the other hand, negative past representation consists of 9 items and assesses individuals' amount of negative representations about past. Items for this subscale include statements such as "I feel anger about some of my childhood experiences". Respondents are expected to rate the items on a 7-point Likert type scale ranging from *strongly disagree* (1) to *strongly agree* (7). While higher scores indicate greater acceptance of the past; lower scores indicate greater difficulty in accepting the past. Scale was found to be internally consistent with a Cronbach's alpha value of .86 (Santor & Zuroff, 1994). In terms of convergent and divergent validity of the scale, while correlation between ACPAST and Ego- Integrity ($r = .71$, $p < .001$) suggests convergent validity, its correlation with negative affect ($r = -.62$, $p < .001$) was

shown as an evidence of divergent validity (Santor & Zuroff, 1994).

The reliability and validity study of the Turkish version of Accepting the Past Scale was conducted by Boyacıoğlu, Sakallı-Uğurlu, and Saymaz (2010). The internal consistency coefficients of positive past representation ($\alpha = .74$) and negative representation ($\alpha = .81$) were satisfactory for individuals between 12-28 ages. For individuals ageing 55 and over, the internal consistency of positive past representation was .79, and it was .82 for negative representation. The Cronbach's alpha coefficient for the overall scale was reported as .85. In this study, internal consistency values of overall scale, negative and positive past representations were .74, .72 and .78, respectively. In Turkish adaptation study, ACPAST has been found appropriate for both one factor and two factor use. For the aim of the study, both overall scale and subscales were used with the present sample. Validity of the adapted version of ACPAST was tested and it was reported that insignificant correlation among ACPAST and Reminiscing about the Past Scale (REMPAST) indicates its discriminant validity (Boyacıoğlu, Sakalllı-Uğurlu, & Saymaz, 2010).

2.2.3 Meaning in Life Questionnaire (MLQ)

The Meaning in Life Questionnaire (MLQ; Steger, Frazier, Oishi, & Kaler, 2006) was developed to assess meaning in life in two dimensions. Thus, the instrument has two subscales with 10 items in total, assessing presence of meaning and search for meaning. The presence of meaning subscale (MLQ-P) measures the extent to which the individuals perceive their life as meaningful. This subscale includes 5 items rated on a 7-point Likert type scale ranging from 1 *(absolutely untrue)* to 7 *(absolutely true)*. The MLQ-P items composed of questions such as "My life has a clear sense of a purpose." On the other hand, the search for meaning subscale (MLQ-S) assesses the degree of individuals' drive and orientation toward finding meaning in life. The MLQ-S comprises of 5 items rated on a 7-point Likert type scale ranging from 1 *(absolutely untrue)* to 7 *(absolutely true)*. This subscale includes statements such as "I am looking for something that makes my life feel meaningful. "Scores on the both subscales range from 5 to 35; with higher scores indicating higher levels of presence of and search for meaning. The MLQ was found to have a good internal consistency ($a = .86$ for MLQ-P, $a = .87$ for

MLQ-S). Analyses indicated that MLQ subscales has shown good divergent and convergent validity with existing scales. Non-significant relation between MLQ-P, MLQ-S, and Intrinsic/Extrinsic Religiosity Scale (Gorsuch & McPherson, 1989) was shown ($r =.15$, $p < .01$ for MLQ-P, $r = .12$, $p < .01$ for MLQ-S) as an evidence of discriminant validity (Steger, 2006). Moreover, significant relationship ($r = .46$, $p <.01$) between Presence subscale and Satisfaction with Life; and significant relationship ($r = .25$, $p < .001$) among Search subscale and Long-Term Affect Scale were reported as indicators of convergent validity. Both subscales were utilized in the present study.

The reliability and validity study of Turkish version of Meaning in Life Questionnaire was made by several researchers. For the current study, adaptation of Yarar was used (2015). Turkish version of the Meaning in Life Questionnaire (MLQ-TR) had proved an internal consistency with a Cronbach's alpha value of .90 for MLQ-P and .91 for the MLQ-S. (Yarar, 2015). For the present sample, Cronbach's alpha coefficients of the subscales were .74 and .82 for presence of meaning and search for meaning subscales, respectively. In terms of convergent validity of adapted version of the scale, presence of meaning was found to be positively correlated with extraversion ($r = .29$, $p <.01$), openness to experience ($r = .35$, $p <.01$), satisfaction with life ($r = .44$, $p < .01$), and positive affect ($r = .40$, $p < .01$). On the other hand, its negative correlation with depression ($r = -.40$, $p <.01$) and negative affect ($r = -.23$, $p < .01$) was evaluated as an evidence for divergent validity. Regarding search for meaning subscale's validity; its positive correlation with neuroticism ($r = .12$, $p < .01$), depression ($r = .21$, $p < .01$), and negative affect ($r = .16$, $p < .01$) was accounted as an evidence of convergent validity. Furthermore, negative and weak correlation between two subscales ($r = -.21$, $p < .001$) was also evaluated as a sign of divergent validity.

2.2.4 Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed to measure one's social support perceived from three sources: family, friends, and a special person with three subscales: family (FA), friends (FR), and

significant other (SO) (Zimet et al., 1988). The MSPSS has 12 items measured on a 7-point Likert-type scale ranging between 1 *(very strongly disagree)* and 7 *(very strongly agree)*. Total score of perceived social support is the sum of the scores from 12 items with higher scores indicating higher level of perceived social support. In the original study, the instrument was found as having internal consistency ($\alpha = .88$) and test-re-test reliability ($r = .85$) (Zimet et al., 1988). In a subsequent study, MSPSS's internal consistency coefficient was reported as .93 and Cronbach's alpha values for subscales of family, friends and significant other were. 91, .89, and .91, respectively (Canty- Mitchell & Zimet, 2000). Construct validity of MSPSS was checked by its correlation with Adolescent Family Caring Scale (AFCS). Significant correlations were reported; .76 for the family subscale, .33 for the friends subscale, and .48 for the significant other subscale (Canty- Mitchell & Zimet, 2000).

The reliability and validity study for Turkish version of MSPSS was made by Eker and Arkar in 1995. The internal consistency coefficient of the Turkish MSPSS was found as .89. For family, friends, and significant other subscales, satisfactory internal consistency coefficients were reported; .85, .88, and .92, respectively. In terms of validity, total scale was found to be positively correlated with family ($r = .61$, $p < .001$), and friends ($r = .59$, $p < .001$) subscales, whereas it was found to be negatively correlated with negative social interaction ($r = -.56$, $p < .001$), loneliness ($r = -.63$, $p < .001$), and hopelessness ($r = -.45$, $p < .001$). For the present sample, Cronbach's alpha coefficient of the total scale; family, friends, and significant other subscales were .88, .79, .87, and .91, respectively.

2.2.5 Geriatric Depression Scale (GDS)

The Geriatric Depression Scale (GDS) was developed to assess level of depression in old age individuals (Yesevage et al., 1982). The GDS-long form consists of 30 questions to which participants are asked to respond by answering yes or no based on how they felt over the past week. GDS consists of questions such as "Are you basically satisfied with your life?" and "Do you prefer to stay at home, rather than going out and doing new things?" The simple design of the scale enables ill or moderately cognitively impaired individuals to respond to statements. For each statement, 'yes' response is given 1 point and 'no' response is given 0 point.

Range of total score taken from GDS is between 0 and 30, with higher scores indicating higher level of depression. The total score obtained from the scale is evaluated as "normal" (0- 9 points), "mildly depressed (10-19), or "severely depressed" (20-30). The internal consistency coefficient of the scale was reported as .94. Regarding validity, since high correlation coefficient between GDS-Long form and Depression Adjective Checklist (DACL) was found ($r = .86$, $p < .01$), it was reported that GDS has shown a convergent validity with existing depression scales (Izal & Montorio, 1993). Short version of the GDS was developed in 1986 (Sheikh & Yesavage, 1986). It consists of 15 items; 10 questions indicate the presence of depression when answered as "yes", and 5 of items contribute to depression score when answered as "no". Scores of 0-4 taken from short form of GDS are evaluated as "normal"; 5-8 indicate "mild depression", 9-11 indicate "moderate depression", and 12-15 is evaluated as an indication of "severe depression". For the short form of GDS, the internal consistency coefficient was reported as .85; and the test-retest coefficient was found as .83.

Long form of the scale was used for this study. Reliability and validity study for the GDS Long version was conducted by Ertan, Eker, and Sar in 1997. Turkish version of the scale was found to have an adequate internal consistency ($\alpha = .92$). Strong correlation ($r = .74$, $p < .05$) between GDS-Long form and Zung Self-Rating Depression Scale (SDS); and GDS-Short form's correlation with SDS ($r = .77$, $p < .05$) was evaluated as indicators of convergent validity of the Turkish version of the scale. The scale showed good internal consistency in this sample with a Cronbach's alpha of .88.

2.3 Procedure

The present study was approved by Middle East Technical University Human Subjects Ethics Committee. Participants were contacted via face-to-face meetings or they are reached through their acquaintances. Taking part in this study was entirely voluntary. All participants first signed the informed consent form, and then they received the questionnaire set. Some participants were helped by researcher while filling out questionnaires. Completion of the questionnaire set took approximately 25 minutes.

2.4 Statistical Analysis

For all statistical analyses, The Statistical Package for Social Sciences (SPSS) version 20 was used. After investigating correlations among variables, series of moderation analyses were run by means of Process macro of Hayes and Matthes (2009).

CHAPTER 3

RESULTS

3.1. Descriptive Analysis for the Measures

In order to examine descriptive characteristics of the measures and their subscales, means, standard deviations, and minimum-maximum values were examined for Accepting the Past Scale (ACPAST), Meaning in Life Questionnaire (MLQ), and its presence of meaning and search for meaning subscales, Multidimensional Scale of Perceived Social Support (MSPSS), and its family, friends and significant other subscales, and Geriatric Depression Scale (GDS). Results are shown in the Table 2.

Table 2. *Descriptive Characteristics of the Measures*

Measures	N	Mean	SD	Min-Max (within the study)	Min-Max (for the scales)
Accepting the Past					
Negative Representation	164	39.64	9.94	15-60	9-63
Positive Representation	164	37.08	7.47	11-49	7-49
Total	164	76.72	14.47	42-109	16-112
Meaning in Life					
Presence of meaning	164	27.32	6.36	8-35	5-35
Search for meaning	164	17.22	8.11	5-35	5-35

Table 2. *Descriptive Characteristics of the Measures* (continued)

Measures	N	Mean	SD	Min-Max (within the study)	Min-Max (for the scales)
Family	164	24.49	4.69	8-28	4-28
Friend	164	20.27	6.79	4-28	4-28
Significant Other	164	18.75	8.21	4-28	4-28
Total	164	63.52	15.72	27-84	12-84
Geriatric Depression	164	10.24	6.38	1-27	1-30

3.2 Bivariate Correlations among the Variables of the Study

Correlation analyses were conducted by calculating Pearson's correlation coefficients for the measures of the study, i.e, ACP, subscales of ACP, subscales of MLQ, MSPSS, subscales of MSPSS, and GDS. The results indicated that presence of meaning was positively and significantly correlated with both negative ($r = .32$, $p < .01$) and positive representation of the past ($r = .51$, $p < .01$). And it was also found positively correlated with the total score of accepting the past scale ($r = .49$, $p < .01$). Search for meaning on the other hand, was found to be positively and significantly correlated only with positive representation of past ($r = .22$, $p < .01$). Moderating variable of the study, perceived social support as a total score form, was found to be significantly correlated with total score of accepting the past scale ($r = .23$, $p < .01$), positive past representation ($r = .32$, $p < .01$), and presence of meaning ($r = .29$, $p < .01$). Family subscale of the perceived social support scale was found to be significantly correlated with global perceived social support scale ($r = .58$, $p < .05$), accepting the past ($r = .33$, $p < .01$), negative representation of the past ($r = .19$, $p < .05$), positive representation of the past ($r = .38$, $p < .01$), and presence of meaning ($r = .35$, $p < .01$). Furthermore, friends subscale was found as significantly correlated with perceived social support ($r = .86$, $p < .01$), and family subscale of social support ($r = .32$, $p < .01$), accepting the past ($r = .18$, $p < .05$), positive

representation of the past ($r = .26$, $p < .01$), and presence of meaning ($r = .22$, $p < .01$). Another subscale of perceived social support, significant other subscale, was found to be correlated with both global perceived social support ($r = .88$, $p < .01$), and family ($r = .26$, $p < .01$) and friend support ($r = .64$, $p < .01$). Significant other subscale was also found to be correlated with presence of meaning ($r = .18$, $p < .05$) and positive representation of the past ($r = .18$, $p < .05$). Lastly, geriatric depression was found to be negatively correlated with accepting the past ($r = -.60$, $p < .01$), negative representation of the past ($r = -.50$, $p < .01$), positive representation of the past ($r = -.49$, $p < .01$), presence of meaning ($r = -.56$, $p < .01$), perceived social support ($r = -.18$, $p < .05$), and family subscale of MSPSS ($r = -.20$, $p < .05$) (see Table 3).

3.3 Moderation Analysis

Series of moderation analyses were performed to examine the moderator role of perceived social support on different associations. In order to control its probable confounding effect, all analyses were conducted by including geriatric depression as a control variable. In the first moderator model, the moderator role of perceived social support and its dimensions (i.e., family, friends, and significant other) on the association between accepting the past (IV) and dimensions of meaning in life (i.e., presence of meaning and search for meaning) (DVs) were investigated. Further analyses were conducted to reveal the moderating role of perceived social support on the association between dimensions of accepting the past (positive vs. negative representation) and meaning in life dimensions. In order to conduct these analyses, SPSS macro provided by Hayes (Preacher & Hayes, 2008) was used. According to results, while perceived social support and its dimensions did not moderate the relation between accepting the past and presence of meaning, one dimension of the perceived social support had a moderating role between accepting the past and search for meaning. Only one model was found significant and it was evaluated and reported based on a Johnson and Neyman (1936) technique and pick-a-point approach (Bauer & Curran, 2005). Summary of the moderation analyses can be seen in Table 4.

Table 3. *Pearson Correlation Coefficients among the Study Variables*

Variable	1	2	3	4	5	6	7	8	9	10
1. Accepting the Past (ACP)	(.74)									
2. Negative rep. of ACP	.88**	(.72)								
3. Positive rep. of ACP	.77**	.37**	(.78)							
4. Presence of meaning	.49**	.32**	.51**	(.74)						
5. Search for meaning	-.13	.14	.22**	.03	(.81)					
6. Perceived Social Support	.23**	.10	.32**	.29**	.04	(.88)				
7. Family Support	.33**	.19*	.38**	.35**	.06	.58**	(.79)			
8. Friends Support	.18*	.07	.26**	.22**	.02	.86**	.32**	(.87)		
9. Significant other support	.11	.02	.18*	.18*	.02	.88**	.26**	.64**	(.91)	
10. Geriatric depression	-.60**	-.50**	-.49**	-.56**	.10	-.18*	-.20*	-.15	-.10	(.88)

Note 1. $*p< .05, **p< .01, ***p< .001$

Note 2. Scores within the parentheses on the diagonal represent the Cronbach's alpha coefficients for the scales and subscales of the study

Table 4. *Summary of the Results for the Moderator Role of Perceived Social Support on Relation between Accepting the Past and Meaning in Life*

Independent Variable	Moderator	Dependent Variable	Moderation	Confidence Interval
Accepting the Past	Perceived Social Support	Presence of Meaning	No	Not significant
Accepting the Past	Perceived Social Support from Family	Presence of Meaning	No	Not significant
Accepting the Past	Perceived Social Support from Friends	Presence of Meaning	No	Not significant
Accepting the Past	Perceived Social Support from Significant Other	Presence of Meaning	No	Not significant
Accepting the Past	Perceived Social Support	Search for Meaning	No	Not significant
Accepting the Past	Perceived Social Support from Family	Search for Meaning	Yes	Significant
Accepting the Past	Perceived Social Support from Friends	Search for Meaning	No	Not significant
Accepting the Past	Perceived Social Support from Significant Other	Search for Meaning	No	Not significant

3.3.1 Moderating Role of Perceived Social Support from Family in the Relation between Accepting the Past and Search for Meaning

A moderation analysis was run to investigate the moderating role of perceived social support in the association between accepting the past and search for meaning. Analyses were conducted both based on a full scale and subscales of perceived social support (i.e., family, friends, significant other) separately. Findings indicated that both overall model ($R_2 = .27$, $F(4,159) = 62.71$, $p < .05$) and

interaction ($B = .04$, $SE = .01$, $p < .01$) were significant only for family dimension of perceived social support. Then, the interaction was probed by using Johnson and Neyman (1936) technique to test the conditional effect of accepting the past at different levels of perceived family support. Results from Johnson and Neyman (1936) technique revealed that if the scores of perceived social support from family dimension become lower than critical value (3.2584), the relation between accepting the past and search for meaning is non-significant. Besides, it was observed that when scores of perceived social support from family became higher than critical value (3.2584), the association between accepting the past and search for meaning is significant and positive ($B = .16$, $SE = .07$, $p = .050$, 95% CI[-.2856, 0]). Thus, it was demonstrated that as perceived social support from family increases, effect of accepting the past on individuals' search for meaning tendency also increases. In other words, even participants get lower scores on accepting the past, perceived social support from family led them to continue search for meaning in their lives (see Figure 1).
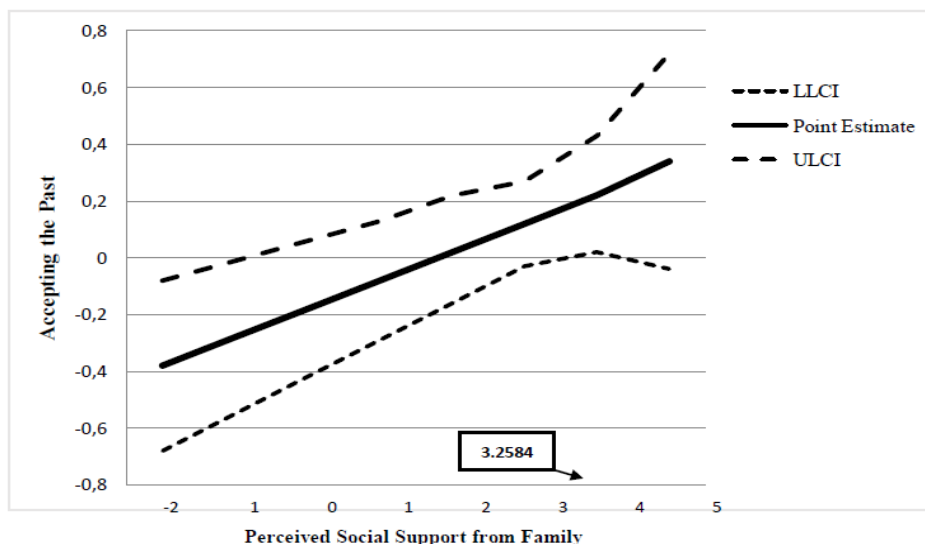
Figure 1. The association between accepting the past and search for meaning for different values of perceived social support from family

Note 1. Critical value: 3.2584

Note 2. LLCI: Lower limit confidence interval; ULCI: Upper limit confidence interval

It was also found that as participants' perceived family support increases, their tendency to search for meaning also increases for all levels of accepting the past (low, medium, and high). As it was presented in the Figure 2, the positive association between accepting the past and search for meaning was proved based on pick-a-point approach (Bauer & Curran, 2005); and as the level of support from family increased, this association got stronger (see Figure 2).
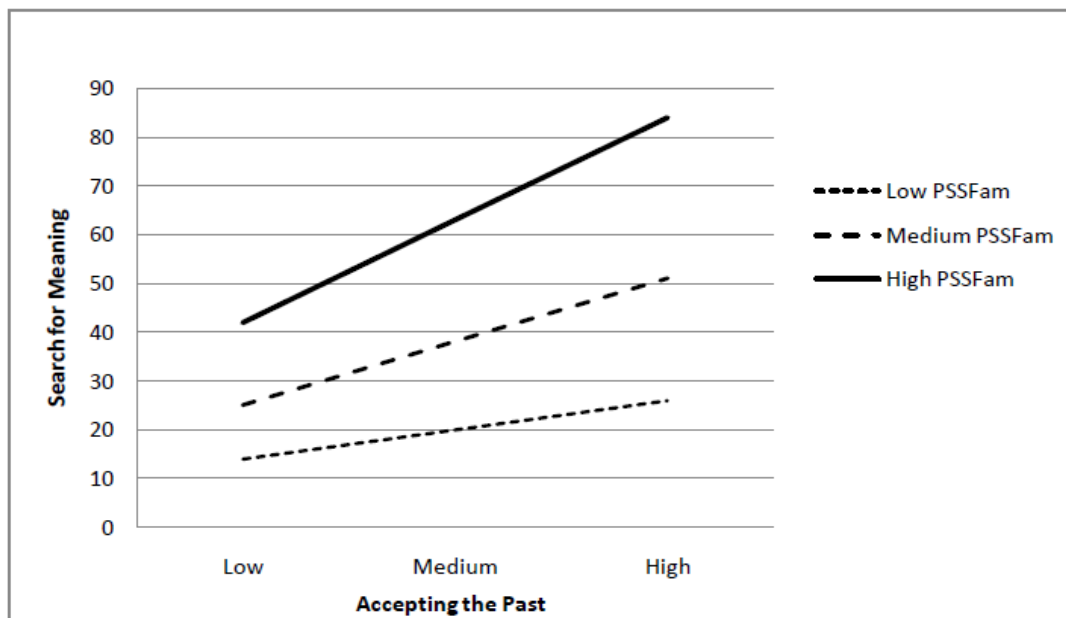
Figure 2. The association between Accepting the Past and Search for Meaning for different levels of Perceived Social Support from Family
Note. PSSFam: Perceived Social Support from Family

After examining the moderating role of perceived social support and its dimensions in the association between meaning in life dimensions and accepting the past's full form, a series of further moderation analyses were conducted to see the effect of perceived social support and its dimensions on the relation between representations of past (i.e., positive representation vs. negative representation) and

meaning in life dimensions (i.e., presence of meaning vs. search for meaning). Similar to previous results, only family dimension of perceived social support was found as moderating the relation between positive representation of the past and search for meaning. Following part includes both the summary of the results and report of the significant finding. Summary of the results can be seen in Table 5.

Table 5. *Summary of the Results for the Moderator Role of Perceived Social Support on the Relation between Representations of Past and Meaning in Life*

Independent Variable	Moderator	Dependent Variable	Moderation	Confidence Interval
Accepting the Negative Representation	Perceived Social Support	Presence of Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support from Family	Presence of Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support from Friends	Presence of Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support from Significant Other	Presence of Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support	Search for Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support from Family	Search for Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support from Friends	Search for Meaning	No	Not significant
Accepting the Negative Representation	Perceived Social Support from Significant Other	Search for Meaning	No	Not significant

Table 5. *Summary of the Results for the Moderator Role of Perceived Social Support on the Relation between Representations of Past and Meaning in Life* (continued)

Independent Variable	Moderator	Dependent Variable	Moderation	Confidence Interval
Accepting the Positive Representation	Perceived Social Support	Presence of Meaning	No	Not significant
Accepting the Positive Representation	Perceived Social Support from Family	Presence of Meaning	Yes	Significant
Accepting the Positive Representation	Perceived Social Support from Friends	Presence of Meaning	No	Not significant
Accepting the Positive Representation	Perceived Social Support from Significant Other	Presence of Meaning	No	Not significant
Accepting the Positive Representation	Perceived Social Support	Search for Meaning	No	Not significant
Accepting the Positive Representation	Perceived Social Support from Family	Search for Meaning	No	Not significant
Accepting the Positive Representation	Perceived Social Support from Friends	Search for Meaning	No	Not significant
Accepting the Positive Representation	Perceived Social Support from Significant Other	Search for Meaning	No	Not significant

3.3.2 Moderating Role of Perceived Social Support from Family in the Relation between Positive Representation of Past and Search for Meaning

The findings of moderation analysis demonstrated that both overall model ($R^2 = .24$, $F(4,159) = 42.69$, $p < .05$) and interaction effect ($B = .04$, $SE = .02$,

p < .05) are significant only for the family dimension of perceived social support. According to Johnson and Neyman (1936) method, the critical value was 6.5330. It was revealed that if scores from perceived social support family dimension are lower than critical value (6.5330), the relation between positive representation of the past (IV) and search for meaning (DV) becomes non-significant. It was also observed that when scores of family support (M) are higher than the critical value, the association between positive representation of the past (IV) and search for meaning (DV) becomes significant (*B* = .35, *SE* = .18, *p* = .050, 95% CI[0, .7124]). More specifically, as participants' perceived family support increased, the association between positive representation of the past and search for meaning got stronger. Furthermore, higher scores from family dimension of perceived social support led participants to search for meaning in their lives even if they get relatively lower scores from positive representations of the past (see Figure 3).
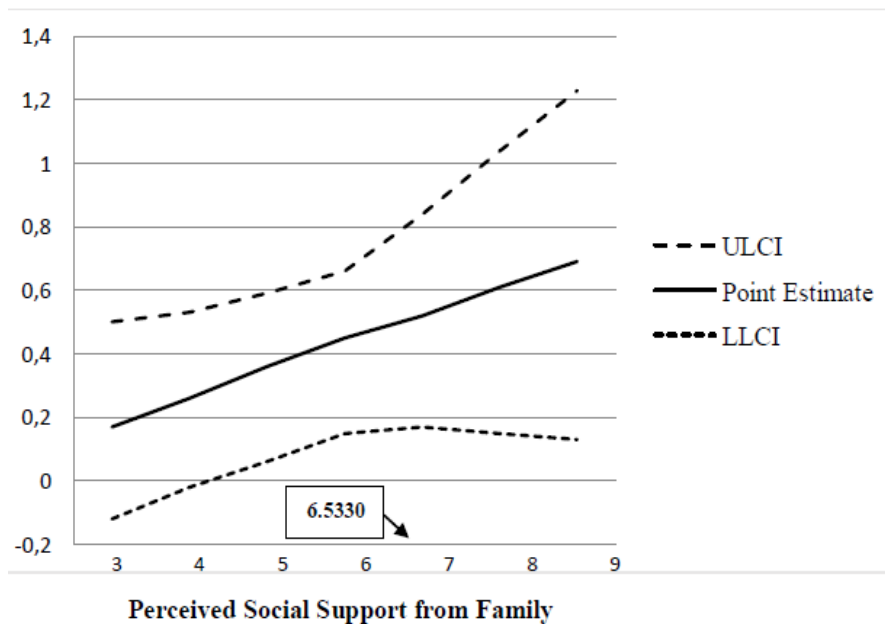
Figure 3. The association between positive representation of the past and search for meaning for different values of perceived social support from family

Note 1. Critical value: 6.5330

Note 2. LLCI: Lower limit confidence interval; ULCI: Upper limit confidence interval

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Similar to former analysis results, it was found that as participants' perceived family support increases, their tendency to search for meaning also increases for all levels of positive representation of the past (low, medium, and high). As it was presented in the Figure 4, the positive association between accepting the past and search for meaning was proved and as perceived family support increased this positive association got stronger (see Figure 4).
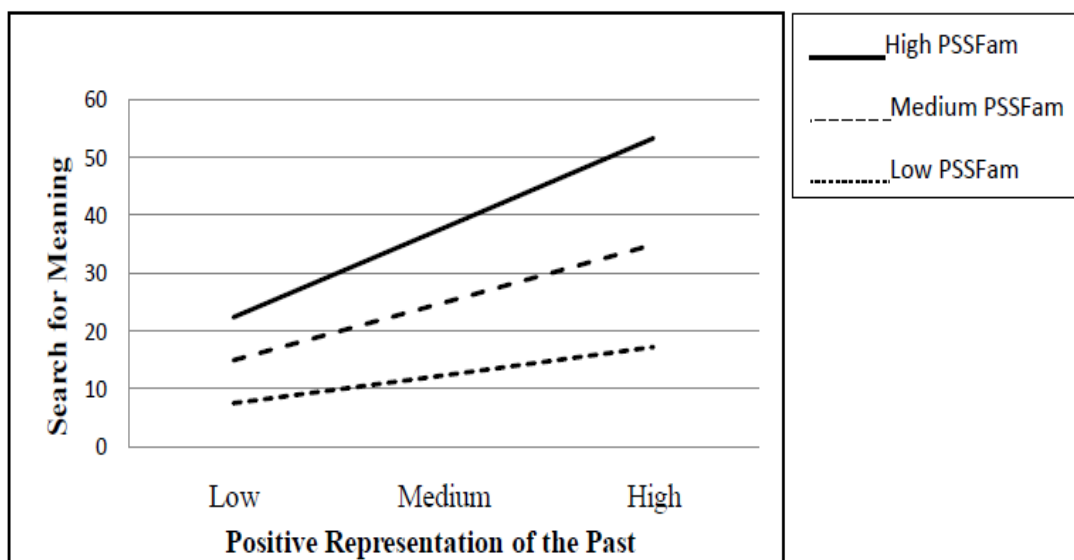
Figure 4. The association between positive representation of the past and search for meaning for different values of perceived social support from family

Note. PSSFam: Perceived social support from family

CHAPTER 4

DISCUSSION

The general aim of the present study was to examine the association between accepting the past (ACP) and finding a meaning in life (presence of meaning vs. search for meaning); as well as the moderator role of perceived social support in this association. Firstly, correlations among the measures of the study were examined. Then the moderator effect of perceived social support and its subscales on accepting the past and meaning in life association was investigated by a series of moderation analyses.

In this section, research outcomes will be summarized and discussed. First of all, findings related to correlations among the measures will be summarized. Then findings regarding the moderation analyses will be discussed in the light of the existing literature. In the last part of the discussion section, strengths and limitations of the study and suggestions for further studies will be presented.

4.1 Findings Related to Correlations among the Measures of the Study

Based on a total score form, accepting the past was found to be positively correlated with both its acceptance of negative and positive representation dimensions. This finding seems to be in line with the results of the previous studies which indicated a positive correlation among the dimensions and the total score form of accepting the past (Boyacıoğlu, Sakalllı-Uğurlu, &, 2010; Santor & Zuroff, 1994). Accepting the past scale had been recently used in a few Turkish studies. When considering negative vs. positive representations as a word, connotations might awaken different meanings. While acceptance of positive representation subscale aims to measure individuals' internalization and acceptance of positively remembered events; acceptance of negative representation subscale focuses on investigating participants' acceptance of their negatively remembered experiences. In other words, although all items aimed to measure individuals' level of accepting

their past, some items could create a confusion in terms of their wordings. However, for the present study, positive correlation among the two subscales showed that items were understood and responded accurately by the participants. This consistency between previous and present study's findings proved the appropriateness of accepting the past scale's total score form and its dimensions' use for further studies with old age individuals.

Accepting the past was found to be positively correlated with presence of meaning subscale of meaning in life. This association seems to be plausible when considering Psychosocial Developmental Theory of Erikson (1963). The last stage of Erikson's theory's (ego integrity vs. despair) provides a basis for accepting the past concept. It was indicated that if individuals are able to look back at their past with a sense of contentment and no regrets, which corresponds to accepting the past, they experience less empty-nest, less psychological symptomatology, and more sense of meaning (Erikson, 1963). Similarly, in a few studies, ego integrity and sense of meaning in life were found to be positively correlated (James & Zarrett, 2007; Kusaka et al., 2017). Furthermore, accepting the past was also found to be positively correlated with global perceived social support and with its three dimensions (i.e., family, friends, and significant other). One's accepting the past requires emotional and cognitive effort. It was stated that perceived support has an important role in individuals' life review and finding a meaning process (Staudinger, 2001). As a result, this finding seems to be consistent with the literature in terms of the importance of social relationships to one's ability in accepting the past (Krause, 2006). Among forms of perceived social support measures (i.e., total score form and its subscales), the highest correlation with accepting the past was found for perceived social support from family. When considering this finding especially for older ages, individuals' need for support from their family in the context of their thinking processes and confrontation with past experiences became prominent. This finding also showed a consistency with previous findings in which the positive effect of family support on old age individuals' life was emphasized (Lin et al., 2011; Waites, 2009). Among the three dimensions, only non-significant but still positive relation with accepting the past was found for perceived significant other support. As a researcher observation, the most reaction-evoking items were the items on significant

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other's support. In the process of filling out the questionnaire set, considerable amount of participants reported their lack of confidence to people other than their family or friends, especially for recent years. To our knowledge, there was no study investigating old age individuals' mistrustfulness to people other than their family members or friends. For that reason, this specific finding can be evaluated as relatively incomparable due to lack of earlier findings.

Lastly, accepting the past was found to be negatively correlated with geriatric depression, which was the control variable of the moderation models. When considering this finding, it seems to be highly consistent with previous findings (e.g., Butler, 1960; Rylands & Rickwood, 2001). Acceptance of negative representation of the past, one of the dimensions of accepting the past, was found to be positively correlated with acceptance of positive representation of the past in the current study. This positive correlation was also suggested in previous studies (Boyacıoğlu, Sakalllı-Uğurlu, & Saymaz, 2010; Santor & Zuroff, 1994;). Acceptance of negative representation of the past was also found to be positively correlated with both presence of meaning and search for meaning. This finding can be evaluated as controversial with the previous findings in terms of search for meaning. In the literature, while it was revealed a positive association between the dimensions of the past with presence of meaning (Debats, Van Der Lubbe, & Wezeman, 1993; Murphy, Johnson, & Lohan, 2003), a negative association with search for meaning was reported (Park, Park, & Peterson, 2010). This contradiction is worth-pondering. For the sample of the present study, age can be evaluated as a determinant factor. Old age individuals might not be perceiving meaning as two-tailed. In other words, while they have a sense of meaning in their lives, they might be still continuing to search for a meaning at the same time. Likewise, during the process of responding to questions, some participants indicated that they have a sense of meaning in their lives; but at the same time, they were still in search for meaning. In order to be able to fully understand this contradiction; further studies can be conducted by adding up new variables. By doing so, underlying mechanism of the negative representation of the past and search for meaning process can be better understood.

When evaluating the relation of acceptance of negative representation of the past with perceived social support, it was revealed that both total perceived

social support and it's all dimensions were positively correlated with negative representation of the past. However, the only significant correlation was found for family dimension of the perceived social support. This finding related to family support can be supported by earlier research. As it was already mentioned, while individuals look back to their lives for sense of a meaning, they might need their family members to help their reminiscence or integration processes (Staudinger, 2001). In short, perceived family support again seems to be an important factor for individuals to accept their negatively represented past experiences. At this point, it is important to note that the present study was conducted with individuals who were living mostly with their families. The prominence of perceived family support for the participants of the present study can be explained by this fact. There had been many studies indicating that there are significant differences between institutionalized and non-institutionalized old age individuals in terms of their family relations (Mankar et al., 2018), life satisfaction (Ng, Tey&Asadullah, 2017), and various psychological variables (Jeon & Dunkle, 2009). Besides, there had been studies suggesting friends or significant other support are more crucial for institutionalized old age individuals' life compared to family support (Carpenter, 2002). Although earlier studies support the present study's finding regarding the family support, the characteristics of the sample should also be taken into consideration. Indeed, the moderating role of perceived family support might need to be investigated by replication studies in terms of its effectiveness among different sample groups.

Lastly, acceptance of negative representation of the past was found to be negatively correlated with geriatric depression. This finding is also consistent with previous studies (Dobríková, Pčolková, AlTurabi, & West, 2014; Erikson, 1963; Lewis, 1971). Positive representation of the past was found to be positively correlated with both presence of and search for meaning. Although no study was found investigating this association, the relation between positive representation of the past and presence of meaning seems to be plausible when considering Erikson's (1963) theory indicating that people with ego-integrity does not feel guilt or regret; they deal with disappointments better and they perceive life more meaningful and worth living. On the other hand, the finding regarding the

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association between positive representation of the past and search for meaning shows inconsistency with previous studies indicating that search for meaning is related to rumination which includes regrets, disappointments, and negative affectivity which are contradicting with ego-integrity (Murphy, Johnson, & Lohan, 2003; Steger, Mann, Michels, & Cooper, 2009). As mentioned previously, old age individuals' perceptions about meaning in life dimensions might be different from well accepted view. On the other hand, this difference might be just specific to the participants of the present study and this can be explained by culture effect. It was stated that culture is a prearranged design to make life efficient and comprehensible for individuals who struggle with similar basic problems of life; birth, growth, death, welfare, and meaning (Allport, 1961), and it plays a crucial role on the way how individuals think about the world around them (Nisbett, Peng, Choi, & Norenzaya, 2001). In accordance with this definition, cultural variations in terms of meaning in life dimensions seem credible (Steger, Kawabata, Shimai & Otake, 2008). In a study that aimed to investigate the potential influence of culture on meaning in life, it was found that while participants from individualistic culture (Americans) reported greater presence of meaning, participants from collectivist culture (Japanese) reported greater tendency to search for meaning; and Japanese individuals' tendency to search for meaning was not found to be correlated with negative concepts (Steger, Kawabata, Shimai & Otake, 2008). Similar to Japan, Turkey represents a collectivist culture (Göregenli, 1997; İmamoğlu, Küller, İmamoğlu, & Küller, 1993). Therefore, in the light of abovementioned literature, present study's finding regarding the association between positive representation of the past and search for meaning seems reasonable.

In the present study, positive representation of the past was found to be positively correlated with total perceived social support and it's all dimensions. This means that as individuals accept their positively remembered past experiences, their perception of social support in all levels also tends to increase. This result seems to be in line with the previous studies. It was stated that as individuals accept their positively remembered past, their level of perceived social support with all dimensions also tends to show increase (Chao et al., 2006). Positive representation of the past was also found to be negatively correlated with geriatric

depression. This negative association means that as individuals' level of accepting positive aspects of past experiences increase, depression level tends to decrease. This association is also consistent with the existing findings revealing a positive effect of internalizing past experiences on reducing depressive symptoms (Butler, 1960; Erikson, 1963; Gregg, Fiske & Gatz, 2013).

Presence of meaning which was one of the dimensions of meaning in life, was found to be positively correlated with search for meaning which was the other dimension of meaning in life. Although both presence of meaning and search for meaning were found as positively correlated with positive representation of the past, this finding was still one of the most unexpected findings of the presented study when considering existing literature about dimensions of meaning in life. Meaning in life was a commonly studied subject with different samples in relation to different variables. And a considerable amount of them reported these two dimensions as conflicting with each other (Grouden & Jose, 2015; Park, Park, & Peterson, 2010). While presence of meaning was associated with relatively positive outcomes (Edwards & Holden, 2003; Steger et al., 2006), search for meaning was found to be associated with negative ones (Steger, Mann, Michels, & Cooper, 2009). Although this dominating findings related to negative correlation between presence of meaning and search for meaning, a few studies have found these two concepts positively correlated as in the current study (e.g., Garrison & Lee, 2017). This inconsistency can be can be grounded in two notions. The first notion is that compared to young individuals, older individuals were found to have a more holistic understanding of meaning in life rather than distinguishing it as presence of meaning and search for meaning (Steger et al., 2008). Thus, findings regarding the dimensions of meaning in life can be evaluated as individuals' comprehension of the concepts. In terms of the second notion, it was stated that while individuals from interdependent (collectivist) cultures place higher value on effort (process); people from independent (individualistic) cultures valued result (success) more (Steger, Kawabata, Shimai & Otake, 2008). This suggests that those from collectivistic cultures might be more prone to search for meaning which corresponds to a process. This view seems to be plausible when considering Asawaka and Czikszentmihalyi's (1998) study indicating that people from collectivist culture

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(Asian- American) were found to be happier when working toward a valued meaningful goal compared to individualistic ones (European-American). It was also reported that search for meaning is a process to have a potential meaning (Asawaka & Czikszentmihalyi, 1998). Likewise, as stated before, current study's participants reported that they have a meaning in their lives especially in terms of having children, having faith etc. At the same time, they reported that they are still searching for meaning especially in their daily routines such as worship, having time with children or grandchildren.

Presence of meaning was also found to be positively correlated with total perceived social support and its all dimensions. This finding seems to be consistent with the existing literature (Debats, Van Der Lubbe, & Wezeman, 1993). Lastly, presence of meaning was found to be negatively correlated with geriatric depression. This result was consistent with the literature and suggested that as individuals perceive their live meaningful, they become less likely to have depressive symptoms (Heisel & Flett, 2004; Steger et al., 2006).

Non-significant correlation was found between search for meaning and global perceived social support, as well as its dimensions. In the existing literature, no finding was reached about this association. However, this finding can be interpreted that contrary to presence of meaning, search for meaning is more about personal aspects of one's life. In other words, what is needed during the process of searching for a meaning does not have much commonality with one's relationships with others. Search for meaning was also found to have very low and non-significant positive correlation with geriatric depression. This finding was not consistent with the existing findings indicating search for meaning was positively and significantly correlated with depression (e.g., Steger, Mann, Michels, & Cooper, 2009). The underlying reason of this discrepancy might again be rooted in individuals' comprehension on search for meaning as it is a way to acquire future meaning (Steger et al., 2008). However, lack of previous evidence makes this finding need to be replicated for providing a supplementary knowledge on this association.

Perceived social support based on a total score was found to have a strong positive correlation with its family, friends, and significant other dimensions. All subscales were also found to be highly and positively correlated with each other.

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These two findings were consistent with the previous findings (Holt-Lunstad, Smith, &Layton, 2010; Hupcey, 1998; Jameel & Shah, 2017). As the last finding, perceived social support and its three dimensions were found to be negatively correlated with geriatric depression. This finding also seems to be consistent with previous study results (House, Landis, & Umberson, 1988; Seeman, 2000).

4.2 Findings Related to Moderation Analyses

Findings regarding the moderator role of perceived social support and its dimensions in the relation between accepting the past and dimensions of meaning in life; the association between representations of the past and meaning in life dimensions for old age individuals were discussed in the following part.

4.2.1 Moderator Role of Perceived Social Support in the Relation between Accepting the Past and Meaning in Life

4.2.1.1 Moderator Role of Perceived Social Support in the Relation between Accepting the Past and Presence of Meaning

The findings related to the moderator role of perceived social support and its dimensions revealed that neither global perceived social support nor its three dimensions moderate the association between accepting the past and presence of meaning. This result indicated that perceived social support and its dimensions do not influence the effect of accepting the past on presence of meaning. In the literature, there is no study examining perceived social support as a moderator on the relation between accepting the past and presence of meaning. On the other hand, accepting the past and sense of meaning association was reported in a study (James & Zarrett, 2007). The presented study was the first one investigating perceived social support as a moderator in the association mentioned above. Therefore, this very first non-significant result might not be an exact conclusion. Following studies with different samples or different age groups should further investigate this moderation model. Furthermore, on the association between accepting the past and presence of meaning, another variable rather than perceived social support and its dimensions might have a moderating effect. For instance, spirituality or fear of death are commonly studied concepts as a moderator variable especially with

aged individuals within the context of existential issues such as meaning in life (Whitehead, 2018). Based on a researcher observation, present study's participants' attitude toward religion and spirituality when filling out the questionnaire set; abovementioned variables might be included by future studies. In addition to different variables' possible moderating effects, there might be some confounding factors, such as individuals' state of health, their quality of life, perceived loneliness etc. in suggested moderation models of the study.

4.2.1.2 Moderator Role of Perceived Social Support in the Relation between Accepting the Past and Search for Meaning

The results regarding the moderating role of perceived social support and its dimensions in the association between accepting the past and search for meaning indicated that only perceived support from family moderates the relation between these two variables. It was revealed that perceived family support positively influences the effect of accepting the past on search for meaning. There is a partial support for this finding from the previous researches. In a study conducted with institutionalized individuals in China, perceived family support was reported as not moderating the relation between old age individuals' willingness to self disclosure and life satisfaction (Kwok, Yeung, & Chung, 2011). On the other hand, in a comprehensive study about old age individuals in Turkey, the importance of family support in terms of accepting one's positive and negative life experiences and peaceful life as a result of this acceptance was emphasized (Tufan, 2016). According to succeeding study findings it can be inferred in the light of existing literature that that there might be cultural differences in terms of values regarding family life or perceived support from family (Taylor, Welch, Kim, & Sherman, 2007). Although both Chinese and Turkish cultures were depicted as collectivist cultures, some other variables such as consumption habits, economical situation of families or government policies might reveal this difference (Taylor, Welch, Kim, & Sherman, 2007). Since there are no many studies that aimed to investigate abovementioned relation, replication of the present study would give a chance to have more comprehensive and comparable findings regarding accepting the past and search for meaning association with a moderating effect of perceived social support.

4.2.2 Moderator Role of Perceived Social Support in the Relation between Representations of Accepting the Past and Meaning in Life

4.2.2.1 Moderator Role of Perceived Social Support in the Relation between Positive Representation of the Past and Presence of Meaning

According to moderation analyses results, it was found that although positive representation and presence of meaning association was found to be significant, neither perceived social support based on a total score nor its dimensions moderated the association between positive representation of the past and presence of meaning. In the literature, there are no studies examining perceived social support as a moderator in the relation between positive representation of the past and presence of meaning. According to study which was conducted with institutionalized aged individuals, perceived social support was found to be moderating the association between reminiscence and sense of meaning (Ahmadi, Parija, Habibi, Sadeq, & Maddahi, 2016). While this unique result suggesting a remarkable effect of the perceived social support on the association between positive representation of the past and presence of meaning, present study's findings contradict with the former. The underlying mechanism of this contradiction might be a differentiation of perceived support types among institutionalized vs. non-institutionalized individuals. Although moderating dimension of the social support was not specified in the mentioned study, it was proved that institutionalized vs. non-institutionalized old age individuals might benefit from different types of social support (Carpenter, 2002). Eventually, present study was conducted with non-institutionalized individuals. Thus, results from a study conducted with institutionalized old age individuals in Turkey might show a consistency with existed findings. Furthermore, similar to notion in the previous title, since most the depicted results are novel, findings of the present study regarding the mentioned association need to be replicated.

4.2.2.2 Moderator Role of Perceived Social Support in the Relation between Positive Representation of the Past and Search for Meaning

In the relation between positive representation of the past and search for meaning, only family dimension of perceived social support was found to have a moderating role. As it was the case in accepting the past based on a total score and search for meaning association, old age individuals' perceived family support seems to have a significant impact on accepting their past and searching for meaning life association. In the context of this association, no previous study examined the family support's moderating role. Positive representation of past mostly includes items which seem to be desirable or having positive connotation. These items might have reminded individuals their social relations. For this reason, the effect of accepting the past on the search for meaning might be influenced by family support. From this perspective, this finding seems to be plausible given the study indicating that in a reminiscence program, as individuals remember their positive experiences, they become more willing to spend their time with family members; and as they spend more time with their families, the probability of remembering positive past experiences increases (Syed Elias, Petriwskyj, Scott, & Neville, 2018). It was also found that at the end of the reminiscence therapy program, their sense of meaning in their life and efforts to search for a meaning showed an increase (Syed Elias, Petriwskyj, Scott, & Neville, 2018).

4.2.2.3 Moderator Role of Perceived Social Support in the Relation between Negative Representation of the Past and Presence of Meaning

Global perceived social support and dimensions of support did not moderate the association between negative representation of the past and the presence of meaning. Although there are not many studies conducted to examine this specific relation; one study indicated that denial of the past -as a defense mechanism- was found to be correlated with less sense of meaning (Burke & Neimeyer, 2013). Accepting the negative representation of the past necessitates confrontation with negative past experiences (Santor & Zuroff, 1994). In relation with this, individuals

might deny their past experiences by not thinking or repressing these experiences. These are psychological defense mechanisms that aim at protecting individuals from painful affections (Meuser & Marwit, 2000). Since accepting the past technically depends on thinking about the past, the possibility for this association seems to be low. Thus, the reason why perceived social support did not moderate the association among negative representation of the past and presence of meaning might be a result from an avoidance of the negative past experiences.

4.2.2.4 Moderator Role of Perceived Social Support in the Relation between Negative Representation of the Past and Search for Meaning

The results of the moderation analyses revealed that perceived social support and its dimensions did not moderate the association between negative representation of the past and search for meaning for old age individuals. There was no study in the literature investigating this association. Similar to previous part, for present study's results, negative representation of the past items might be understood by individuals as negative emotion provoking; and the effect of negative emotions might hinder the possible positive effect of perceived social support for search for meaning motivation.

4.3 Clinical Implications

The world is witnessing a rapid ageing of populations; it is a global phenomenon which can be observed in almost all countries. According to the data of United Nations, the extent and speed of old age population increase were also observed (UN, 2013). As indicated at the very beginning, Turkey is a country with a growing ageing population. For this reason, it is important to determine the factors which might be helpful for understanding and working on old age individuals' experiences, specifically in the context of clinical practice. The present study's findings will be evaluated in terms of their possible implications for the clinical practice. The results of the current study indicated that as individuals accept their past, they become more likely to experience sense of meaning in their lives; they also become more likely to search for a meaning in their lives. Moreover, perceived

family support was found to have a positive influence on the effect of accepting the past on finding a meaning. In accordance with this, meaning in life might be a focus of psychotherapy process.

The foci of the present study were accepting the past and meaning in life for old age individuals; so working on meaning in a therapy process can be helpful for individuals' psychological well-being. Moreover, especially for old age groups, internalizing and accepting the past reported as crucial for living remaining life period more peacefully. Therefore, individual or group therapy sections would be run to help individuals accept their past experiences. Reminiscence therapy, which is generally group based in which individuals are asked to remember their positive and negative past experiences, could be one of the ways to do that. In addition, having an understanding about difficulties that prevent individual from internalizing positive or negative self and experiences would be helpful for improving old age individual's quality of life (Luanaigh & Lawlor, 2008). Based on an individual level; since failings in the acceptation of the past can be interpreted as a defense mechanism such as denial; this can be taken into consideration and solved in the therapy process.

Current study has revealed the importance of family support in the process of old age individual's accepting the past and searching for a meaning process. In many studies, social support has been found to be reducing feeling of loneliness in old age individuals (Wu et al., 2010). Moreover, perceived social support has been found to be affecting old age individuals' mental health positively (Ang & Malhotra, 2016; Lyons et al., 2013; McKinley et al., 2012). It was also reported that social support does not only have positive effect on individuals' mental health, but also it has a buffering effect for negative symptoms (Fredriksen-Goldsen et al., 2012). However, any of these researches specified the type of support that individuals benefit from. In this regard, revealing this specific positive effect of family in aged individuals' life can contributed to clinical practices. It is important to emphasize that during filling out process, some participants indicated that they perceive family support from their children's existence. This detail seems to be consistent with previous findings in terms of intergenerational relationship (Reisig & Fees, 2007). Positive correlation was reported between old age individuals' perceived support

from their children and their mental health (Murayama et al., 2015; Teerawichitchainan, Pothisiri, & Long, 2015). Therefore, in addition to present study's contribution to clinical practices, the results of the study can also be used on developing social policies in which aged individuals and their families were concurrently given intervention.

4.4 Strengths and Limitations of the Present Study

To our knowledge, the present study is the first in the literature investigating the association between accepting the past and meaning in life; as well as the moderator role of perceived social support on this association. Turkey has a culture which reinforces strong family ties. In this regard, perceived social support was included as a moderator variable in this study. However, only the family dimension of the perceived social support moderated the suggested associations. Thus, the present study reveals the importance of a family for old age individuals' lives. Sample size of the current study can be evaluated as another strength. Many studies conducted with old age individuals have smaller sample size compared to presented research. Consequently, the current research is thought to be valuable in terms of the generalizability of its findings. Lastly, many of the present study's findings were novel and open to be replicated. In this context, results of the present study might contribute to the relevant literature.

In addition to its' strengths, the present study has several limitations. First of all, although sample size was big enough, data were collected from different regions of Turkey. Although Turkey is known with its multicultural structure, within the scope of present research, regions were not taken into consideration. However, there might be regional and cultural differences in terms of the measures of the study. Moreover, as it was mentioned before, present study was conducted with non-institutionalized individuals. Therefore, the study could not catch the possible differences between institutionalized and non- institutionalized individuals in terms of the suggested associations and measures of the study.

Another limitation of the study was given as a strength in the previous part indicated that most of the depicted results were first in the literature. Thus, many findings of the present study were incomparable due to lack of previous evidences.

4.5 Directions for Further Studies

Since the subject of the study can be thought as an existential topic, future studies might utilize qualitative designs in order to have more information and more details about old age individuals lives and experiences. Moreover, replication of the present study with different cultures or cultural groups can provide more comprehensive information regarding the variables of the study. Furthermore, as indicated in the previous part, some of the questionnaires used in the present study were difficult to understand and answer for the participants. Based on the observations and experiences of the researcher during data collection process, shorter and more accurate form of the measurement tools –especially for the measurement of meaning in life- are needed in studies with old age individuals.

Most of the participants indicated that they do not have physical and psychological problems. In addition to its pleasing effect, further research might be conducted with individuals with physical or psychological problems to investigate the role of diseases in accepting the past and meaning in life association.

4.6 Personal Experiences Related to the Present Study

Studying with special groups has many advantages, but at the same time some challenges. Conducting this study with individuals ageing 65 and over was an invaluable research experience in terms of having a knowledge about old age individuals' lives, listening to their sharings, and knowing more about commonalities, differences, and difficulties of their lives. Some participants filled out the questionnaires with the help of the researcher. These times gave a chance to know their way of life, and understand their needs and emotions better. As a researcher observation, most of the participants were very willing to share their past experiences and current lives with emotions. It has been also observed that some participants wanted to share their inner world through the questionnaire set. Almost all participants showed a great effort to give intimate answers to questions.

One of the most significant challenge of working with old age individuals was that they were not familiar with this type of studies during which questionnaire sets were filled- out. Sometimes this made the process of data collection difficult. Especially when filling out the questionnaires with 5 or 7 items (ACP, MLQ,

MSPSS) their uneasiness was observed by the researcher. In order to deal with this difficulty, sometimes participants were asked to report their answer with the help of a water bottle or a paper and pencil.

4.7 Conclusion

The present study revealed that as old age individuals accept their past, their probability of finding a meaning in life shows an increase. Additionally, perceived family support contributed to this relation positively. These findings may be useful for clinical practices with aged individuals.

Clinical psychologists may consider the difficulties of old age individuals' accepting the past experiences in order to help them finding a meaning process. In terms of the moderator variable, perceived social support did not have a strong moderating effect on suggested associations; so there might be other variables explaining the underlying mechanisms in these associations. In addition to examining the role of other variables, utilizing different methods such as qualitative designs can be used for future studies in order to expand the understanding the association between accepting the past and meaning in life among old age individuals.

REFERENCES

Allgöwer, A., Wardle, J., Steptoe, A. (2001). Depressive symptoms, social support, and personal health behaviors in young men and women. *Health Psychology, 20*(3), 223− 227.

Allport, G. (1961). *Patterns and growth in personality*. Oxford, New York: Holt, Reinhart & Winston.

Ang, S., & Malhotra, R. (2016). Association of received social support with depressive symptoms among older males and females in Singapore: Is personal mastery an inconsistent mediator? *Social Science & Medicine*, *153*, 165−173.

Asawaka, K., &Czikszentmihalyi, M. (1998). Feelings of connectedness and internalization of values in Asian American adolescents. *Journal of Youth and Adolescence, 29,* 121− 145.

Ahmadi, A., Parija, H. A., Habibi, M., Sadeq,E., & Maddahi, S. S. (2016). The relation between the life meaningfulness and the level of perceived social support among elderly people living in nursing homes in Isfahan. *Sālmand*, *(1),* 118−125.

Baldwin, R., Gallagley, A., Gourlay, M., Jackson, A., & Burns, A. (2005). Prognosis of late life depression: A three-year cohort study of outcome and potential predictors.
International Journal of Geriatric Psychiatry, *21*(1), 57−63.

Barekati, S., Bahmani, B., Naghiyaaee, M., Afrasiabi, M., &Marsa, R. (2017). The effectiveness of cognitive-existential group therapy on reducing existential anxiety in the elderly. *Middle East Journal of Family Medicine, 15*(8), 75−83. doi:10.5742/MEWFM.2017.93059

Battista, J., & Almond, R. (1973). The development of meaning in life. *Psychiatry, 36,* 409− 427.

Baumeister, R. F. (1991). *Meanings of Life*. New York: Guilford Press.

Berkman, L. F., Glass, T., Brissette, I., &Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine, 51*, 843–857.

Blazer, D. (2009). Depression in late life: Review and commentary. *Focus*, *7*(1), 118−136. doi: 10.1176/foc.7.1.foc118

Boyacıoğlu, İ. (2017). Geçmişi Kabul Etme Ölçeği: Geçerlik ve güvenirlik çalışması. *Social Sciences Studies Journal. 3*(7), 290−299.

Bøen, H., Dalgard, O., &Bjertness, E. (2012). The importance of social support in the associations between psychological distress and somatic health problems and socio- economic factors among older adults living at home: A cross sectional study. *BioMed Central Geriatrics*, *12*(27), 1−12. doi: 10.1186/1471-2318-12-27

Broadhead, W. E., Kaplan, B. H., James, S. A., Wagner, E. H., Schoenbach, V. J., Crimson, R., Heyden, S., Tibblin, G., &Gehlbach, S. H. (1983). The epidemiologic evidence for a relationship between social support and health. *American Journal of Epidemiology, 117,* 521−537.

Buhler, C. (1969). Humanistic psychology as an educational program. *American Psychologist, 24*(8), 736−742.

Buschmann, M. B., & Hollinger, L. M. (1994). Influence of social support and control on depression in the elderly. *Clinical Gerontologist, 14*(4), 13−28.

Buss, D. M. (1990). The evolution of anxiety and social exclusion. *Journal of Social and Clinical Psychology, 9,* 196−210.

Butler, R. N. (1960). Intensive psychotherapy for hospitalized aged. *Geriatrics, 15*, 644–53.

Butler, R. N. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry, 26,*65−76.

Carpenter, B.D. (2002) Family, peer, and staff social support in nursing home patients: contributions to psychological well-being. *Journal of Applied Gerontology*,*21*, 275– 293.

Carstensen, L., Turan, B., Scheibe, S., Ram, N., Ersner-Hershfield, H., &Samanez-Larkin, G. et al. (2011). Emotional experience improves with age: Evidence based on over 10 years of experience sampling. *Psychology and Aging*, *26*(1), 21−33. doi: 10.1037/a0021285

Cepoiu, M., McCusker, J., Cole, M.G., Sewitch, M., Belzile, E., &Ciampi, A. (2008). Recognition of depression by nonpsychiatric physicians: A systematic literature review and meta-analysis. *Journal of General Internal Medicine*, *23*, 25–36.

Chamberlain, C. (1992). Understanding contemporary homelessness: issues of definition and meaning. *Australian Journal of Social Issues*, *27*(4), 274−297.

Chan Y. K., &Rance P. L. L. (2005). Network size, social support, and happiness in later life: A comparative study of Beijing and Hong Kong. *Journal of Happiness Studies, 7,* 87− 112.

Chao, S., Liu, H., Wu, C., Jin, S., Chu, T., Huang, T., & Clark, M. (2006). The effects of group reminiscence therapy on depression, self esteem, and life satisfaction of elderly nursing home residents. *Journal of Nursing Research*, *14*(1), 36−45.

Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology, 7*(3), 269−297.

Ciarocchi, J. W., &Brelsford, G. M., (2009). Spirituality, religion and substance coping as regulators of emotions and meaning-making: Different effects on pain and joy. *Journal of Addictions and Offender Rehabilitation, 30,* 24−36.

Coyne, J. C., & Downey, G. (1991). Social factors and psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology, 42,* 401−425.

Crumbaugh, J. C., &Maholick, L. T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology, 20,* 200−207.

DeBats, D. (1999). Sources of meaning: An investigation of significant commitments in life. *Journal of Humanistic Psychology, 39,* 30–57.

Debats, D.L., Van Der Lubbe, P.M., &Wezeman, F.R.A. (1993). On the psychometric properties of the life regard index (LRI): A measure of meaningful life. *Personality and Individual Differences, 14,* 337−345.

Demaray, M., &Malecki, C. (2002). The relationship between perceived social support and maladjustment for students at risk. *Psychology in the Schools*, *39*(3), 305−316. doi: 10.1002/pits.10018

Dezelic, M. (2017). Meaning constructs and meaning-oriented techniques: Clinical applications of meaning and existential exploration. *Journal of Constructivist Psychology*, *30*(1), 32–41. doi:10.1080/10720537.2015.1119086

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*, 71–75.

Diener, E., Smith, H., & Fujita, F. (1995). The personality structure of affect. *Journal of Personality and Social Psychology,69*, 130–141.

Dobríková, P., Pčolková, D., AlTurabi, L., & West, D. (2014). The effect of social support and meaning of life on the quality-of-life care for terminally ill patients. *American Journal of Hospice and Palliative Medicine*, *32*(7), 767−771. doi: 10.1177/1049909114546208

Duberstein, P., Pálsson, S., Waern, M., & Skoog, I. (2008). Personality and risk for depression in a birth cohort of 70-year-olds followed for 15 years. *Psychological Medicine, 38*(5), 663−671. doi: 10.1017/s0033291707002620

Ducharme, F. (1994). Conjugal support, coping behaviors, and psychological well-being of the elderly spouse: An empirical model. *Research on Aging, 16*(2), 167−190.

Ebersole, P, & DePaola, S. (1987). Meaning in life categories of elderly nursing home residents. *International Journal of Aging and Human Development, 40,* 227−236.

Edwards, M.J., &Holden, R.R. (2003). Coping, meaning in life, and suicidal manifestations: Examining gender differences. *Journal of Clinical Psychology, 57,* 1517−1534.

Eker, D., & Arkar, H. (1995). Çok Boyutlu Algılanan Sosyal Destek Ölçeği'nin faktör yapısı, geçerlik ve güvenilirliği. *Türk Psikoloji Dergisi, 10*(34), 17-25.

Ell, K. (1996). Social networks, social support and coping with serious illness: The family connection. *SocialScience and Medicine, 42*, 173−183.

Emmons, R. A. (2003). The psychology of religion. *Annual Reviews of Psychology,54,* 377− 402.

Erikson, E. H. (1963). *Childhood and society.* New York, NY, US: W.W Norton & Co.

Ertan, T. (1996). *Geriatrik Depresyon Ölçeği ile Kendini Değerlendirme Depresyon Ölçeği'nin 60 yaş üzeri Türk popülasyonunda geçerlilik güvenilirlik incelemesi.* (Doktora tezi). İstanbul Üniversitesi, İstanbul.

Faber, A. D., &Wasserman, S. (2002). Social support and social networks: Synthesis and review. *Advances in Medical Sociology, 8,* 29−72.

Fiske, A., Wetherell, J. L., &Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology*, 5, 363–389.

Frankl, V.E. (1963). *Man's search for meaning: An introduction to logotherapy.* New York: Washington Square Press.

Frankl, V. E. (1967). *Psychotherapy and existentialism.* New York: Simon & Schuster. Frankl, V. E. (1978). *The unheard cry for meaning.* New York: Simon and Schuster.

Frankl, V. E. (1986). *The doctor and the soul: From Psychotherapy and Logotherapy*. New York: Vintage Books.

Fredriksen-Goldsen, K., Emlet, C., Kim, H., Muraco, A., Erosheva, E., Goldsen, J., & Hoy- Ellis, C. (2012). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*, *53*(4), 664−675.

Frazier, L., Newman, F., & Jaccard, J. (2007). Psychosocial outcomes in later life: A multivariate model. *Psychology and Aging*, *22*(4), 676−689.

Göregenli, M. (1997). Individualist-collectivist tendencies in a Turkish sample. *Journal of Cross-Cultural Psychology*, *28*, 787−794.

Gregg, J., Fiske, A., & Gatz, M. (2013). Physicians' detection of late-life depression: The roles of dysphoria and cognitive impairment. *Aging & Mental Health*, *17*(8), 1030− 1036.

Grouden, M. E., & Jose, P. E. (2015). Do sources of meaning differentially predict search for meaning, presence of meaning, and wellbeing? *International Journal of Wellbeing*, *5*, 33–52. http://dx.doi.org/10.5502/ijw.v5i1.3

Hegeman, J., Kok, R., van der Mast, R., & Giltay, E. (2012). Phenomenology of depression in older compared with younger adults: Meta-analysis. *British Journal of Psychiatry*, *200*(4), 275−281. doi: 10.1192/bjp.bp.111.095950

Haight, B. K., & Burnside, I. (1993). Reminiscence and life review: Explaining the differences. *Archives of Psychiatric Nursing, 7*(2), 91−98.

Hamajima, H., Nakanishi, M., Fujiwara, N., Nakaaki, S., & Tatsumi, H. (2005). The differences in young and elderly adults on false memory: Examination on the effect of retention interval. *The Japanese Journal of Psychology*, *75*(6), 511−516.

Harlow, L. L., Newcomb, M. D., & Bentler, P. M. (1986). Depression, self-derogation, substance use and suicide ideation: Lack of purpose in life as a mediational factor. *Journal of Clinical Psychology, 42,* 5−21.

56

Harman, J.S., Veazie, P.J., &Lyness, J.M. (2006). Primary care physician office visits for depression by older Americans. *Journal of General Internal Medicine*, *21*, 926–930.

Haugan, G. (2013). Nurse-patient interaction is a resource for hope, meaning in life and self- transcendence in nursing home patients. *Scandinavian Journal of Caring Sciences*, *28*(1), 74−88. doi: 10.1111/scs.12028

Hay, J. C., Steffens, D. C., Flint, E. P., Bosworth, H. B., & George, L. K. (2001). Does social support buffer functional decline in the elderly patients with uni-polar depression. *American Journal of Psychiatry, 158,* 1850−1855.

Hegeman, J., Kok, R., van der Mast, R., &Giltay, E. (2012). Phenomenology of depression in older compared with younger adults: Meta-analysis. *British Journal of Psychiatry, 200*(4), 275−281.

Heisel, M., &Flett, G. (2004). Purpose in life, satisfaction with life, and suicide ideation in a clinical sample. *Journal of Psychopathology and Behavioral Assessment*, *26*(2), 127−135. doi: 10.1023/b:joba.0000013660.22413.e0

HeraviKarimloo, M., Anoosheh, M., Foroughan, M., Sheykhi, M. T., Hajizade, E., Maddah, S. B., &Ahmadi, F. (2008). Loneliness from the perspectives of elderly people: A phenomenological study. *Iranian Journal of Ageing, 2*(4), 410−420.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *Public Library of Science Medicine, 7.* doi: 10.1371/journal.pmed.1000316

Hood, R. W., Hill, P. C., Spilka, B. (2009). *The psychology of religion*. Guilford Press.

House, J. S., Landis, K. R., Umberson, D. (1988). Social relationships and health. *Science, 241*(4865), 540−546.

Hupcey J. E. (1998). Social support: Assessing conceptual coherence. *Qualitative Health Research, 8*, 304−318.

Id, M., &Montorio, I. (1993). Adaptation of the GDS in Spain: A preliminary study. *Clinical Gerontologist*, *13*(2), 83−91.

İmamoğlu, O., Küller, R., İmamoğlu, V., &Küller, M. (1993). Social psychological worlds of Swedes and Turks in around retirement. *Journal of Cross-Cultural Psychology, 24*, 26−41.

Jameel, S., & Shah, S. (2017). Development of perceived social support scale. *Indian Journal of Health and Wellbeing, 8*(12), 1540−1544. Retrieved from http://www.i- scholar.in/index.php/ijhw/article/view/165388

James, J., &Zarrett, N. (2007). Ego integrity in the lives of older women. *Journal of Adult Development*, *13*(2), 61−75.

Jeon, H., &Dunkle, R. (2009). Stress and depression among the oldest-old: A longitudinal analysis. *Research on Aging*, *31*(6), 661−687.

Jim, H., & Andersen, B. (2007). Meaning in life mediates the relationship between social and physical functioning and distress in cancer survivors. *British Journal of Health Psychology*, *12*(3), 363−381. doi: 10.1348/135910706x128278

Jones E. D. (2003).Reminiscence therapy for older women with depression. Effects of nursing intervention classification in assisted-living long-term care. *Journal of Gerontological Nursing,29*(7), 26–33.

Kaldi, A. (2004). A study on physical, social and mental problems of the elderly in district 13 of Tehran. *Age and Ageing*, *33*(3), 322−322. doi: 10.1093/ageing/afh097

Kavakcı, Ö., Bilici, M., Çam, G., &Ülgen, M. (2011). Prevalance of depression and cognitive impairment in old age in Trabzon. *AnadoluPsikiyatriDergisi, 12*(4), 258−265.

Kimble, M. (2014). *Viktor Frankl's Contribution to Spirituality and Aging*. Hoboken: Taylor and Francis.

Kobau, R., Sniezek, J., Zack, M., Lucas, R., & Burns, A. (2010). Well-being assessment: An evaluation of well-being scales for public health and population estimates of well- being among US adults. *Applied Psychology: Health and Well-Being*, *2*(3), 272−297.

Koizumi, Y. Awata, S., Kuriyama, S., Ohmori, K., Hozawa, A., & Seki, T. et al. (2005). Association between social support and depression status in the elderly: Results of a 1-year community-based prospective cohort study in Japan. *Psychiatry and Clinical Neurosciences*, *59*(5), 563−569. doi: 10.1111/j.1440-1819.2005.01415.x

Krause, N. (1987). Understanding the stress process: Linking social support with locus of control beliefs. *Journal of Gerontology, 42*(6), 589−593.

Krause, N. (2004). Stressors in highly valued roles, meaning in life, and the physical health status of older adults. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 59,* 287–297.

Kulaksizoglu, I., Gürvit, H., Polat, A., Harmanci, H., Cakir, S., &Hanagasi, H. et al. (2004). Unrecognized depression in community-dwelling elderly persons in Istanbul. *International Psychogeriatrics*, *17*(2), 303−312.

Kusaka, N., Tsuchida, N., Narumoto, J., Masuda, K., Shiomura, A., Ishikawa, M., &Katsura, K. (2017). Finding the meaning in life program for older adults: The pathway to wonderful aging. *Innovation in Aging*, *1*, 892−892.

Laengle, A., &Probst, C. (2000). Existential questions of the elderly. *Archives of Psychiatry and Psychotherapy,6*(2), 193−196.

Leavy, R. L. (1983). Social support and psychological disorder: A review. *Journal of Community Psychology, 11,* 3−21.

Lewis, C. (1971). Reminiscing and self-concept in old age. *Journal of Gerontology*, *26*(2), 240−243.

Lin, N., Ensel, W., Simeone, R., &Kuo, W. (1979). Social support, stressful life events, and illness: A model and an empirical test. *Journal of Health and Social Behavior,20*(2), 108−119.

Lyons, A., Pitts, M., & Grierson, J. (2013). Factors related to positive mental health in a stigmatized minority. *Journal of Aging and Health*, *25*(7), 1159−1181.

Maddi, S.R. (1970). The search for meaning. In M. Page (Ed.), Nebraska symposium on motivation (pp. 137–186). Lincoln, NE: University of Nebraska Press.

Mankar, M., Amonkar, P., Thatkar, P., Sawardekar, P., Goel, R., &Anjenaya, S. (2018). A comparative study of health status and quality of life of elderly people living in old age homes and within family setup in Raigad District, Maharashtra. *Indian Journal of Community Medicine*, *43*(1), 10–13.

Marsa, R., Bahmani, B., &Naghiyaee, M. (2017). The effectiveness of cognitive-existential group therapy on reducing demoralization in the elderly. *World Family Medicine Journal/Middle East Journal of Family Medicine*, *15*(10), 42−49.

Mascaro, N., &Rosen, D.H. (2008). Assessment of existential meaning and its longitudinal relations with depressive symptoms. *Journal of Social and Clinical Psychology*, *27*(6), 576−599.

Mascaro, N., Rosen, D. H., & Morey, L. C. (2004). The development, construct validity, and clinical utility of the spiritual meaning scale. *Personality and Individual Differences, 37*(4), 845−860.

Maslow, A. H. (1968). *Toward a psychology of being*. New York: Van Nostrand.

McKinley, B., Brown, E., & Caldwell, C. (2012). Personal mastery and psychological well- being among young grandmothers. *Journal of Women & Aging*, *24*(3), 177−193.

McLean, K. C., &Pratt, M. W. (2006). Life's little (and big) lessons: Identity statuses and meaning-making in the turning point narratives of emerging adults. *Developmental Psychology,42*(4), 714–722. doi:10.1037/0012-1649.42.4.714

Meuser, T., &Marwit, S. (2000). An integrative model of personality, coping and appraisal for the prediction of grief involvement in adults. *Omega-Journal of Death and Dying*, *40*(2), 375−393. doi: 10.2190/p6bm-qu6c-6xy9-bnum

Mitchell, A., &Subramaniam, H. (2005). Prognosis of depression in old age compared to Middle age: A systematic review of comparative studies. *American Journal of Psychiatry*, *162*(9), 1588−1601. doi: 10.1176/appi.ajp.162.9.1588

Murayama, Y., Ohba, H., Yasunaga, M., Nonaka, K., Takeuchi, R., & Nishi, M. et al. (2014). The effect of intergenerational programs on the mental health of elderly adults. *Aging & Mental Health*, *19*(4), 306−314.

Murphy, S., Johnson, C. L., Wu, L., Fan, J., & Lohan, J. (2003). Bereaved parents' outcomes to 4 60 months after their children's' deathsby accident, suicide, or homicide: A comparative study demonstrating differences. *Death Studies*, *27*(1), 39− 61. doi: 10.1080/07481180302871

Mussen, P. H., Conger, J. J., Kagan, J., & Houston, A. C. (2002). *Child development and personality* (M. Yasayi, Trans.). Tehran: University Publication Center.

Newsom, J., & Schulz, R. (1996). Social support as a mediator in the relation between functional status and quality of life in older adults. *Psychology and Aging*, *11*(1), 34− 44. doi: 10.1037//0882-7974.11.1.34

Ng, S., Tey, N., &Asadullah, M. (2017). What matters for life satisfaction among the oldest- old? Evidence from China. *Public Library of Science One*, *12*(2), 1−16.

Nisbett, R. E., Peng, K., Choi, I., &Norenzayan, A. (2001). Culture and systems of thought: Holistic versus analytic cognition. *Psychological Review*, *108*, 291–310.

National Institute on Aging(2010, March 2). Why Population Aging Matters: A Global Perspective. Report by the National Institute on Aging, 2007. Retrieved from https://www.nia.nih.gov/sites/default/files/2017-06/WPAM.pdf

Oakley Browne, M., Wells, J., Scott, K., & McGee, M. (2006). Lifetime prevalence and projected lifetime risk of DSM-IV disorders in Te Rau Hinengaro: The New Zealand mental health survey. *Australian and New Zealand Journal of Psychiatry*, *40*(10), 865−874. doi: 10.1111/j.1440-1614.2006.01905.x

Park, C., & Gutierrez, I. (2013). Global and situational meanings in the context of trauma: Relations with psychological well-being. *Counselling Psychology Quarterly*, *26*(1), 8−25. doi: 10.1080/09515070.2012.727547

Park, N., Park, M., & Peterson, C. (2010). When is the search for meaning related to life satisfaction? *Applied Psychology: Health and Well-Being*, *2*(1), 1−13. doi: 10.1111/j.1758-0854.2009.01024.x

Parquart, M. (2002). Creating and maintaining purpose in life in old age: A meta-analysis. *Aging International*, *27*, 90–114.

Povey, R., Conner, M., Sparks, P., James, R. (2000). The theory of planned behavior and healthy eating: Examining additive and moderating effects of social influence variables. *Psychology & Health, 14*(6), 991−1006.

Reisig, C., & Fees, B. (2007). Older adults' perceptions of well-being after intergenerational experiences with youth. *Journal of Intergenerational Relationships*, *4*(4), 6−22.

Reker, G. T. (1994). Logotheory and logotherapy: Challenges, opportunities, and some empirical findings. *International Forum for Logotherapy, 17,* 47−55.

Reker, G. T. (1997). Personal meaning, optimism, and choice: Existential predictors of depression in community and institutional elderly. *The Gerontologist*, *37*, 709–716.

Reker, G. T. (2000). Theoretical perspective, dimensions, and measurementofexistential meaning. In G.T.Reker & K.Chamberlain (Eds.), *Exploring existential meaning: Optimizing human development across the life span* (pp. 39–58). Thousand Oak, CA: Sage.

Reker, G., & Woo, L. (2011). Personal meaning orientations and psychosocial adaptation in older adults. *SAGE Open, 1*, 1−10.

Reyes Uribe, A. (2015). Perceptions of successful aging among Mexican older adults. *Journal of Behavior, Health & Social Issues*, *7*(2), 9−17.

Russell, C., White, M., & White, C. (2006). Why me? Why now? Why multiple sclerosis?: Making meaning and perceived quality of life in a Midwestern sample of patients with multiple sclerosis. *Families, Systems, & Health*, *24*(1), 65−81. doi: 10.1037/1091- 7527.24.1.65

Rylands, K., &Rickwood, D. (2001). Ego-Integrity versus ego-despair: The effect of "Accepting the Past" on depression in older women. *The International Journal of Aging and Human Development*, *53*(1), 75−89. doi: 10.2190/1ln2-j92c-2168-thph

Santor, D., &Zuroff, D. (1994). Depressive symptoms: Effects of negative affectivity and failing to accept the past. *Journal of Personality Assessment*, *63*(2), 294−312. doi: 10.1207/s15327752jpa6302_9

Schoofs, N., Bambini, D., Ronning, P., Bielak, E., & Woehl, J. (2004). Death of a lifestyle:the effects of social support and healthcare support on the quality of life of persons with fibromyalgia and/or chronic fatigue syndrome. *Orthopaedic Nursing*, *23*(6), 364−374. doi:10.1097/00006416-200411000-00005

Seeman, T. (2000). Health promoting effects of friends and family on health outcomes in older adults. *American Journal of Health Promotion*, *14*(6), 362−370. doi: 10.4278/0890-1171-14.6.362

Segal, D., Coolidge, F., & Mizuno, H. (2007). Defense mechanism differences between younger and older adults: A cross-sectional investigation. *Aging & Mental Health*, *11*(4), 415−422.

Settersten, R. A. (2002). Social sources of meaning in later life. In R. S. Weiss & S. A. Bass (Eds.), *Challenges in the third age: Meaning and purpose in later life* (pp. 55–79). New York: Oxford University Press.

Sheikh, J. I., &Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist: The Journal of Aging and Mental Health, 5*(1−2), 165−173.

Simonelli, A., FavaVizziello, G., Petech, E., & Bettega, V. (2008). Couple relationship, fathering and parenthood: Do predictive factors exist for mother-father-child triadic interactions? *Interdisciplinary Journal of Family Studies,3*, 447–472.

Staudinger, U. (2001). Life reflection: A social-cognitive analysis of life review. *Review of General Psychology*, *5*(2), 148−160. doi: 10.1037//1089-2680.5.2.148

Steger, M. F., &Frazier, P. (2005). Meaning in life: One link in the chain from religiousness to well-being. *Journal of Counseling Psychology, 52*(4), 574−582.

Steger, M.F., Frazier, P., Oishi, S., &Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53,* 80–93.

Steger, M.F., Kashdan, T.B., &Oishi, S. (2008). Being good by doing good: Eudaimonic activity and daily well-being correlates, mediators, and temporal relations. *Journal of Research in Personality,* 42, 22–42.

Steger, M.F., Kashdan, T.B., Sullivan, B.A., & Lorentz, D. (2008). Understanding the search for meaning in life: Personality, cognitive style, and the dynamic between seeking and experiencing meaning. *Journal of Personality*, *76*, 199–228.

Steger, M. F., Kawabata, Y., Shimai, S., &Otake, K. (2008). The meaningful life in Japan and the United States: Levels and correlates of meaning in life. *Journal of Research in Personality*, *42*, 660–678. http://dx.doi.org/10.1016/j.jrp.2007.09.003.

Steger, M. F., Mann, J. R., Michels, P., & Cooper, T. C. (2009). Meaning in life, anxiety, depression, and general health among smoking cessation patients. *Journal of Psychosomatic Research, 67,* 353–358.

Steger, M.F., Oishi, S., &Kashdan, T.B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *The Journal of Positive Psychology*, *4*, 43–52.

Stillman, T. F., Baumeister, R. F., Lambert, N. M., Crescioni, A. W., DeWall, C. N., &Fincham, F. D. (2009). Alone and without purpose: Life loses meaning following social exclusion. *Journal of Experimental Social Psychology, 45*, 686−694.

Syed Elias, S., Petriwskyj, A., Scott, T., & Neville, C. (2018). Spiritual reminiscence therapy for older people with loneliness, anxiety and depression living in a residential aged care facility, Malaysia: A qualitative approach. *Australasian Journal on Ageing*, *38*(1), 25−30.

Takkinen, S., &Ruoppila, I. (2001). Meaning in life in three samples of elderly persons with high cognitive functioning. *International Journal of Aging & Human Development*, *53*(1), 51−73.

Taylor, S., Welch, W., Kim, H., & Sherman, D. (2007). Cultural differences in the impact of social support on psychological and biological stress responses. *Psychological Science*, *18*(9), 831−837.

Teerawichitchainan, B., Pothisiri, W., & Long, G. (2015). How do living arrangements and intergenerational support matter for psychological health of elderly parents? Evidence from Myanmar, Vietnam, and Thailand. *Social Science & Medicine*, *136-137*, 106− 116.

Tillich, P. (1952). *Olmakcesareti* (8th ed.). İstanbul: OkuyanusYayınları.

Tufan, İ. (2016). *Antikçağ'dangünümüzeyaşlılıkveyaşlanma* (1st ed.). İstanbul: Nobel AkademiYayıncılık.

Turkish Statistical Institute. (2018, February 19). Elderly Statistics, 2017. Retrieved from http://www.tuik.gov.tr/PreHaberBultenleri.do?id=30567

Uchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science, 4,* 236–255.

United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Ageing 2013*. New York: United Nations.

Vehling, S., Oechsle, K., Koch, U., &Mehnert, A. (2013). Receiving palliative treatment moderates the effect of age and gender on demoralization in patients with cancer. *Public Library of Science One*, *8*(3), e59417. doi: 10.1371/journal.pone.0059417

Whitehead, B. (2018). Religiousness on mental health in older adults: the mediating role of social support and healthy behaviors. *Mental Health, Religion & Culture*, *21*(4), 429− 441. doi: 10.1080/13674676.2018.1504906

Winemiller, D., Mitchell, M., Sutliff, J., & Cline, D. (1993). Measurement strategies in social support: A descriptive review of the literature. *Journal of Clinical Psychology*, *49*(5), 638−648. doi: 10.1002/1097-4679(199309)49:5<638::aid-jclp2270490505>3.0.co;2-7

Wong, P.T. P. (1989). Personal meaning and successful aging. *Canadian Psychology*, *30*, 516– 525.

Wong, P. T. P. (2012). *The human quest for meaning: Theories, research, and applications* (2nd Edition). New York, NY: Routledge.

World Health Organization, US Department of Health and Human Services (2013). Global health and aging. Retrieved from https://www.who.int/ageing/publications/global_health.pdf

Yalom, I. (1980). *Existential psychotherapy.* New York: Basic Books.

Yarar, O. F. (2015). *Autotelic personality: Links with flow propensity, personal strengths, and psychopathology.* (Doctoral dissertation). Middle East Technical University, Ankara, Turkey.

Yesavage, J., Brink, T., Rose, T., Lum, O., Huang, V., Adey, M., &Leirer, V. (1982). Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research*, *17*(1), 37−49.

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British Journal of Psychology, 83,* 133−145.

APPENDICES

APPENDIX A: INFORMED CONSENT FORM

Bu araştırma, ODTÜ Psikoloji Bölümü Yüksek Lisans öğrencisi Dolunay Cemre Durmuş tarafından Prof. Dr. Özlem Bozo danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Bu çalışmanın amacı katılımcıların, geçmişi kabul etme, algılanan sosyal destek ve yaşamda anlam bulma seviyeleri arasındaki ilişki ile ilgili bilgi toplamaktır.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden bir dizi soruyu derecelendirme ölçeği üzerinden yanıtlamanızı isteyeceğiz. Soruların tamamını yanıtlamanız yaklaşık 30 dakika sürecektir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. 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. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler:

Bu çalışmada kullanılan anketler, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir

nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakabilirsiniz. Böyle bir durumda anketi uygulayan kişiye anketi tamamladığınızı belirtmeniz yeterli olacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Anket sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü yüksek lisans öğrencisi Dolunay Cemre Durmuş (E-posta: dolunay.durmus@metu.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad   Tarih   İmza

APPENDIX B: DEMOGRAPHIC INFORMATION FORM

<u>Yaşınız</u>   :

<u>Cinsiyetiniz</u>   :

<u>Bulunduğunuz il</u>   :

<u>Eğitim durumunuz (son aldığınız diplomaya göre);</u>

☐ İlkokul   ☐ Ortaokul   ☐ Lise   ☐ Üniversite

☐ Yüksek Lisans/Doktor

<u>Medeni durumunuz:</u> ☐ Evli   ☐ Bekar   ☐ Boşanmış   ☐ Dul

<u>Çalışıyor musunuz?</u>

☐ Çalışıyorum

☐ Şu anda çalışmıyorum

☐ Emekliyim

☐ Hiç çalışmadım

<u>Mesleğiniz:</u> _____

<u>Gelir düzeyiniz:</u> ☐ Düşük   ☐ Orta   ☐ Yüksek

<u>Çocuğunuz var mı?</u> ☐ Evet   ☐ Hayır

Evet ise kaç tane? (.....)

<u>Kiminle yaşıyorsunuz?</u>

☐ Eşimle   ☐ Eşim ve çocuklarımla   ☐ Çocuklarımla   ☐ Tek başıma

☐ Bir akrabamın/tanıdığımın yanında

<u>Herhangi kronik bir rahatsızlığınız var mı?</u>

☐ Evet (Belirtiniz: ....)

☐ Hayır

<u>Herhangi bir psikolojik rahatsızlığınız var mı?</u>

☐ Evet (Belirtiniz: ....)

☐ Hayır

APPENDIX C: MEANING IN LIFE QUESTIONNAIRE
(ADAPTED FORM)

Lütfen hayatınızı ve varoluşunuzu neyin önemli ve kayda değer hale getirdiğini düşünmek için bir dakikanızı ayırıp, olabildiğince dürüst ve kesin bir şekilde aşağıdaki ifadelere yanıt verin. Bu ifadeleri yanıtlarken, doğru veya yanlış cevapların olmadığını ve cevaplarının kişiden kişiye değişebileceğini unutmayınız. İfadeleri aşağıdaki ölçeğe göre yanıtlayınız.

1. Kesinlikle doğru değil
2. Çoğunlukla doğru değil
3. Kısmen doğru değil
4. Kararsızım
5. Kısmen doğru
6. Çoğunlukla doğru
7. Kesinlikle doğru

1. Hayatımın anlamını biliyorum	1	2	3	4	5	6	7
2. Hayatımı anlamlı hissettirecek bir şey arıyorum	1	2	3	4	5	6	7
3. Her zaman hayatımın amacını bulma arayışındayımdır	1	2	3	4	5	6	7
4. Hayatımın net bir amacı var	1	2	3	4	5	6	7
5. Hayatımı neyin anlamlı kıldığını bilirim	1	2	3	4	5	6	7
6. Hayatım için tatmin edici bir amaç keşfettim	1	2	3	4	5	6	7
7. Sürekli, hayatımı kayda değer hale getirecek bir şeyler arıyorum	1	2	3	4	5	6	7
8. Hayatım için bir amaç ya da misyon arıyorum	1	2	3	4	5	6	7
9. Hayatımın net bir amacı yok	1	2	3	4	5	6	7
10. Hayatımda bir anlam arıyorum	1	2	3	4	5	6	7

APPENDIX D: ACCEPTING THE PAST SCALE (ADAPTED FORM)

Bu ölçekteki sorular kişilerin geçmişlerini nasıl değerlendirdiklerini anlamak amacı ile hazırlanmıştır. Aşağıda, geçmişte yaşanılanlar hakkında hissedilenlere ilişkin örnekler bulunmaktadır. Sizden istenilen her bir maddeyi dikkatli bir şekilde okuyarak, ifadeye ne derece katılıp katılmadığınıza karar vermenizdir. Kararınızı aşağıdaki 7 aralıklı cetvel üzerinde size uygun olan seçeneği işaretleyerek veriniz. Örneğin, verilen ifadeyle tümüyle hemfikirseniz 7'yi, verilen ifadeye hiç katılmıyorsanız 1'i ya da emin değilseniz 4'ü işaretleyiniz.

1. **Hiç katılmıyorum**
2. **Oldukça katılmıyorum**
3. **Biraz katılmıyorum**
4. **Kararsızım**
5. **Biraz katılıyorum**
6. **Oldukça katılıyorum**
7. **Tümüyle katılıyorum**

1. Geçmişim hakkında düşünmek bana mutluluktan çok acı verir.	1	2	3	4	5	6	7
2. Geçmişte yaptığım şeylerden bahsederken kendimi rahat hissederim.	1	2	3	4	5	6	7
3. Bazen hayatımı hiç yaşama şansı bulamadığım hissine kapılıyorum.	1	2	3	4	5	6	7
4. Gerçek anlamda mutlu olmam için geçmişimdeki bazı şeyleri düzeltmem, yerli yerine koymam gerekiyor.	1	2	3	4	5	6	7
5. Geçmişimde beni korkutan şeyler var.	1	2	3	4	5	6	7
6. Hayatımda, asla kabullenemeyeceğim hayal kırıklıklarım var.	1	2	3	4	5	6	7
7. Önceki kimi kişisel yaşantılarımı düşünmek hala çok zor.	1	2	3	4	5	6	7
8. Genel olarak baktığımda, yaşamımın geldiği noktadan memnunum.	1	2	3	4	5	6	7
9. Yaşamımla ilgili kabullenmekte zorlandığım şeyler var.	1	2	3	4	5	6	7
10. Çok anlamlı bir hayat sürmedim.	1	2	3	4	5	6	7
11. Yapmış olduğum şeylere bir tatmin duygusuyla geri dönüp bakarım.	1	2	3	4	5	6	7
12. Her şeyi hesaba kattığımda, geçmişteki tercihlerimle ilgili içim rahat.	1	2	3	4	5	6	7
13. Geçmişe dönüp baktığımda doyum hissediyorum.	1	2	3	4	5	6	7
14. Bazı çocukluk yaşantılarım hakkında halen kızgınlık hissediyorum.	1	2	3	4	5	6	7
15. Çok uzun zaman önce olmuş şeyler için üzülmem.	1	2	3	4	5	6	7
16. Şimdiye kadar yaptığım şeylerden genellikle tatmin olmuş hissederim.	1	2	3	4	5	6	7

APPENDIX E: MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL
SUPPORT (ADAPTED FORM)

Aşağıda 12 cümle ve her bir cümle altında da cevaplarınızı işaretlemeniz için 1'den 7'ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Bu şekilde 12 cümlenin her birine bir işaret koyarak cevaplarınızı veriniz. Lütfen hiçbir cümleyi cevapsız bırakmayınız. Sizce doğruya en yakın olan rakamı işaretleyiniz.

	1 **Kesinlikle hayır**					**7** **Kesinlikle Evet**	
1. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
2. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
3. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır.	1	2	3	4	5	6	7
4. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım.	1	2	3	4	5	6	7
5. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.	1	2	3	4	5	6	7
7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.	1	2	3	4	5	6	7
8. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim.	1	2	3	4	5	6	7
9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.	1	2	3	4	5	6	7
10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
11. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir.	1	2	3	4	5	6	7
12. Sorunlarımı arkadaşlarımla konuşabilirim.	1	2	3	4	5	6	7

APPENDIX F: GERIATRIC DEPRESSION SCALE

Lütfen yaşamınızın <u>son bir haftasında</u> kendinizi nasıl hissettiğinize ilişkin aşağıdaki soruları kendiniz için uygun olan yanıtı işaretleyerek yanıtlayınız.

	Evet	Hayır
1. Yaşamınızdan temelde memnun musunuz?		
2. Kişisel etkinlik ve ilgi alanlarınızın çoğunu halensürdürüyor musunuz?		
3. Yaşamınızın bomboş olduğunu hissediyor musunuz?		
4. Sık sık canınız sıkılır mı?		
5. Gelecekten umutsuz musunuz?		
6. Kafanızdan atamadığınız düşünceler nedeniyle rahatsızlık duyduğunuz olur mu?		
7. Genellikle keyfiniz yerinde midir?		
8. Başınıza kötü bir şey geleceğinden korkuyor musunuz?		
9. Çoğunlukla kendinizi mutlu hissediyor musunuz?		
10. Sık sık kendinizi çaresiz hissediyor musunuz?		
11. Sık sık huzursuz ve yerinde duramayan biri olur musunuz?		
12. Dışarıya çıkıp yeni bir şey yapmaktansa evde kalmayı tercih eder misiniz?		
13. Sıklıkla gelecekten endişe duyuyor musunuz?		
14. Hafızanızın çoğu kişiden daha zayıf olduğunu hissediyor musunuz?		
15. Sizce şu anda yaşıyor olmak çok güzel bir şey midir?		
16. Kendinizi sıklıkla kederli ve hüzünlü hissediyor musunuz?		
17. Kendinizi şu andaki halinizle değersiz hissediyor musunuz?		
18. Geçmişle ilgili olarak çokça üzülüyor musunuz?		
19. Yaşamı zevk ve heyecan verici buluyor musunuz?		
20. Yeni projelere başlamak sizin için zor mudur?		
21. Kendinizi enerji dolu hissediyor musunuz?		
22. Çözümsüz bir durum içinde bulunduğunuzu düşünüyor musunuz?		
23. Çoğu kişinin sizden daha iyi durumda olduğunu düşünüyor musunuz?		
24. Sık sık küçük şeylerden dolayı üzülür müsünüz?		
25. Sık sık kendinizi ağlayacakmış gibi hisseder misiniz?		
26. Dikkatinizi toplamakta güçlük çekiyor musunuz?		
27. Sabahları güne başlamak hoşunuza gidiyor mu?		
28. Sosyal toplantılara katılmaktan kaçınır mısınız?		
29. Karar vermek sizin için kolay oluyor mu?		
30. Zihniniz eskiden olduğu kadar berrak mıdır?		

APPENDIX G: ETHICAL APPROVAL OF METU HUMAN SUBJECT
ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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05 NİSAN 2018

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Doç.Dr. Özlem BOZO

 Danışmanlığını yaptığınız yüksek lisans öğrencisi Dolunay Cemre DURMUŞ'un *"Effect of Accepting the Past on Finding Meaning in Life Among Elderly: Moderating Role of Perceived Social Support"* başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2017-SOS-229** protokol numarası ile **05.04.2018 - 30.09.2018** 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

Doç. Dr. Emre SELÇUK

Üye

Dr. Öğr. Üyesi Pınar KAYGAN

Üye

GEÇMİŞİ KABUL ETMENİN HAYATTA ANLAM BULMADAKİ ETKİSİNİN TÜRKİYEDEKİ YAŞLI POPÜLASYONDA BELİRLENMESİ: ALGILANAN SOSYAL DESTEĞİN MODERATÖR/DÜZENLEYİCİ ROLÜ

1. GİRİŞ

1.1 Hayatta Anlam

Evrensel bir kavram olarak kabul edilmesine rağmen, anlamın üzerinde anlaşılan bir tanımı yoktur. Reker (2000), anlamı, doğasında düzen farkındalığı, varoluş amacı ve kişinin yaşamındaki tutarlılığı içeren, insan yaşamının en temel kısmı olarak tanımlamıştır. Bir başka açıklamaya göre, yaşamdaki anlam, fiziksel ve psikolojik iyilik hali sağlayarak kişinin hayatında çok önemli bir rol oynayan olaylar, durumlar, bağlantılar ve bağlantılar arasındaki büyük uyumdur (Park ve Gutierrez, 2013). Anlam hissinin, belirli bir hayatta kalma işlevi yoktur; ancak, yine de önemli bir insan güdüsüdür ve cinsiyet, yaş, kişilik özelliği, dini görüş veya zihinsel kapasite ne olursa olsun edinilebilir (Frankl, 1967, 1978; Maddi, 1970).

Anlamlı bir yaşamın bireyler açısından oldukça avantajlı olduğu bulunmuştur. Anlamlı bir yaşam sürmek, genel olarak pozitif işlevsellik ile ilişkilidir (Stillman ve ark., 2009). Yaşamlarında anlam sahibi olan bireylerin, yaşamlarında anlam bulamayanlara göre fiziksel ve zihinsel sağlıklarının daha iyi olduğu belirtilmiştir (Krause, 2004; Parquart, 2002; Reker, 1997). Ayrıca, bireyin yaşamını anlamlı bulması iyimserlik, üretkenlik (McLean ve Pratt, 2006) ve yaşam kalitesinin iyiliği ile ilişkilidir (Russell, White ve Parker, 2006). Ayrıca, yaşamı anlamlı bulmanın bireyin fiziksel durumunu iyileştirmede de etkili olduğu bulunmuştur (Haugan, 2013). Bunlara ek olarak, bireylerin sahip olduğu anlam hissinin depresyon, demoralizasyon, psikopatoloji ve intihar düşüncesine karşı koruyucu bir faktör olduğu bulunmuştur (Vehling, Oechsle, Koch ve Mehnert, 2013). Diğer birçok çalışmada, yaşamdaki anlam, refah ve bireyin gelişmesi için önemli bir etmen olarak

bulunmuştur (Kobau, Sniezek, Zack, Lucas ve Burns, 2010; Steger, Kashdan ve Oishi, 2008).

Avantajlarına rağmen, bazı durumlar yaşamda anlam bulmayı zorlaştırabilir. Örneğin, fiziksel veya sosyal bir hastalığın varlığı, kişinin yaşamda anlam bulmasını engelleyebilir ve artan depresyon düzeyi ile sonuçlanabilir (Jim ve Andersen 2007; Simonelli ve ark. 2008). Yaşamda bir anlam bulamama, depresyon, anksiyete veya fiziksel düşüş gibi diğer istenmeyen sonuçlara da yol açabilir (Frankl, 1978; Tillich, 1952). Sonuçta, varlığı ve yokluğu ile yaşamdaki anlam, insan yaşamının temel bir parçasıdır; ve insan yaşamının bu temel unsurunu anlamaya çalışan birçok teori var.

1.2 Hayatta Anlamın Kuramsal Arkaplanı

Bazı teorisyenler anlamın yaşamı anlamlandırmakla ilgili olduğunu (Battista ve Almond, 1973); ya da anlamın, kişinin manevi veya aşkın kaygılarıyla doğrudan ilişkili olduğunu ileri sürmüşlerdir (Emmons, 2003; Mascarro, Rosen ve Morey, 2004; Reker, 2000). Öte yandan Paul Wong (1989), yaşamdaki anlamı bireysel olarak kurulan bilişsel bir sistem olarak tanımlamıştır. Logoterapinin kuramsal arkaplanı da bahsedilen bu anlamı oluşturma yollarından biridir.

Yaşamdaki anlam kavramını yıllar boyunca popüler bir çalışma konusu yapan teori, Viktor Emil Frankl'ın logoterapisi yaklaşımıdır. Kelime etimolojisine bakıldığında Logoterapi, Yunanca logos, yani anlam ve terapi kelimelerinin birleşiminden oluşmuştur. Adından da anlaşılacağı gibi, bu terapötik yaklaşımın amacı ve süreci 'anlam' üzerine kuruludur. Frankl, teorisini II. Dünya Savaşı sırasındaki tecrübeleri ile oluşturmuştur. Konsantrasyon kamplarında maruz kaldığı zulüm ve insanlık dışı muamele, Frankl'ı kendi hayatının anlamını aramaya yönlendirmiştir. "İnsanın Anlam Arayışı " adlı kitabında, insanların durumlarda anlam bulmak için doğal bir motivasyona sahip olduğunu belirten Frankl, hayatında anlam hissi bulunan bireylerin yaşamlarında bu duygunun nasıl etkili olduğunu ifade etmiştir (Frankl, 1963).

Frankl'ın yanı sıra, Michael Steger, anlam kavramını tartışan bir başka teorisyendir; ve yaşamda anlamı, anlam varlığı ve anlam arayışı şeklinde iki ana boyuta sahip olarak kavramsallaştırmıştır (Steger & Fraizer, 2005; Steger ve ark., 2006). Anlamın varlığı, insanların yaşamlarının önemi ve anlamlılığı hakkındaki

algılarının ölçüsüne karşılık gelirken, anlam arayışı, bireylerin yaşamlarına uygunluk, anlam ve önem katımı sürecinde gösterdikleri aktif ve dinamik bir çaba anlamına gelir (Steger, Frazier, Oishi ve Kaler, 2006). Steger'e (2009) göre, anlamın varlığı ve anlam arayışı, hem temel özellikleri hem de hayatta karşılık bulma şekilleri ile birbirinden farklıdır. Anlamın varlığının, insanların günlük yaşam mücadeleleri karşısında hayatlarını daha anlaşılır ve maksatlı hale getirdiği ortaya konmuş ve daha yüksek seviyede yaşam memnuniyeti ile ilişkili olduğu bulunmuştur (Edwards & Holden, 2003; Heisel ve Flett, 2004). Anlam varlığı, yaşam kalitesi, travmatik deneyime daha iyi uyum ve düşük depresyon düzeyi ile ilişkili bulunurken (Debats, Van Der Lubbe ve Wezeman, 1993; Russell, White ve White, 2006), anlam arayışı ruminasyon, depresyon, yüksek anksiyete seviyesi ile ilişkili bulunmuştur (Steger, Mann, Michels ve Cooper).

İlgili literatürde yalnızlık hissi, ölüm kaygısı, bireylerin varoluşsal ihtiyaç ve endişeler gibi pek çok faktörün sonucu olarak anlam bulmanın özellikle yaşlılık çağında daha belirgin hale geldiğini öne süren çalışmalar vardır (Battista ve Almond, 1973; Wong, 1989). Sonraki bölümde hayatta anlam bulma bağlamında yaşlı bireylerin durumu ilgili literatür ışığında tartışılacaktır.

1.3 Yaşlılıkta Hayatın Anlamı

Yaş, vücuttaki biyolojik, biyokimyasal ve anatomik değişikliklerin başladığı evreyi ifade eder ve genellikle 60 yaşından sonra bu değişiklikler kişiyi etkilemeye başlar (Marsa, Bahmani ve Naghiyaee, 2017). Dünya Sağlık Örgütü'ne göre, yaşlılık bir hastalık değildir; tersine çevrilemeyen veya durdurulamayacak doğal bir sürece tekabül eder (2013). Dünya nüfus projeksiyonlarına dayanarak, insanlık tarihinde ilk kez, 65 yaş ve üstü insanların yakın gelecekte 5 yaşın altındaki çocuklardan daha fazla olması beklenmektedir (NIA, 2007). Dünya genelinde tahminen 60 yaş ve üstü 962 milyon birey olduğu bildirilmiştir ve bu oran dünya nüfusunun yüzde 13'ünü oluşturmaktadır (BM, 2017). Dünya'nın genel nüfus eğilimlerine benzer olarak, Türkiye de hızla yaşlanan ve yaşlı nüfusu büyümekte olan bir ülke olarak kabul edilmektedir. Türkiye İstatistik Kurumu verilerine göre 2016 yılında toplam nüfusun yaklaşık yüzde 8,3'ü 65 yaşın üzerinde olarak bulunmuştur (TÜİK, 2017). 2023 yılında toplum nüfusunun yaklaşık yüzde 10.2'sinin yaşlı nüfus kategorisinde olacağı

belirtilmektedir. (TÜİK, 2013). Dünya ve Türkiye nüfuslarında gözlenen bu eğilim yaşlı popülasyona yönelik daha fazla dikkat ve geliştirilecek politikaların önemini ortaya koymaktadır (Reyes ve Uribe, 2015).

Yaşlı bireylerin karşılaştığı fiziksel engeller, finansal kısıtlamalar, başkalarına bağımlı olma ya da varoluşsal çatışmalar gibi pek çok zorluk vardır (Marsa, Bahmani, Naghiyaee ve Barekati, 2017). Bunlar arasında, varoluşsal meseleler, yalnızlığı (Heravi-Karimloo ve ark., 2008), öfkeyi ve kaygıyı içerebilir (Kaldi, 2004). Bunlara ek olarak yaşlanma, ölüm endişesi ile uğraşmak, yaşamdaki anlamla ilgili sorulara cevap vermek ve bazı dini kaygıların ortaya çıkması gibi varoluşsal sorunların ortaya çıktığı bir dönemdir (Längle ve Probst, 2000). Bu bağlamda, Längle çalışmasında varoluşsal konulardaki belirsizliğin yaşlılık çağında daha belirgin olduğunu; bu nedenle yaşlı bireylerin yaşamları, anlam ve varoluş temelli sorularına cevap verilmesini gerektiğini ifade etmiştir (Längle ve Probst, 2000). Benzer şekilde, Yalom (1980), ölümsüzlüğe duyulan ihtiyaçlara rağmen, her bireyin anlamsızlık, ölüm korkusu gibi varoluşsal kaygılar ile yüzleşmesi durumunun zorunluluğunu ifade etmiştir.

Bireyin hayatta bir amacının olması, yaşam kalitesi gibi pek çok faktör yaşamda anlam bulma ile ilişkili bulunmuştur (Bühler, 1968; Frazier, Newman, & Jaccard, 2007). Bunlara ek olarak geçmişi kabul etmenin de hayatta anlam bulma ile ilişkili olacağı düşünülmektedir. Devam eden bölümde geçmişi kabul etme kavramı ve bu kavramın hayatta anlam bulma ile ilişkisi tartışılacaktır.

1.4 Geçmişi Kabul Etme ve Kuramsal Arkaplanı

Geçmiş deneyimleri hatırlama ve bunları başkaları ile paylaşma insana özel bir deneyimdir. Ve insanlar yaşlandıkça yaşantıların, ve geçmişe ait hatıraların artması beklenebilir. Dolayısıyla, geçmişi kabul etme kavramının çoğunlukla yaşlı bireylerle ilgili olduğu söylenebilir. Gelişimsel bakış açısına göre, geçmiş deneyimlerin değerlendirilmesinin psikolojik iyi oluş ile ilgili olduğu bulunmuştur (Butler, 1963; Erikson, 1963).

Erikson'un (1963) Psikososyal Gelişim teorisi "geçmişi kabul etme" kavramının ortaya çıkmasında önemli bir teoridir. Teorisinde Erikson, bireylerin gelişim dönemlerini sekiz aşamalı olarak önermiştir. Bu gelişim sürecinin son

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aşaması, benlik umutsuzluğuna karşı benlik bütünlüğü olarak adlandırılmıştır. Bu son aşamada Erikson, 60 yaş ve üstü kişilerin, bir tamamlanma duygusuna sahip olmaları gerektiğini belirtmiştir; başka bir deyişle, genç yaşlarının kabul görmüş deneyimler içerdiği hissine sahip olmak isteyeceklerini ifade etmiştir (Erikson, 1963).

Psikososyal Gelişim Teorisi'ne göre, gelişimin son aşamasında yaşlılar ya benlik (ego) bütünlüğünü ya da benlik (ego) umutsuzluğunu yaşarlar. Erikson, ego bütünlüğünü, bir insanın hayatını, sonuna kadar yaşadığı ve bununla ilgili tatmin duygusu yaşadığı bir durum olarak tanımlamıştır. Öte yandan, umutsuzluk hissi, yaşlı bir insanın yaşamına baktığı zaman bu tatmini hissetmediği bir durumdan gelir (Erikson, 1963). Erikson'a göre, ego bütünlüğüne sahip bireyler geçmişlerini kabul eder ve anlamlı bulurlar. Buna ek olarak, ego bütünlüğünü elde eden insanlar suçluluk veya pişmanlık duymazlar; ve yaşamlarından genel memnuniyetleri daha yüksektir. Öte yandan ego umutsuzluğu, bireyin geçmişini kabul etmemesi ve bir kez daha deneme şansı olmadığında ortaya çıkar.

Erikson'un Psikososyal Gelişim Teorisi'ne dayanarak, Santor ve Zuroff (1994) " geçmişi kabul etme " kavramını geliştirmiştir ve bu kavramı Erikson'un ego-bütünlüğünün temel bir bileşeni olarak kavramsallaştırmışlardır. Geçmişi kabul etme, kişinin geçmişin içselleştirilmesini ve geçmişini geniş bir temsil olarak değerlendirmesini içeren bir süreç olarak tanımlanmıştır (Santor ve Zuroff, 1994).

Geçmişini kabul etmede başarılı olanların, geçmişe karşı olumlu hisler yaşadığı; Geçmiş deneyimleri hakkında olumlu değerlendirmeler yaptığı ve bunu yoğun olumsuz duygu ya da hayal kırıklığı yaşamadan yaptıkları ortaya konmuştur (Rylands ve Rickwood, 2001). Öte yandan, geçmişlerini kabul etmede zorlananların hayatlarını anlamsız ve hayal kırıklığı ile dolu olarak görmeye eğilimli oldukları ifade edilmiştir.

Geçmişi kabul etmekle yaşamda anlam bulmak arasındaki ilişkiyi tartışırken, bazı faktörler bu kavramlar ile alakalı olarak düşünülebilir. Başka bir deyişle, insan hayatının bazı bileşenleri, geçmişi kabul etmek ile yaşamda anlam bulmak ilişkisi arasında rol oynama potansiyeline sahip olabilir. Yukarıda da bahsedildiği gibi hem geçmişi kabul etmek hem de anlam bulmak insana özgü ve sosyal bağlamda ortaya çıkması beklenen deneyimlerdir. Bu açıdan, algılanan sosyal destek, yukarıda belirtilen kavramları tartışırken dikkate değer bir yapı olarak düşünülebilir. Bir

sonraki bölümde, algılanan sosyal desteğin yaşlı bireylerin yaşamları üzerindeki etkileri sunulacaktır.

Sosyal desteğin bireylerin deneyimlediği olumsuz yaşam olaylarına karşı koruyucu rolü pek çok araştırmanın ve araştırmacının odağında olmuştur. Bireylerin fiziksel ve psikolojik sağlığı üzerindeki olumlu etkisiyle ilgili olarak; sosyal desteğin depresyon ile negatif (Buschmann ve Hollinger, 1994; Hay, Steffens, Flint Bosworth, ve George 2001); pozitif duygulanım, öz değerlilik hissi, stres anlarında kendine güven hissi gibi kavramlarla pozitif ilişkili olduğu ortaya konmuştur (Krause, 1987; Ducharme, 1994). Öte yandan sosyal desteğin var olan hali ve algılanan hali ayrımını yapmak olduka önemlidir. Pek çok çalışma sosyal desteğin etkililiğinin asıl belirleyicisi olarak bireyin kişisel izlenimi olduğunu ifade etmiş ve bu kavram "algılanan sosyal destek" olarak açıklanmıştır (Coyne ve Downey 1991; Ell 1996; Hupcey, 1998; Winemiller, Mitchell, Sutliff ve Cline, 1993). Algılanan sosyal destek, "bireyin sosyal çevresindeki algıladığı genel destek veya destekleyici davranışlar ile ilgili algısı" olarak tanımlanmıştır (Elliot, Malecki, ve Demaray, 2002). Ayrıca algılanan sosyal destek, birey ihtiyaç duyduğunda ulaşabileceği desteğin miktarı ve niteliğine de karşılık gelmektedir (Jameel & Shah, 2017).

Dikkate değer miktarda araştırma algılanan sosyal desteğin daha iyi fiziksel ve psikolojik sağlıkla ilişkili olduğunu ortaya koymuştur (Broadhead et al., 1983; Leavy, 1983). Algılanan sosyal desteğin yetersiz olduğu durumlar ise artan stres ve çeşitli fiziksel ve psikolojik rahatsızlıklar ile ilişkili bulunmuştur (Bøen, Dalgard & Bjertness, 2012). Yaşlı bireylerde algılanan sosyal desteğin önemi de benzer şekilde pek çok araştırmanın konusunu oluşturmuş ve çeşitli faktörlerin (yaş, cinsiyet, başlangıçtaki sağlık durumu vs.) kontrol edildiği durumda bile arzulanan iyilik hali ve sağlık koşulları ile ilişkili bulunmuştur (Faber & Wasserman, 2002; Chan & Rance, 2005).

Bu çalışma kapsamında yaşlı bireylerin algılanan sosyal desteği nasıl deneyimledikleri temel konulardan biridir. Dolayısı ile sonraki bölümde algılanan sosyal desteğin yaşlıların hayatındaki işlevselliği ve anlam bulma ile ilişkisi detaylı olarak verilecektir.

1.5 Algılanan Sosyal Desteğin Yaşlı Bireylerin Hayatındaki İşlevi

İlgili literatür algılanan sosyal desteğin bireyin sağlığı açısından çok önemli sonuçları olduğunu ve kişinin yaşam kalitesini doğrudan etkilediğini ortaya koymuştur (Schoofs, Bambini, Ronning, Bielak, & Woehl, 2004). Yaşlı nüfusu bağlamında sosyal destek yaşam tatmini, iyi olma hali, öz güven ve çeşitli olumlu sağlık sonuçları ile ilişkili bulunmuştur (Newsom & Schulz, 1996).

Algılanan sosyal destek bakımından, özellikle arkadaşlar ve aile üyeleri ile olan yakın ilişkiler yaşlı bireyler açısından dikkate değer olarak ifade edilmiştir (DeBats, 1999; Settersten, 2002). Pek çok çalışma yaşlı bireylerin yaşamda anlam bulma açısından zorluk yaşayabileceğini; bu zorlukla baş edebilmek için de hayatlarındaki önemli kişilere başvurabilecekleri ifade edilmiştir (Krause, 2006). Kişinin hayatında önemli gördüğü kişilerin anlam bulma sürecinde nasıl bu kadar aktif rol oynadığı yine Erikson'un gelişim teorisi ile açıklanabilir. Teoriye göre, gelişimin son aşamasında insanların hayatlarını değerlendirme aşamasında olmaları, geçmiş yaşantıları ile bugün arasında ilişki kurmaları beklenir. Bu süreç bireyin hayatta anlam bulma motivasyonu ve ihtiyacı ile ilişkilidir (Erikson, 1963). Bu aşamada, özellikle ileri yaşta, bazı hatırlanmayan ya da eksik kalan noktalar olabilir ve Staudinger'e göre (2001), yakın arkadaşlar ve aile üyeleri hayatı gözden geçirme ve bunu hayatta anlam bulma ile ilgili avantaja çevirme konusunda önemli bir rol oynar. Buradan hareketle, yaşlılık döneminde kişinin hayatta anlam bulmasının çevresinden algıladığı sosyal destek ile yakından ilişkili olduğu söylenebilir (Krause, 2007).

Algılanan sosyal destek geçmişi kabul etme ve hayatta anlam bulma ilişkisinde kolaylaştırıcı faktör olarak düşünülürken, geriatrik depresyonun da önemli bir faktör olduğu düşünülmektedir. Geriatrik depresyon hem geçmişi kabul etme hem de hayatta anlam bulma ile yakından ilişkili bir psikolojik problemdir. Sonraki bölümde geriatrik depresyonun kısa tanımı, demografik dağılım özellikleri ve geçmişi kabul etme ile hayatta anlam bulma arasındaki muhtemel rolü sunulacaktır.

1.6 Geriatric Depresyon

Bazı bulgular bireylerin yaş aldıkça hayatlarından tatminlik seviyelerinin değişmediğini ya da arttığını öne sürse de (Carstensen ve ark., 2011), depresyon

dünya geneli yaşlı nüfusta oldukça sık görülen bir psikolojik rahatsızlıktır. Dünya Sağlık Örgütü (WHO) verilerine göre dünya genelinde yaşlı nüfusun yaklaşık %7'si depresyondan etkilenmekte ve bu oranın artması beklenmektedir (WHO, 2013). Sürpriz olmayan bir şekilde, yaşlı popülasyondaki depresyon ortaya çıkış şekli, risk faktörleri ve beklenen sonuçlar bakımından genç popülasyonda görülen depresyondan farklılık göstermektedir (Fiske, Wetherell, ve Getz, 2009). Örneğin doktorların yaşlılarda depresyonu gençlere göre daha az saptadığı belirtilmiştir (Gregg, Fiske, ve Gatz, 2013). Buna ek olarak, genç nüfusta görülen depresyona kıyasla, geriatrik depresyonun daha uzun sürdüğü, tekrar oranının daha yüksek olduğu (Mitchell ve Subramaniam, 2005), ve diğer hastalıklarla birlikte görülme olasılığının daha yüksek olduğu ifade edilmiştir (Baldwin, Gallagley, Gourlay, Jackson, ve Burns, 2005). Bu sebeple, artan yaşlı nüfus ve bununla birlikte artması beklenen geriatrik depresyon oranları, önemli toplumsal konular olarak görülmekte ve yaşlıların bu anlamdaki ihtiyaçları ile ilgili adımlar atılmasının önemli olduğu vurgulanmaktadır (Gregg, Fiske ve Gatz, 2013).

Türkiye'deki yaşlı nüfusun durumuna bakıldığında, geriatrik depresyon oranları dünyadaki nüfus eğilimleri ile benzerlik göstermektedir. İstanbul'da 70 yaş ve üzeri bireyler ile gerçekleştirilen bir çalışmada depresyon oranı %17 olarak bulunmuş ve bu oranın okuma-yazma bilmeyenler ile 75-79 yaş arası bireylerde daha yüksek olduğu ortaya konmuştur (Kulaksızoğlu ve ark., 2014). Türkiye'nin farklı bir bölgesinde, 55 yaş ve üzeri bireyler ile yapılan daha güncel bir çalışmada ise bireylerin %13.6'sının depresif belirtiler gösterdiği bulunmuştur (Kavakçı, Bilici, Çam, & Ülgen, 2011). Dünya'nın ve Türkiye'nin nüfus eğilimleri temel alınarak, geriatrik depresyon oranlarının artması beklenebilir.

Daha önce bahsedildiği gibi, depresyon, geçmişi kabul etme ile negatif ilişkili bir kavramdır. Buna ek olarak, depresyon ile hayatta anlam bulma arasında da negatif bir ilişki söz konusudur. Bu çalışmanın temel değişkenleri ile bu kadar ilişkili bir kavram olması sebebi ile geriatrik deprresyon bu çalışmada kontrol değişkeni olarak kullanılacaktır.

1.7 Çalışmanın Amaçları ve Hipotezler

Daha önceki kısımlarda bahsedilen literatür bulguları geçmişi kabul etme ve hayatta anlam bulma kavramlarının ilişkili kavramlar olduğunu ortaya koymuştur. Türkçe literatürde, yaşlılarda hayatta anlam bulma konusu birkaç çalışmanın konusu olmuş olmasına rağmen, geçmişi kabul etme ve hayatta anlam bulma spesifik ilişkisi daha önce herhangi bir çalışmada araştırılmamıştır. Bu sebeple bu çalışmanın temel amacı geçmişi kabul etmenin yaşlılarda hayatta anlam bulma sürecindeki etkisine bakmaktır. Geçmişi kabul etmede başarısız olunan durumda bunun hayatta anlam bulma üzerinde ortaya çıkaracağı negatif etkilerin, algılanan sosyal destek tarafından hafifletip hafifletmeyeceğini görmek de yine bu çalımanın amaçlarından biridir. Ayrıca algılanan sosyal desteğin farklı boyutlarının bu ilişkide nasıl rol oynadığı belirlenmeye çalışılacaktır. Geçmişi kabul etme ve hayatta anam bulma ilişkisinde geriatrik depresyon her iki değişkenle de ilişkili olduğundan, veri analizine kontrol değişkeni olarak dahil edilecektir.

Geriatrik depresyonun etkisi kontrol edildikten sonra bireylerin geçmişi kabul etme seviyeler arttıkça hayatta anlam bulmalarının da artacağı beklenmektedir. Ayrıca algılanan sosyal desteğin geçmişi kabul etmede sorun yaşama durumunda olası olumsuz etkilere karşı koruyucu bir işlevinin olacağı düşünülmektedir

2. YÖNTEM

2.1 Örneklem

Bu çalışmanın örneklemini yaşları 65 ve 91 arasında değişen 164 kişi oluşturmaktadır. Doksan beşi kadın, 69'u erkek olan katılımcıların çoğu ilkokul mezunu ve şu anda emekli olduğunu belirtmiştir. Katılımcıların büyük çoğunluğu çocuk sahibi olduğunu belirtmiştir. Araştırmanın katılımcılarının pek çoğu hayatlarının büyük bölümünü şehirlerde geçirdiklerini ifade etmişlerdir. Ayrıca büyük oranda katılımcı fiziksel ya da psikolojik herhangi bir problemleri olmadığını ifade etmiştir.

2.2 Veri Toplama Araçları

Çalışmada katılımcılara içerisinde demografik bilgi formu, Geçmişi Kabul Etme Ölçeği, Hayatta Anlam Ölçeği, Çok Boyutlu Algılanan Sosyal Destek Ölçeği ve Geriatrik Depresyon Ölçeği bulunan bir ölçek paketi verilmiştir.

2.2.1 Demografik Bilgi Formu

Çalışmada kullanılan demografik bilgi formu araştırmacı tarafından oluşturulmuş ve yaş, cinsiyet, hayatın büyük bölümünün geçirildiği yer, eğitim seviyesi, medeni hal, algılanan ekonomik gelir, çocuk sayısı gibi sorular sorulmuştur. Ayrıca katılımcılardan herhangi bir fiziksel ya da psikolojik sağlık sorunlarının olup olmadığı bilgisi de istenmiştir.

2.2.2 Geçmişi Kabul Etme Ölçeği (GKÖ)

Geçmişi Kabul Etme Ölçeği, Erikson'un kişilik gelişimi teorisinin son aşamasını oluşturan ego umutsuzluğuna karşı ego bütünlüğü kavramları temel alınarak Santor ve Zuroff (1994) tarafından geliştirilmiştir. GKÖ, bireylerin geçmişlerini ne kadar tatmin edici ve kabul edilebilir gördüklerini ölçmeyi amaçlayan 16 maddeden oluşur. Ölçeğin olumlu geçmiş temsili ve olumsuz geçmiş temsili olarak iki alt faktörü vardır. Olumlu geçmiş temsil alt ölçeği 7 maddeyi içerirken olumsuz geçmiş temsili 9 maddeden oluşmuştur. Katılımcıların, maddeleri kesinlikle katılmıyorum (1) ile kesinlikle katılıyorum (7) arasında değişen 7 puanlık Likert tipi ölçekte derecelendirmeleri beklenmektedir. Yüksek puanlar geçmişin daha fazla kabul edildiğini gösterirken; düşük puanlar geçmişi kabul etmede daha büyük zorluklara işaret eder. Ölçeğin Türkçe adaptasyon çalışması Boyacıoğlu tarafından yapılmış ve tatmin edici iç ttarlılık, geçerlilik ve güvenilirlik değerlerine sahip olduğu ifade edilmiştir (2017).

2.2.3 Hayatta Anlam Ölçeği

Hayatta Anlam Ölçeği yaşamdaki anlamı iki boyutta değerlendirmek için geliştirilmiştir (Steger, Frazier, Oishi ve Kaler, 2006). Ölçek, anlamın varlığını ve anlam aramayı değerlendiren toplam 10 maddeli iki alt ölçeğe sahiptir. Her iki alt ölçek de 1'den (kesinlikle katılıyorum) ila 7'ye (kesinlikle katılmıyorum) arasında

değişen 7'li Likert tipi ölçeklerdir. Her iki ölçek için yüksek puanlar anlamın varlığını ya da anlam arayışının yüksek olduğunu ifade ederken, düşük puanlar anlam varlığının ya da anlam arayışının düşük olduğu anlamına gelmektedir. Ölçeğin Türkçe adaptasyon çalışması Yarar tarafından yapılmış ve tatmin edici geçerlilik ve güvenilirlik değerlerine sahip olduğu buunmuştur (2015).

2.2.4 Çok Boyutlu Algılanan Sosyal Destek Ölçeği

Aile, arkadaşlar ve önemli öteki olarak üç alt ölçekte bireyin algılanan sosyal desteğini ölçmeyi amaçlayan bu ölçek Zimet ve arkadaşları tarafından geliştirilmiştir (1988). Bu ölçüm aracı, 7 puanlık Likert tipi ölçekte 1 (hiç katılmıyorum) ve 7 (çok katılıyorum) arasında değişen 12 maddeye sahiptir. Ölçekten alınan puanın artması kişinin algıladığı sosyal desteğin yüksek olduğu anlamına gelmektedir. Ölçeğin Türkçe'ye adaptasyon çalışması Eker ve Arkar tarafından yapılmış ve tatmin edici geçerlilik ve güvenilirlik değerleri elde edilmiştir (1995).

2.2.5 Geriatrik Depresyon Ölçeği

Geriatrik Depresyon Ölçeği yaşlı bireylerin depresyon seviyelerini ölçmek amacı ile geliştirilmiştir (Yesevage ve ark., 1982). Bu çalışmada da kullanılan uzun formu 30 adet, geride kalan hafta boyunca bireyin nasıl hissettiğini soran ve evet/hayır şeklinde yanıtlanması beklenen sorudan oluşmakta ve ölçekten alınan yüksek puanlar depresyon seviyesinin yüksek olduğu anlamına gelmektedir. Ölçeğin Türkçe geçerlilik ve güvenilirlik çalışması Ertan tarafından yapılmış ve oldukça tatmin edici geçerlilik ve güvenilirlik değerleri elde edilmiştir (1996).

2.3 İşlem

Bu çalışma Orta Doğu Teknik Üniversitesi Etik Kurulu tarafından onaylanmıştır. Veriler katılımcılarla kurulan birebir bağlantılar ya da akrabaları/tanıdıkları aracılığıyla ulaşılarak toplanmıştır. Tüm katılımcılara çalışma ile ilgili bilgi verilmiş ve ölçeklerin tamamının doldurulması ortalama 25 dk. sürmüştür.

2.4 Veri Analizi

İstatistiksel analizler için SPSS Programı'nın 20. sürümü kullanılmış ve değişkenler arası ilişkiler incelendikten sonra moderasyon analizi için Process Macro uzantısı kullanılmıştır (Hayes ve Matthes, 2009).

3. SONUÇLAR

Açıklayıcı analiz sonuçları için çalışmada kullanılan ölçeklerin ortalama, standart sapma, en küçük ve en büyük değer analizleri gerçekleştirilmiştir. Ayrıca değişkenler arası korelasyon değerleri çin Pearson korelasyon yöntemi kullanılmıştır. Bu sonuçlara göre anlam varlığı, geçmişin olumsuz temsili, olumlu temsili ve geçmişi kabul etmenin toplam değeri ile pozitif ilişkili bulunmuştur. Öte yandan anlam arayışı yalnızca geçmişin olumlu temsili ile pozitif ilişkili bulunmuştur. Çalışmanın düzenleyici (moderatör) değişkeni olan algılanan sosyal destek, geçmişi kabul etme toplam skoru, geçmişin pozitif temsili ve anlam varlığı ile pozitif ilişkili bulunmuştur. Algılanan sosyal desteğin aile alt boyutu geçmişi kabul etme, geçmişin negatif ve pozitif temsilinin kabulü ile pozitif ilişkili bulunmuştur. Son olarak, geriatrik depresyon, geçmişi kabul etme, geçmişin olumsuz temsili, geçmişin olumlu temsili, anlam varlığı ve algılanan sosyal destek toplam skoru ve aileden algılanan sosyal destek değeri ile negatif ilişkili bulunmuştur.

Moderatör (düzenleyici) analiz sonuçlarına göre, aileden algılanan sosyal desteğin geçmişi kabul etme ve hayatta anlam bulma ilişkisinde düzenleyici rol oynadığı bulunmuştur. Johnson ve Neyman tekniği sonuçlarına göre ise aileden algılanan sosyal destek skorunun 3.2584'ten düşük olması durumunda geçmişi kabul etme ve hayatta anlam arama arasındaki ilişkinin anlamlı olmayacağı ortaya çıkmıştır. Sonuç olarak, aileden algılanan sosyal destek arttıkça geçmişi kabul etmenin hayatta anlam bulma üzerindeki etkisinin de arttığı bulunmuştur. Bir başka ifade ile, bireylerin geçmişi kabul etmede zorluk yaşama durumları olsa bile aileden algıladıkları sosyal destek hayattaki anlam arayışlarını sürdürmelerine yol açmaktadır.

Aileden algılanan sosyal desteğin ayrıca geçmişin pozitif temsili ile hayatta anlam arama arasında da moderatör/düzenleyici rol oynadığı bulunmuştur. Yani, kişilerin aile üyelerinden algıladıkları sosyal destek arttıkça, geçmişi kabul etmelerinin hayattaki anlam arayışlarına olan etkisinin de artacağı beklenebilir. Aynı zamanda bu sonuçlara göre, bir önceki bulgu ile paralel olarak, kişilerin geçmişlerinin olumlu temsillerini kabul etmekte zorlanmaları durumunda bile aileden algılanan sosyal desteğin bu durumun olumsuz sonuçlarını ortadan kaldırabileceği çıkarımı yapılabilir. Aileden algılanan sosyal destek değerinin 6.5330 kritik değerinden düşük olması durumunda geçmişin pozitif temsili ile hayatta anlam arama ilişkisinin anlamsız olacağı ortaya konmuştur.

4. TARTIŞMA

4.1 Korelasyon Bulguları ile İlgili Tartışma

Bu kısımda çalışmanın bağımlı değişkeni olan hayatta anlam bulma ve onun alt boyutları olan anlamın varlığı ve anlam arayışı ile diğer değişkenler arasındaki ilişkiler var olan literatür bulguları ile tartışılacaktır. Anlamın varlığı, ölçeğin bir diğer alt boyutu olan anlam arayışı ile pozitif ilişkili bulunmuştur. Hem anlam arayışı hem anlamın varlığı geçmişin pozitif temsilinin kabulü ile pozitif ilişkili bulunmuş olsa da bu bulgu var olan literatür ile çelişkili bir bulgudur (Grouden ve Jose, 2015; Park, Park, ve Peterson, 2010). İlgili literatürde anlam varlığı genel iyi olma hali, düşük seviyede depresyon ve anksiyete gibi olumlu kavramlarla ilişkili iken (Edwards ve Holden, 2003; Steger ve ark., 2006) anlam arayışı depresyona yatkınlık ve somatik yakınmalar gibi olumsuz kavramlarla ilikili bulunmuştur (Steger, Mann, Michels, ve Cooper, 2009). Bu tez çalışmasında ortaya çıkan sonucun açıklaması olarak yaş ve kültürün etkisinden bahsedilebilir. Yaşlı bireyler anlamı, anlamın varlığı ve anlamın arayışı olarak ayrı iki kavram olarak algılamak yerine daha bütünsel olarak değerlendiriyor olabilir. Dolayısıyla bu sonuçlar kişilerin kavramları algılayış biçimleriyle alakalı olabilir. Buna ek olarak, bağımlı kültürler sürece değer verirken bağımsız kültürler sonuca daha fazla önem vermektedir (Steger, Kawabata, Shimai ve Otake, 2008). Buradan hareketle, Türkiye'nin de kollektivist (bağımlı) bir

kültür olarak değerlendirildiğinden, sürece denk gelen anlam arayışının anlam varlığı ile benzer seviyede çıkmasının sebebi bu durumla alakalı olabilir.

Anlam varlığı algılanan sosyal destek ve boyutları ile ile pozitif olarak ilişkili bulunmuştur. İlgili literatür de güncel çalışmada elde ediilen bu bulguyu destekler niteliktedir (Debats, Van Der Lubbe ve Wezeman, 1993). Ayrıca anlamın varlığı geriatrik depresyon skorları ile negatif ilişkili bulunmuştur. Önceki kısımda da belirtildiği gibi elde edilen bu sonuç da literatür ile paralellik göstermektedir (Heisel ve Flett, 2004; Steger ve ark., 2006).

Anlam arayışı ile algılanan sosyal desteğin toplam skor formu arasında önemli bir ilişki bulunamamıştır. Bu ilişki ile ilgili yapılan herhangi bir çalışmaya rastlanamamıştır. Fakat anlam arayışının anlamın varığı hissinden farklı olarak daha bireysel bir kavram olduğu yorumu yapılabilir. Bir başka deyişle, birey anlam arama sürecinde sosyal bağlara ya da farklı kişilere ihtiyaç duymuyor olabilir. Anlam arayışı ile geriatrik depresyon arasında da anlamlı olmayan ama pozitif bir ilişi bulunmuştur. Bu bulgu önceki çalışmalarla çelişkilidir (Steger, Mann, Michels, & Cooper, 2009). Bu çelişkinin sebebi anlam arayışının bireylerin zihninde uyandırdığı anlam ile ilgili olabilir. Yani katılımcılar anlam arayışını anlama ulaşan bir yol olarak değerlendirmiş ve bu da depresyon seviyelerinin baskılanmasına yol açmış olabilir. Tüm bunların yanısıra literatürdeki eksiklik bu ilişki ile ilgili fazla ve kapsamlı yorum yapılmasını engelleyici bir faktördür.

4.2 Moderasyon Analizi ile İlgili Tartışma

Moderasyon/düzenleyici değişkenin bağımlı ve bağımsız değişken arasındaki ilişkideki etkisinin tartışılacağı bu kısımda yalnızca anlamlı sonuçlar ele alınacaktır. Geçmişi kabul etme ve hayatta anlam bulma ilişkisinde yalnızca aileden algılanan sosyal desteğin geçmişi kabul etme ve anlam arama ilişkisini düzenlediği bulunmuştur. İlgili literatürde bu bulguyu destekleyen ve desteklemeyen bulgular söz konusudur (Kwok, Yeung, ve Chung, 2011). Var olan bu çalışma Çin'deki yaşlı popülasyonu ile gerçekleştirilmiştir. Her ne kadar Çin ve Türkiye kollektivist ya da bağımlı kültür olarak değerlendiriliyor olsalar da tüketim alışkanlıkları ya da çeşitli demografik değişkenler bu farkın ortaya çıkmasına sebep olmuş olabilir.

Geçmişin pozitif temsilinin kabulü ile anlam arayışı ilişkisini yalnızca algılanan sosyal desteğin aile boyutunun düzenlediği bulunmuştur. İlk sayılabilecek bu bulgu ile ilgili literatürde erişebildiğimiz herhangi bir çalışma söz konusu değildir. Geçmişin pozitif temsili ile ilgili anket soruları çoğunlukla bireylere olumlu anılarını çağrıştıracak nitelikte sorulardır. Ayrıca bu olumlu anılar da katılımcılara sosyal ilişkileri ile ilgili çağrışım yapmış olabilir dolayısıyla aileden algılanan sosyal desteğin önemi belirgin hale gelmiş olabilir. Bu bakış açısına paralel olarak, uygulanan bir hatırlama grup terapi programında bireylerin geçmişleri hakkında konuştukça aile ilişkilerinin güçlendiği bulunmuştur (Syed Elias, Petriwskyj, Scott, ve Neville, 2018).

4.3 Klinik Uygulamalar

Dünya nüfusu önüne geçilemez bir şekilde yaşlanmaktadır ve bu durum yaşlı nüfus ile ilgili sosyal projeleri, fiziksel ve ruhsal sağlıkla ilgili yenilikleri zorunlu kılmaktadır. Yapılan bu çalışmanın sonuçları Türkiye'de uygulanacak bireysel ya da grup terapileri bağlamında umut verici ve tetikleyici olarak düşünülmektedir. Bahsedilen terapi süreçlerinde geçmişin olumsuz temsilinin reddi veya inkarı ile ilgili olarak çalışmalar yapılabilir, bu konular terapi sürecinde gündem olarak ele alınabilir.

Ayrıca bu çalışma Türkiye'deki yaşlı nüfus örnekleminde aile desteğinin önemini ortaya koymuştur. Dolayısı ile yaşlı popülasyonu hedef alan uygulamalar ve projelerde ailelerin de dahil edilmesi oldukça önemli olacaktır. Veri toplama sürecinde araştırmacı gözlemi olarak yaşlı bireylerin sosyal desteği genellikle çocuklarının varlığından algıladıkları görülmüştür. Yine bununla ilgili olarak da birey ve çocuk ilişkisini kuvvetlendirecek ve var olan ilişkiyi daha kaliteli hale getirebilecek çalışmaların yapılmasının faydalı olduğu düşünülmektedir.

4.4 Çalışmanın Güçlü Yanları ve Kısıtlılıkları

Çalışmayı gerçekleştirme sürecinde elde ettiğimiz verilere göre, bu çalışma geçmişi kabul etme hayatta anlam bulma ilişkisini inceleyen ilk çalışma olma özelliği taşımaktadır. Yalnızca aile sosyal desteğinin düzenleyici rol oynaması bakımından ailenin rolünü ortaya çıkaran bir çalışma olmuştur. Ayrıca önceki çalışmalara kıyasla

güncel çalışmanın örneklem boyutu oldukça yüksektir. Bu da genellenebilirliği açısından çalışmayı önemli kılmaktadır.

Güçlü yanlarının yanısıra bu tez çalışmasının pek çok kısıtlılığı mevcuttur. İlk olarak, örneklem boyutunun büyük olmasının yanısıra veriler Türkiye'nin çeşitli şehirlerinden toplanmıştır ve bu, analizler sırasında hesaba katılan bir değişken olmamıştır. Türkiye'nin çok kültürlü yapısı düşünüldüğünde bunun çalışmanın geneli yansıtması açısından problem teşkil edeceği düşünülebilir. Ayrıca bu araştırmanın tüm katılımcıları aileleri ile yaşayan bireylerdir. Dolayısıyla kurumlarda yaşayan yaşlı bireyler ile kıyaslanamaz özelliktedir. Son olarak, literatürde ilk olma özelliği aynı zamanda elde edilen sonuçların kıyaslanamaması bağlamında bir kısıtlılık olarak düşünülebilir.

4.5 Sonraki Çalışmalar için Öneriler

Ortaya konulan bu çalışmanın konusu varoluşsal bir konu olarak düşünülebilir. Bu sebepten, gerçekleştirilcek nitel çalışmalar katılımcıların duygu durumunu ve hissettiklerini daha derinlemesine anlamak bakımından faydalı olabilir. Ayrıca, çalışmanın farklı kültürel gruplarla gerçekleştirilmesi kültürün ortaya çıkarabileceği farkları görebilme ve değerlendirme açısından yararlı olacaktır.

Bunlara ek olarak, veri toplama sürecinde araştırmacı gözlemine dayanarak çok daha kısa, net ve anlaşılır anket formları yaşlı bireyler ile gerçekleştirilecek çalışmalar açısından bir zorunluluktur. Çalışmadaki katılımcıların belirgin çoğunluğu herhangi bir fiziksel ya da psikolojik sağlık prbleminin olmadığını belirtmiştir. Sevindirici olmasının yanısıra, fiziksel ya da psikolojik rahatsızlığı olanlar ile yapılacak çalışmalar hastalığın bu değişkenler üzerindeki etkisini görmek açısından faydalı olacaktır.

APPENDIX I: TEZ İZİN FORMU / THESIS PERMISSION FORM

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TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) :
Effect of Accepting the Past on Finding a Meaning in Life among Turkish Old Age Individuals; Moderating Role of Perceived Social Support

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

1. **Tezin tamamı dünya çapında erişime açılacaktır. /** Release the entire work immediately for access worldwide. ■

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