

**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM**

MASTER THESIS

**HOPELESSNESS LEVEL ACCORDING TO DEFENCE MECHANISMS
AMONG NEUROTIC PATIENTS AND UNIVERSITY STUDENTS**

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Hopelessness Level According to Defence Mechanisms Among Neurotic
Patients and University Students

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Özet

Hopelessness Level According To Defense Mechanisms Among Neurotic Patients and University Students

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Umutsuzluk hastaların algılarına, duygulanımlarına ve tedavinin gidi atına etki edebilir ve farklı psikopatolojilerde gözlemlenebilir. Psikanalitik literatüre göre savunma mekanizmalarının algılar üzerinde büyük bir etkisi vardır. Bu çalı manın birincil amacı nevroitik hastalar ve kontrol grubu olarak üniversite ö rencileri arasında umutsuzluk ve savunma mekanizmalarının ili kisini incelemektir. Hastahanenin nevroitik hastalarından 40 hasta ve üniversite ö rencilerinden de 40 ki i seçildi. Bu katılımcılar güdümlü örneklem yöntemi ile seçildi. Tüm katılımcılar Beck Umutsuluk Ölçe i, Savunma Biçimleri Testi - 40 ve Sosyodemografik bilgi formu doldurdu ve veriler SPSS programı ile de erlendirildi. Sonuç olarak umutsuzluk ve olgunla mamı savunma mekanizmaları arasında özellikle projeksiyon ve nevroitik savunma mekanizmaları arasında özellikle idealizasyon arasında pozitif korelasyon tespit edilmi tir. Ayrıca umutsuzluk ile olgun savunma mekanizmaları özellikle beklenti arasında negatif korelasyon bulunmu tur. Bu sonuçlar umutsuzlu un köklerinden birini gösteriyor olabilir. Öyle ise umutsuzlu u bu spesifik savunma mekanizmaları üzerine çalı arak, manipule edebilir ve de i tirebiliriz.

Anahtar kelimeler: Umutsuzluk, Savunma mekanizmaları, Nevrotik hastalar, Ki ilik.

Abstract**Hopelessness Level According To Defense Mechanisms Among
Neurotic Patients and University Students****Prepared by: Ali İpciođlu****October, 2015**

Hopelessness may be observed in different psychopathologies and it may affect patient's perceptions, mood and prognosis of treatment. According to psychoanalytical literature defense mechanisms have major effects upon perceptions. The primary aim of this study is to examine relations between defense mechanisms and hopelessness among neurotic patients and university students as control group. 40 patients were selected from the mental hospital diagnosed with neurotic disorder and 40 participants selected from the university students. These participants were selected with guided sample technique. All participants completed Beck Hopelessness scale, Defense Style Questionnaire - 40 and Sociodemographic information form and data was evaluated with SPSS computer program. As a result, it was found that there are positive correlations between hopelessness and immature defenses especially projection and neurotic defenses especially idealization. Also it was found that there are negative correlations between hopelessness and mature defenses especially anticipation. These results might show us one of the roots of hopelessness. Then we can change and manipulate hopelessness by working with these specific defense mechanisms.

Key words: Hopelessness, Defense mechanisms, Neurotic Patients, Personality.

Preface

Anxiety and depression are main problems for neurotic people and hopelessness is one of the major factors that has relations with anxiety and depression. People with these situations may have serious internal conflicts and some of them may even commit suicide. We have to understand the primary factors of threatening situation to eliminate the problem. This study is providing information about hopelessness to understand the nature of hopelessness and prevent damage that could generated by hopelessness.

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Abbreviations

DSQ-40: Defense Style Questionnaire

BHS: Beck Hopelessness Scale

APA: American Psychological Association

BDI: Beck Depression Inventory

RSEI: Rosenberg Self-Esteem Inventory

TAS: Trait Anxiety Scale

1.INTRODUCTION

Problem Situation, the goal of the study, hypothesis of the study, sub problems and limitations were placed in introduction.

1.1. Problem Situation

The primary topic of the study was focused on relationships between hopelessness and defense mechanisms. The primary problem sentence of the study can be phrased as; is there a relationship between hopelessness and used defence mechanisms?

Hope is an emotion that can increase individuals motivation and faith in future also hope is getting stronger the individuals purpose of existence. On the other hand, hopelessness is an emotion that can create feelings of uselessness, unwillingness, insignificance and aimlessness (Ba , 2010a, 29 from Taner, 2008). Hopelessness is a subjective emotion that convince individuals to believe they haven't got any chance to choose or they have limited options. Also they can't get move their internal energy to motivate themselves (Koç, 2008, 179). According to Kierkegaard, hopelessness is absence of the last possibility. Hopelessness can be conscious or unconscious according to individuals. Hopelessness can be observes at different psychopathologies and it may affect the perceptions of patients (Kierkegaard, 2001a, 26).

Hopelessness could be the reason of psychopathology or increase the severity rate of psychopathology. Hopelessness could occur by the responsibility of social roles for example a man should take care of his family (Çelikel, Erkorkmaz, 2008, 128). According to Kierkegaard hopelessness could about dissatisfaction of self (Kierkegaard, 2001b, 27).

Hopelessness could disrupt perceptions even for neurotic patients, hopelessness might be the reason of negative assumptions without reason. Also hopelessness creates links and relations between negative events and unlinked situations. Individuals with hopelessness creates negative results for themselves from casual

negative events. Also they assume the negative event will certainly cause another negative events in the future (Metalsky, Joiner, 1992, 667).

Hopelessness level will increase and feelings of worthlessness and imperfection might be seen if there was a negative event occurred among people in depression (Khan, 2011a, 131). Usually level of hopelessness feelings were accepted as determinants of the depression severity and suicide risk (Kaplan, Sadock, 1985, 141). According to Khan's study suicide thoughts were increased or decreased due to hopelessness and depression levels of students. Students with depression had suicidal thoughts during high hopelessness (Khan, 2011b, 130). All individuals mood may change according to situations such as depression but some individuals have more tendencies to be depressed according to others (Burger, 2006a, 30).

According to psychodynamic approach; also defense mechanisms have lots of effects on human perceptions and understandings. Defense mechanisms are used by ego to avoid threatening emotions and urges. People use defense mechanisms according to their personalities and selected defense mechanisms of ego uses to cope with everything that may be threatening for the ego (Freud, 1989a, 47). Many studies that done with borderline, anxiety, depression and eating disorder patients show us; mature defense mechanisms are highly used by healthy people and immature defense mechanisms are highly used by psychiatric patients (Bond, 2004a, 226). Some immature defense mechanisms have effects on suicide attempts, these mechanisms were defined as autistic fantasy, passive aggression, acting out and projection (Corruble et al., 2004a, 286). Also there were correlations found between some defense mechanisms and the emotional exhaustion which could lead to hopelessness (Pompili et al., 2006, 139).

Recovery process of patients were better with hope. Beliefs about recovery, capacity to tolerate the uncertainty and motivation should increases for better treatment prognosis (Russinova, 1999, 54). The synchronization of these situations may lead to relationship between hopelessness and defense mechanisms and contribute the basis of our study.

1.2. Definitions

1.2.1. Hopelessness

Hopelessness can be defined as the sense of impossibility and people within hopelessness have negative expectations about themselves and their future. They are failing to achieve their goals and lose control over their abilities to shape a future because of their negative expectations (Campbell, 1987, 20).

1.2.2. Personality

Personality can be defined as the constant pattern of thoughts, emotions and behaviors that is not affected by the present environmental or biological situation (Taymur, Türkçapar, 2012, 155).

1.2.3. Defense Mechanisms

Defense mechanisms are several ways to cope with inner conflicts such as situations that create anxiety (Freud, 1989b, 47). The word of defense was selected by Freud to define inner process that protects the self-integrity (McWilliams, 2014, 119a).

1.2.4. Cognitive Distortions

Cognitive distortions are individual's unreal perceptions, understandings and automatic thoughts. Also cognitive distortions create emotional and behavioral problems that create links with unreal thoughts (Merdan 2014, 205 from Fair, 1986).

1.2.5. Neurotic Personality

Neurotics are people that experience ego conflicts and anxiety issues. They generally use neurotic and mature defense mechanisms that don't distort reality. Also they can use immature mechanisms with the condition that don't disrupt reality entirely. In additionally they have undamaged time, people and place orientation (Mc Williams, 2014b, 66).

1.3. The Purpose and Hypothesis of the Study

The main purpose of the study is to examine the relationship between the hopelessness and defense mechanisms. There are three main hypothesis in this study and these are;

- (a) hopelessness and immature defense mechanisms increases and decreases together,
- (b) hopelessness is low if mature defense mechanisms are used highly,
- (c) using rates of immature defense mechanisms of patients are higher than university students.

This study was designed to show which defense mechanisms have relation with hopelessness. Also this study shows defense mechanisms that can be useful to decrease hopelessness. This information can be usable for prediction, precaution and treatment.

1.4. Sub Problems

Is there a relationship between hopelessness and; gender, income levels and participants?

Is there a correlation between hopelessness and mature defense mechanisms among university neurotic patients and control group?

Is there a correlation between hopelessness and neurotic defense mechanisms among neurotic patients and control group?

Is there a correlation between hopelessness and immature defense mechanisms among neurotic patients and control group?

1.5.Limitations

- All neurotic participants was selected as developmentally and didn't evaluated as typologically.
- Study can't provide epidemiologic information.

1.6.Nature of Personality and Neurotic Structure

Personality is a consistent behavior scheme that is seen every time and every situation that occurs by personal features. At the same time personality is individuals consistent urges, emotions and cognitive structures. Different expressions and different shapes of cope for the same situations occur by different personality structures (Burger, 2006b, 23). Personality is the combination of the character and temperament. In terms of personality temperament includes the biological structures and the character includes the cultural and environmental roots (Aslan, 2008, 9). There are two dimensions of the characteristics, the first one is developmental that determine the reality testing as; psychosis, borderline, neurosis and normal. These developmental categories creates the conflict types and severity of psychopathology. The second one is typological dimension that describe the character types and defense styles for conflicts (McWilliams, 2014c, 51). Some individuals have higher tendencies toward being hopeless and depressed according to personality features. Neurotic individuals experiences insecure and insufficiency emotions and have troubles about interpersonal relations because of those feelings. According to Horney, neurotic individuals learn disruptive schemes from others and this disruptive schemes disrupt their interpersonal relations. They develop strategies to cope with situations that create anxiety but eventually these strategies damage their interpersonal relations (Burger, 2006c, 171).

1.7. Freud's Psychosexual Development Stages and Fixations

According to Freud's psychosexual development theory there are five developmental stages. There will be fixation if child had experienced extreme satisfaction or

dissatisfaction at one of those stages. That period's features will be seen in adult life after fixation (Öztürk, Ulu ahin, 2011a, 96). The first psychosexual phase is oral stage. Satisfying the urges is the primary expectations of the child. Child develops secure or insecure tendencies in this stage. There will be dependency, passive structure, receptivity and passivity if there is fixation in oral stage. Known defence mechanisms of oral stage are; Apathy (pathologic disconcern toward environment) or regression of the libidinal energy, denial and introjection (Deutsch, Krauss, 1972, 226). The second psychosexual phase is the anal stage. There are ambivalence in child's emotions and behaviors. Individual's gain autonomy with the ability of choose. There will be shyness, obsession, stubbornness, stinginess and instability if there is a fixation at anal stage. The defence mechanisms of the anal stage are; isolation, reaction formation and undoing (Topçuo lu, 2003a, 48, from Freud, 1926). The third psychosexual phase is the phallic stage. Language and cognitive abilities develop at this stage. Increase in tendency of community centrism rather than the egocentrism start at this stage. Oedipus complex, castration and penis envy seen in this stage. The fourth stage is the latency. Sexual desires decrease like they don't have sexual kind of desires. Sexual desires will be seen again at genital stage after the latency. They will focus on sexual parts again at genital stage and they can have ordinary sexual life if they hadn't been severe fixation (Burger, 2006d, 88).

1.8. Defense Mechanisms

Freud claimed that there are disturbing emotions, urges and thoughts inside of unconscious mind. These disturbing emotions, urges and thoughts can get out of unconscious mind to conscious mind (Burger, 2006e, 81). Many different ways can be used to eliminate negative and threatening urges, emotions and thoughts from conscious mind (Safran, 2014, 85). Defense mechanisms are unconscious ways to cope with anxiety (Cücelo lu, 1993a, 301). According to ego psychology there are three component of intrapsychic world and these are; id, ego and superego. Id tries to satisfy urges, superego implement moral values and ego being mediator between id and superego. Conflict occur if ego fail (Gabbard, 1994a, 31). Conflict may occur by

two opposite urges (Cücelo lu, 1993b, 282) and defense mechanisms intervene when conflict occur (Gabbard, 1994b, 31). People don't feel anxiety if ego does the mediator duty well enough but that never happens (Carver, Scheier, 2004, 222).

Defense mechanisms are basically separated as mature, immature and neurotic defense mechanisms. Mature defense mechanisms are defined as sublimation, humor, anticipation and suppression. Neurotic defense mechanisms are defined as undoing, pseudo altruism, idealization and reaction formation. Immature defense mechanisms are defined as projection, passive aggression, acting out, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, splitting, rationalization and somatization (Yılmaz et al., 2007a, 248).

All emotions are related with defense mechanisms and we can assume that there could be a relation between defense mechanisms and character type of personality (Freud, 1989c, 66). Also there are correlations between defense mechanisms and personality disorders.

Whether we look at the basic defense mechanisms of typologies; fantasies could be defined as the basic mechanisms of schizoid personality, isolation as the basic mechanism of obsessive compulsive personality, dissociation as the basic mechanism of histrionic personality, projection as the basic mechanism of paranoid personality, splitting as the basic mechanism of borderline personality and acting out as the basic mechanism of antisocial personality (Köro lu, 2011, 3).

It's possible to change the use of defense mechanisms with treatment. Neurotic and immature defense mechanisms were decreased in a study completed with panic disorder patients after the treatment process (Kipper et al., 2005, 621). Also same results were observed after the seven-week behavior group therapy with obsessive-compulsive patients (Albucher et al., 1998, 558).

1.8.1. Mature Defenses

Mature defenses were defined as sublimation, humor, anticipation and suppression (Yılmaz et al., 2007b, 248).

1.8.1.1. Suppression

It is a defense mechanism providing rustication of negative and uncomfortable urges, emotions and experiences from consciousness and represses into unconscious mind. Individuals have difficulties to find new adaptive ways and satisfaction if they use suppression too much. Also healthy developmental process will stop if urges are not satisfied. On the other side unconscious staff could disrupt the individual's integrity if suppression isn't used enough (Öztürk, Ulu ahin, 2011b, 74). Suppression will be used healthily by the adults if the self integrity and object constancy were provided during childhood (Mc Williams, 2014d, 143).

1.8.1.2. Anticipation

Anticipation is a mature defense mechanism that lead to observe, evaluate and making precaution from negative events and threatening factors for themselves (American Psychiatric Association, 2007, 1161).

1.8.1.3. Sublimation

Sublimation is a mature defense mechanism that provide new approved objects by societies rather than their urges and fantasies. Sublimation provides environmental approval while protecting from threatening urges and emotions. (Öztürk, Ulu ahin, 2011c, 90). The staff used by sublimation mechanism is generated at childhood and they lead themselves to useful occupations instead of negative occupations (Mc Williams, 2014e, 172).

1.8.1.4. Humor

Humor is the last mature mechanism that led to focusing on the funny and hilarious parts whenever there is a negative situation (Gabbard, 1994c, 34).

1.8.2. Neurotic Defenses

Neurotic defenses were defined as undoing, altruism, idealization and reaction formation (Yılmaz et al., 2007c, 248).

1.8.2.1. Undoing

Undoing is a neurotic defense mechanism that used to neutralize an action if the action is threatening and create a negative situation. Undoing defense mechanism usually seen with Obsessive-Compulsive personality structure and occur as a result of conflicts between id and superego. Individuals who use undoing make restarts and repeats to neutralize their negative urges and thoughts (Topçuo lu, 2003b, 48).

1.8.2.2. Altruism

Altruism is another neurotic defense mechanism. Individuals who use altruism, ignore and skip their problems and needs by trying to help others. Those individuals have awareness about their problems and needs at consciously but they avoid to face that problems (Gabbard, 1994d, 34).

1.8.2.3. Idealization

Individuals who use idealization mechanism exaggerate their loved ones to cope with dangerous and negative thoughts and feelings whenever threatening situation happens. Idealizing is a normal part of childhood experience. Powerless children exaggerate their fathers and mothers for feeling of safety, parents could use this process to eliminate children's negative attitudes by time. Idealization can seen in adult life if there is need toward omnipotent parenting care at adulthood. Idealization with perfection is getting harder to tolerate the self-defects. Disappointments will be seen because of the human defects and those disappointments may lead to devaluation (Mc Williams, 2014f, 129).

1.8.2.4. Reaction Formation

Reaction formation is a neurotic defense mechanism that direct individuals to behave opposite due to their own minds to suppress their negative urges and tendencies. Reaction formation reactions will be stronger by repeating negative urges and thoughts. As an example of the reaction formation behavior, individuals with anger and hate may have tendencies to showing overly kind and friendly behaviors. Sexual

occupations could be accepted as forbidden to themselves and others by those who have unacceptable emotions about sexuality. Generally, reaction formation is created by disrupted sexual situations and troubled individuals getting closer to God and God's moral values to suppress their urges (Öztürk, Ulu ahin, 2011d, 82).

1.8.3. Immature Defenses

Immature defenses were defined as projection, passive aggression, acting out, isolation, devaluation, autistic fantasy, displacement, dissociation, splitting, rationalization and somatization (Yılmaz et al., 2007d, 248).

1.8.3.1. Denial

Denial is an immature defense mechanism that ignore threatening emotions, thoughts and situations to cope with the dangerous situations against self. There will be an unconscious avoidance toward any linked stimuli (Öztürk, Ulu ahin, 2011e, 75). Denial defense mechanism can be used by everybody in daily life. Individuals may block their feelings if they are in inappropriate social place. Literally, denial might be a lifesaver if there is a critical situation (McWilliams, 2014g, 125). Individual's perception could be disrupted and individual may pretend like negative event never happened or it means nothing to him. Linking with reality will decrease if there is condensation of denial. Connection with the environment descends and they begin to establish their own internal worlds. Denial may support psychotic symptoms (Öztürk, Ulu ahin, 2011f, 75).

1.8.3.2. Devaluation

Devaluation is an immature defense mechanism that comes after idealization. Devaluation will be seen whenever their object of idealization is not perfect as they believed. Devaluation size is correlated with idealization size. Devaluation will be devastating if the frustration is huge. Devaluation mechanisms usually using by narcissistic individuals. Therapists try to end or minimize the idealization. Therapy probably ends with devaluation if they can't handle the idealization size (Mc Williams, 2014h, 131).

1.8.3.3. Projection

Suppressed negative urges, emotions and thoughts are projected onto others and pretend like others behave toward them is another immature defense mechanism that decreases the perceptions of reality. Individuals are projecting their negative features to others and criticizes them about their bad features. Projection may lead paranoid misperceptions like someone's doing bad things to them if reality perceptions are reduced (Öztürk, Ulu ahin, 2011g, 76).

1.8.3.4. Displacement

Displacement is a defense mechanism which is replacing more acceptable urges instead of disturbing urges, emotions and thoughts. Patient's urges, feelings and thoughts toward loved ones transferred to therapists with transference. Also displacement mechanism may lead phobias. The anxiety toward negative situation transfer to another irrelevant object and creates a fear of unknown source (Gabbard, 1994e, 33).

1.8.3.5. Acting out

Individuals who use acting out, create behaviors to neutralize their negative urges, emotions and thoughts. Individuals with anxiety create scary scenarios and try to take an active and powerful role instead of passive and weak role. Acting out behavior can be harmless or threatening. Both way behaviors are automatic and compulsive. Thus even one result was positive, the following results may be negative and threatening (Mc Williams, 2014i, 167).

1.8.3.6. Passive Aggression

Individuals who use passive aggression express their negative emotions and thoughts as secretly. Passive aggressive behaviors are depend on block the work, slower the work, making it difficult and pretend like that work was a failure (Özdevecio lu, 2003, 80).

1.8.3.7. Isolation

Isolation is an immature defense mechanism that separates the emotions and thoughts toward the negative situations. Individuals seem to be uninterested with the negative situation and suppresses their feelings toward the negative situation. Also they transfer their feelings to another object with displacement. Individuals using isolation defense mechanism may tell us negative events and situations without any symptom of uncomfortable (Öztürk, Ulu ahin, 2011h, 84).

1.8.3.8. Rationalization

Rationalization is a immature defense mechanism that may lead to devalue the desired object if they can't reach the desired object. Some individuals may focus on gained experience and organize their thoughts on gained experience instead devalue the desired object. Smart and creative people may use rationalization to get rid of the negative situation with minimum damage. But it may become automatically in time and it may disrupt the reality if rationalization is used much (Mc Williams, 2014i, 151).

1.8.3.9. Splitting

Splitting is an immature defense mechanism which one usually seen among borderline and psychotic patients. Also it is a mechanism that prepares the basis of the borderline disorder. Inner thrown objects are separated as good and bad or positive and negative. The good and bad is trying to be kept constant according to situation after the separation. Inner thrown objects can be reasons of separations of the interaction objects because of good and bad constancy (Öztürk, Ulu ahin, 2011i, 78).

1.8.3.10. Dissociation

Dissociation is a immature defense mechanism which one separates the thought process and has automatic behaviors with alternative thoughts. The alternative thoughts take control over self with alternative conscious if there is critical situations

that may disrupting self. Some conclusions may be observed such as threatening behaviors that are not approved by self, forgetting things, running away and multi personality (Öztürk, Ulu ahin, 2011i, 79). Traumatic situations like abuse in childhood may lead to dissociation. Some of the dissociative symptoms are expected after traumatic situations but it was still a psychotic defense mechanism because of expected disruption of reality perception (Mc Williams, 2014j, 139).

1.8.3.11. Somatization

Somatization is a defense mechanism which changes individuals negative emotions and thoughts to physical pain without any physical reason. Somatization usually appear with the patients who show hypochondriac symptoms. Somatization focuses thoughts and emotions onto their bodies. Individuals who experience somatization have difficulty to extract the internal conflicts to the conscious level (Gabbard, 1994f, 33).

1.8.3.12. Autistic Fantasy

Autistic fantasy creates fantasy to satisfy needs and impulses if they aren't satisfied enough in reality. This situation may drift individuals into a dream world for awhile. Fantasy starts with childhood and create fantasies about many different things but those fantasies focusing on being powerful and supreme, having love and being loved when the children get into adolescence. Fantasies can be life-long if individual didn't adapted the environment (Öztürk, Ulu ahin, 2011j, 87). Fantasies can be life-long, also individuals who have introvert personality type like schizoid may drifted for two or three hours because of fantasies (Köro lu, 2011, 23).

1.9. Hopelessness

According to Cassidy, hopelessness refers to individuals negative feelings and thoughts about their physical, mental and social situations that never get well. Individuals who experience hopelessness have negative expectations about the future

or at least they don't expect anything good. They believe they haven't got enough potential to change their situation (Taner, 2008, 2, from Cassidy 1957).

Individuals with high level of hopelessness have insufficiency and worthlessness and they couldn't easily trust themselves and others. According to Beck (1975) there are severity levels of hopelessness. There isn't hopelessness at the lowest level of hopelessness stages. There will be seen temporary dysfunction at mental status, low physical energy and decrease in quality of life at middle stage of hopelessness. Symptoms will appear permanently and more challenging at the third stage of hopelessness. The third stage is the most pathological level of hopelessness (Haatainen, 2004a, 25). According to Kierkegaard, hopelessness severity is changeable according to being conscious or unconscious. He claimed hopelessness severity would be higher if hopelessness is unconscious (Kierkegaard, 2001c, 39).

1.9.1. Symptoms of Hopelessness

According to APA, hopelessness symptoms are defined as;

- negative conversation,
- passiveness,
- decrease in emotional expression,
- lack of making decisions and taking responsibilities,
- decrease in responses to the external stimulants,
- unconcern to conversations,
- careless attitudes,
- decreases in appetite,
- unconcern to self-care (Ba , 2010b, 32 from Yildirim 2007).

The primary symptoms are lack of motivation and sadness. The following secondary symptoms are negative thoughts, low energy, sleep irregularities, low concentration,

low self esteem, increasing dependency and suicide thoughts (Abela, Payne, 2003, 521).

1.9.2. The Reasons of Hopelessness

According to APA (1997) reasons of hopelessness are defined as;

- loneliness,
- holding back according to different reasons,
- long-term stress,
- decreased physical health,
- leaving themselves,
- lose faith in god and quantitative values (Sayar, 2012, 74 from APA, 1997).

Studies about the reasons that lead to hopelessness: According to Ehtiyar and Üngören's study, individuals with social phobia have high level of hopelessness and self destruction thoughts. The uncertainty about the future is the major reason of anxiety and hopelessness (Ehtiyar, Üngören, 2008a, 174). According to Akman's study with university students, all university students have expectations about their future life style. Approximately all students even who don't have plans about the future, start to search life partners and jobs at the last year of school. Uncertainty about the future is defined as one of the important reasons of hopelessness (Akman, 1992, 146). One of the other important reasons of the hopelessness was found as friendship relations. Students with the lack of enough friendship have higher hopelessness level than the other students who have higher friendship facilities and activities (Ehtiyar, Üngören, 2008b, 173). Also the problem solving skills are very effective on hopelessness. Individuals who don't have good problem solving skills have high anxiety, lack of trust, issues of understanding others, misfit behaviors and hopelessness (O uztürk et al., 2011, 178). According to psychodynamic understanding of Erikson the object constancy and the feeling of basic trust develops in first months of life. The baby will have the sense of insecurity in adult life if the

basic trust is not provided at infancy. These trust issues may lead to hopelessness (Öztürk, Ulu ahin, 2011k, 118).

1.9.3. Threats and Results of Hopelessness

According to a study that carried out with the university students; there was high level of hopelessness and suicidal thoughts observed at depressed students. Suicide thoughts and depression levels are positively correlate and increase and decrease together, so hopelessness is a threat for suicide (Khan, 2011c, 130). Events that can't control may lead to hopelessness and that hopelessness may lead to depression. Depressive people always have anxieties about their problems, ignore good sides of events and focus on bad parts. Depressives have negative thoughts about themselves and have pessimistic thoughts about their future (Burger, 2006f, 662). According to Clark and Fawcett (1992) hopelessness may increase the risk of suicide in long-term process and hopelessness may occur by repeated disappointments. People who have thoughts about negative results for future efforts, may try to commit suicide (Gabbard, 1994g, 229). According to Erickson, individuals may have hopelessness if they have negative thoughts about their past and the feeling of not being able to live well enough at the past. Their interpersonal relations are disrupted because of the hopelessness and there will be the feeling of rage and disgust (Burger, 2006g, 170).

2. METHOD

2.1. Research Design

This study designed as cross sectional study. Data collected from neurotic patients and university students and information's about causes of disorder were examined.

2.2. Sample

Guided sample technique was used to select the sample. 80 participants were selected. Half of the participants were selected among patients of neurosis and the other half were selected from university psychology department as a control group. They were using Turkish as the primary language. Half of the participants (students) were selected from Near East University psychology department and the other half of the participants (neurotics) were selected from Barı Mental Hospital. Depressive and obsessive patients, people who experienced traumatic situations and lastly people with anxiety issues were selected as neurotic participants. Bipolar and psychotic patients are not included at this study. The sample age range was determined between 18 and 65.

2.3. Measures

2.3.1. Beck Hopelessness Scale (BHS)

BHS is used to describe the hopelessness level of participants. BHS has 20 item and answered with yes or no options. The Turkish name of the scale is "Beck Umutsuzluk Ölçe i". The internal consistency of the scale was found on Cronbach alfa coefficient as 0.86. The item-test correlation was found 0.076 for the less coefficient item and 0.719 for the most coefficient item ($p<0.001$). The structure constancy of the scale was examined between the healthy and the patient groups and found significant differences at the mean scores ($t=12,49$, $p<0.001$). The reliability coefficient with BDI was found as 0,651 ($p<0.001$) and 0.558 ($p<0.001$) for RSEI (Seber et al, 1993, 140-141). One point was scored each time the respondent

endorses the item in the following way; 1F-2T-3F-4T-5F-6F-7T-8F-9T-10F-11T-12T-13F-14T-15F-16T-17T-18T-19F-20T.

Hopelessness score was as follow; **0-3** – None or minimal, **4-8** - Mild **9-14** – Moderate. May not be in immediate danger, but requires frequent regular monitoring. **15+** - Severe. Definite suicide risk.

2.3.2. Defence Style Questionnaire - 40 (DSQ-40)

DSQ-40 is used to describe and classify of defence mechanisms that used by participants. DSQ-40 is a likert type questionnaire with 40 item with 9 options. The Turkish name of the Questionnaire is "Savunma Biçimleri Testi - 40". The internal consistency and total item test correlations: for Mature, Neurotic and Immature defence mechanisms were found as 0.70, 0.61, 0.83. Test-retest correlation was found 0.75 for mature defence style, 0.88 for neurotic defence style and 0.86 for immature defence style. The correlation of mature and immature defence style with beck depression inventory was found -0.57 and 0.57 ($p<0.001$) and there wasn't seen any significant relation between Beck and Neurotic defence style. The correlation coefficient of the TAS was found -0.52 for mature defences, 0.25 for neurotic defences and 0.56 for immature defences ($p<0.001$) (Yılmaz et al, 2007e, 247-251).

Represent Number of Defense Mechanisms; Sublimation 3, 38- humor 5, 26- anticipation 30, 35- suppression 2, 25- undoing 32, 40 altruism 1, 39- idealization 21, 24- reaction formation 7, 28- projection 6, 29- passive aggression 23, 36- acting out 11, 20- isolation 34, 37- devaluation 10, 13- autistic fantasy 14, 17- denial 8, 18- displacement 31, 33- dissociation 9, 15- splitting 19, 22- rationalization 4, 16- somatization 12, 27.

2.4. Procedure

In the selection of patients; firstly patients were examined by the doctors of hospital to decide if there were any other mental problems like epilepsy or mental retardation. After that process neurotic patients completed an interview with the researcher to

perform measures. Students completed tests at psychology department. 80 participants were completed the DSQ-40, BHS and the sociodemographic information form. Firstly two different profiles were created to analyze all profiles. First one was created from neurotic patients and second one was created from university students. The similarities and differences of participant's defense mechanisms and correlations between hopelessness and defense mechanisms were examined one by one. Findings were analyzed with SPSS 13.0 computer program.

3. RESULTS

Table 1. The mean of age

	n	Minimum	Maximum	Mean	Std. Deviation
Age	80	18.00	61.00	30.95	11.63

80 participants were participated in this study. The minimum age was 18 and the maximum age is 61. The mean of age was 31.

Table 2. Gender rates of participants

Gender	Frequency
Male	20 (25%)
Female	60 (75%)

20 (25%) of participants were male and 60 (75%) of participants were female (60).

Table 3. Comparison of mean scores of BHS between genders

	m ± sd	t(p)
Male	6.40±4.39	0.271 (0.787)
Female	6.08±4.57	

* $p \leq 0.05$ ** $p < 0.001$

In this study the mean score of hopelessness between male and female participants were compared by independent Sample T-test. It was not any significant difference between males and females ($p = 0.787$).

Table 4. Comparison of mean scores of BHS rates between patients and students

	Hopelessness			
	None/Minimal	Mild	Moderate	Severe
Patient	5 (12.5%)	18 (45.0%)	12 (30.0%)	5 (12.5%)
Student	25 (62.5%)	10 (25.0%)	4 (10.0%)	1 (2.5%)

$$x^2=22.286 \quad p=0.000$$

In this study, hopelessness rates between patients and students were compared by Chi Square. It was found that there are significant differences ($p=0.000$). Most of patients have higher hopelessness rates according to students as expected.

Table 5. Comparison of mean scores of BHS between income levels of participants

	m ± sd	f(p)
1000-2000	6.18±4.36	0.046 (0.955)
2000-3000	6.25±5.00	
3000 and above	5.50±5.80	

$$*p \leq 0.05 \quad **p < 0.001$$

Mean score of BHS of participants were compared according to groups formed with different income levels by one way ANOVA, no significant difference was found ($p=0,96$).

Table 6. Comparison of immature defense mechanisms between participants

	m ± sd	t(p)
Neurotic Patients	121.13±29.10	3.814 (0.000)**
Students	97.28±26.79	

* $p \leq 0.05$ ** $p < 0.001$

In this study, the mean score of immature defenses between students and patients were compared by independent Sample T-test. It was found that there is significant differences ($p=0.000$). Neurotic Patients have higher rates of using of immature defense mechanisms as expected ($m=121.13$).

Table 7. Comparison of mean scores of BHS between level of satisfaction of life

	m ± sd	f(p)
Very low	11.40±6.35	10,230 (0.000)**
Low	10.18±4.26	
Middle	5.73±3.67	
High	3.47±3.36	

* $p \leq 0.05$ ** $p < 0.001$

In this study the mean score of immature defenses between perceptual pleasure of life and hopelessness were compared by One Way Anova. It was found that there are statistically significantly differences between perceptual pleasure of life and hopelessness ($p=0.000$). In the advance analyses with Tukey, there were significant differences between very low and middle ($p=0.014$) and very low and high ($p=0.001$). Also there were significant differences between low and middle ($p=0.006$) and low and high ($p=0.000$).

Table 8. Comparison of mean scores of BHS between cultures among neurotics

(n)	m ± sd	t(p)
KKTC (29)	8.86±4.56	1.415
TC (11)	6.73±3.29	(0.165)

**p≤0.05 **p<0.001*

In this study the mean score of hopelessness between cultures were compared by independent Sample T-test. It was found any significant differences between cultures and hopelessness among neurotic patients (p=0.165).

Table 9. Comparison of mean scores of BHS between cultures among students

(n)	m ± sd	t(p)
KKTC (9)	3.33±2.69	-0.665
TC (31)	4.26±3.89	(0.510)

**p≤0.05 **p<0.001*

In this study the mean score of hopelessness between cultures were compared by independent Sample T-test. It was found any significant differences between cultures and hopelessness among neurotic patients (p=0.510).

Table 10. Comparison of hopelessness levels and immature defenses

	m ± sd	f(p)
None/Minimal	91.67±28.70	7.425 (0.000)**
Mild	114.82±26.49	
Moderate	124.50±27.25	
Severe	129.83±20.02	

* $p \leq 0.05$ ** $p < 0.001$

In this study the mean score of immature defenses between individuals with different hopelessness levels were compared by One Way Anova. It was found that there are statistically significant differences between immature defenses and hopelessness levels ($p=0.000$). In the advance analyses with Tukey, there was significant differences between minimal level and mild level ($p=0.009$) of hopelessness, moderate level ($p=0.001$), and severe level ($p=0.012$) of hopelessness.

Severe level of hopelessness has higher mean of using immature defense mechanisms ($m=129.82$) and minimal hopelessness level has the lowest mean of using immature defenses ($m=91.67$).

Table 11. Correlations between hopelessness and defense mechanisms among neurotic patients

	Hopelessness	
	r	p
Immature Defenses	0.36	0.023*
Neurotic Defenses	0.37	0.020*
Mature Defenses	-0.31	0.050*
Sublimation	-0.29	0.073
Humor	-0.24	0.139
Anticipation	-0.09	0.599
Suppression	-0.19	0.247
Undoing	0.18	0.273
Altruism	0.24	0.133
Idealization	0.44	0.004*
Reaction Formation	0.09	0.577
Projection	0.41	0.009*
Passive Aggression	0.24	0.135
Acting Out	0.15	0.234
Isolation	0.13	0.411
Devaluation	0.11	0.494
Autistic Fantasy	0.30	0.061
Denial	0.04	0.803
Displacement	0.30	0.063
Dissociation	0.13	0.416
Splitting	0.07	0.692
Rationalization	-0.04	0.819
Somatization	0.22	0.176

* $p \leq 0.05$ ** $p < 0.001$

In the present study the correlation between hopelessness and defense mechanisms was examined by Pearson Correlation analysis among neurotic patients. It was found that there were middle level positive correlations between hopelessness and *immature defenses* ($p=.023$) ($r=.36$) and *neurotic defense mechanisms* ($p=.020$) ($r=.37$) especially; *projection* ($p=.009$) ($r=.41$) and *idealization* ($p=.004$) ($r=.44$). Also it was found that there were middle level negative correlations between hopelessness and *mature defense mechanisms* ($p=.050$) ($r=-.31$). It was found that there weren't any significant correlations between hopelessness and; *sublimation* ($p=.073$), *humor* ($p=.139$), *anticipation* ($p=.599$), *suppression* ($p=.247$), *undoing*

(p=.273), altruism (p=.133), reaction formation (p=.577), passive aggression (p=.135), acting out (p=.234), isolation (p=.411), devaluation (p=.494), autistic fantasy (p=.061), denial (p=.803), displacement (p=.063), dissociation (p=.416), splitting (p=.692), rationalization (p=.819) and somatization (p=.176) among neurotic patients.

Table 12. Correlations between hopelessness and defense mechanisms among students

	Hopelessness	
	r	p
Immature Defenses	0.14	0.238
Neurotic Defenses	0.27	0.093
Mature Defenses	-0.33	0.040*
Sublimation	-0.29	0.072
Humor	-0.25	0.117
Anticipation	-0.32	0.045*
Suppression	-0.10	0.528
Undoing	0.33	0.041*
Altruism	-0.09	0.566
Idealization	0.38	0.016*
Reaction Formation	0.02	0.911
Projection	0.47	0.002*
Passive Aggression	0.25	0.121
Acting Out	0.04	0.827
Isolation	0.22	0.178
Devaluation	0.18	0.262
Autistic Fantasy	0.03	0.843
Denial	0.01	0.955
Displacement	0.06	0.703
Dissociation	0.11	0.509
Splitting	0.15	0.359
Rationalization	-0.06	0.693
Somatization	0.15	0.345

* $p \leq 0.05$ ** $p < 0.001$

In the present study the correlation between hopelessness and defense mechanisms was examined by Pearson Correlation analysis among university students. It was found that there were middle level negative correlations between hopelessness and *mature, defenses* ($p=.040$) ($r=-.33$) especially; *anticipation* ($p=.045$) ($r=-.32$). Also there were middle level positive correlation between hopelessness and *idealization* ($p=.004$) ($r=.44$), *projection* ($p=.002$) ($r=.47$) and *undoing* ($p=.041$) ($r=.33$). It was found that there weren't found any significant correlation between hopelessness and; *sublimation* ($p=.072$) *humor* ($p=.117$), *suppression* ($p=.528$), *altruism* ($p=.566$), *reaction formation* ($p=.911$), *passive aggression* ($p=.121$), *acting out* ($p=.827$),

isolation (p=.178), devaluation (p=.262), autistic fantasy (p=.843), denial (p=.955), displacement (p=.703), dissociation (p=.509), splitting (p=.359), rationalization (p=.693) and somatization (p=.345) among university students.

4. DISCUSSION

In the present study we examined relations between defense mechanisms and hopelessness. Hopelessness was appeared highly among neurotic patients. Five of our neurotic patients had definite suicide risk and twelve of them were on an edge to being suicidal. Eighteen of neurotic patients has mild level of hopelessness and just 5 neurotic patients had minimal level of hopelessness. It was found that hopelessness has effect on satisfaction of life. Satisfaction of life is low if hopelessness is high like Haatainen and Gündo ar were mentioned before (Haatainen, 2004b, 72; Gündo ar et al., 2007, 22).

The homogenous evaluation of groups as follows; there wasn't found any significant differences between hopelessness and gender. It wasn't found any significant differences between cultures (North Cyprus and Turkey) and hopelessness among neurotic patients and students. Also it wasn't found any significant differences between hopelessness and income levels of participants. Therefore it can be suggested that groups were pretty homogenous.

One of our hypotheses was neurotic patients have higher using rates of immature defenses according to students. It was found that neurotic patients have higher hopelessness rates according to students. Also it was found that neurotic patients has higher using rates of immature defense mechanisms as expected. The comparison of hopelessness levels and immature defenses show that; the severe level of hopelessness has higher mean of immature defense mechanisms and minimal level of hopelessness has the lowest mean of immature defenses in line with our hypothesis. Therefore neurotic individuals with severe hopelessness use immature defenses higher than patients with minimum level of hopelessness.

Defense mechanisms have two characteristics; used unconsciously and distorting reality whenever anxiety increase (Schultz, Schultz, 2009, 53). Immature defense mechanisms were highly used by psychiatric patients (Bond, 2004b, 226). According to findings of this study hopelessness and immature defenses also hopelessness and

neurotic defenses were increased and decreased together among neurotic patients. Therefore individuals who use immature and neurotic defense mechanisms have higher risks to be hopeless and hopelessness could start to disrupt reality even among neurotic patients. Specifically there were middle level positive correlations between the hopelessness and *projection* also hopelessness and *idealization*. Therefore individuals who uses *projection* and *idealization* have higher risk to being hopeless.

There wasn't found any significant correlation between hopelessness and totals of immature and neurotic defenses among university students. Though, hopelessness had middle level positive correlation with *projection*, *idealization* and *undoing*.

According to a research that was completed with suicidal patients; some immature defense mechanisms have effect on suicide attempts, these mechanisms were defined as autistic fantasy, passive aggression, acting out and projection. Although that results, only projection was found as discriminated factor for depression (Corruble et al., 2004b, 286). These mechanisms start to disrupt reality perception (Vaillant, 1992, 11) and decrease functionality when their hopelessness increases. Results were matched with each other and show risks of decreases in functionality and suicide for the individuals with hopelessness in different levels. Suicide is not the only result of the hopelessness and immature defenses. Also according to a study that examined the relationships between defense mechanisms and alexithymia was associated positively with immature and neurotic defenses and negatively with mature defenses (James et al., 1998, 94). Therefore individuals with hopelessness may show alexithymic behaviors such as lack of imagination, lack of cope with outside world and have trouble to recognize and define emotions (Solmaz et al., 2000, 238). According to findings about neurotic defenses; In Corruble and his associates study, idealization has middle level positive correlation with depression (Corruble et al., 2004c, 287). Also according to a study complete with patients had anxiety and depression were positively related neurotic defenses especially idealization (Spinhoven, Kooiman, 1997a, 87). According to our study and other studies that supports same data, neurotic individuals may attribute some features to objects because of projection and

idealization and perceive objects as unreachable. Thus, projection and idealization may lead hopelessness among neurotic individuals.

According to examination of mature defenses and hopelessness, it was found that one of that decreases while the other one increases among neurotic patients. That means individuals who use mature defense mechanisms have lower risk of being hopeless. Mature defense mechanisms weren't identified specifically among neurotic patients.

Also it was found that middle level, negative correlations existed between the *mature* defense mechanisms and hopelessness among university students. Especially there was middle level, negative correlations between the *anticipation* defense mechanism and hopelessness. This means hopelessness decreases if anticipation increases.

According to a study completed with the anxious and depressed patients, anxiety and depression were negatively related with the mature defenses (Spinhoven, Kooiman, 1997b, 87). According to Corruble's study, there were negative correlations between mature defense mechanisms and depression specifically humor and sublimation (Corruble et al., 2004c, 287). Therefore increasing mature defense mechanisms will decrease hopelessness, depression, risk of suicide, anxiety and increase functionality.

5. CONCLUSION

Hopelessness is a great risk for all neurotic patients because of its destructive results. This study basically contributes to understand reasons of hopelessness and provides a map to prevent hopelessness.

According to our findings some of immature and neurotic defenses could generate hopelessness and hopelessness could cause dysfunctional behaviors. Specifically use of projection increase the hopelessness. In addition increasing of neurotic defences especially idealization may increase hopelessness. In the evaluation of all data especially projection and idealization seem to be the primary defense mechanisms for hopelessness. Also increasing mature defenses will decrease the hopelessness. Specifically anticipation correlates negatively with hopelessness. Defense mechanisms are effective factors on hopelessness according to the findings of this study.

Therefore defense mechanisms are useful to predict hopelessness and conclusions of hopelessness. Also hopelessness can be prevented by the manipulation of defense mechanisms especially projection, idealization and anticipation.

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SAVUNMA BEÇİMLER TESTİ

Lütfen her ifadeyi dikkatle okuyup, bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş skala üzerinde seçtiğiniz dereceyi çarpı şeklinde (×) işaretlemek suretiyle gösteriniz.

Örnek:

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

1. Bana kalarına yardım etmek hoşuma gider, yardım etmem engellenirse üzülürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

2. Bir sorunum oldu unda, onunla uğraşacak vaktim olana kadar o sorunu düşünmemeyi becerebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

3. Endi emin üstesinden gelmek için yapıcı ve yaratıcı şeylerle uğraşırım(resim, el işi, açma)

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

4. Yaptığım her şey için geçerli sebepler bulabilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

5. Kendime çok kolay gülerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

6. İnsanlar bana kötü davranmaya eğilimlidir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

7. Birisi beni soyup paramı çalsa, onun cezalandırılmasını değil ona yardım edilmesini isterim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

8. Ho olmayan gerçekleri, hiç yokmu lar gibi görmezlikten geldi imi söylerler.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

9. Süpermen’ mi im gibi tehlikelere aldırım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

10. nsanlara, sandıkları kadar önemli olmadıklarını gösterebilme yetene imle gurur duyarım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

11. Bir ey canımı sıktı nda, ço u kez dü üncesizce ve tepkisel davranırım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

12. Hayatım yolunda gitmedi inde bedensel rahatsızlıklara yakalanırım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

13. Çok tutuk bir insanım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

14. Gerçek ya amımdan çok hayallerim bana ho nutluk verir

Bana hiç uygu de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

15. Sorunsuz bir ya am sürdürmemi sa layacak özel yeteneklerim var.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

16. lerim yolunda gitmedi inde bu duruma her zaman geçerli sebepler bulabilirim.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

17. Bir çok eyi gerçek ya amımdan çok hayalimde çözerim.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

18. Hiçbir eyden korkmam

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

19. Bazen bir melek oldu umu, bazen de bir eytan oldu umu dü ünürüm.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

20. Kırıldı ımda açıkça saldırgan olurum.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

21. Her zaman, tanıdı ım birinin koruyucu melek gibi oldu unu hissedirim.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

22. Bana göre, insanlar ya iyi ya da kötüdürler.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

23. Patronum beni kızdırırsa, ondan hıncımı çıkarmak için ya i imde hata yaparım ya da i i yava latırım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

24. Her eyi yapabilecek güçte, aynı zamanda son derece adil ve dürüst olan bir tanıdı ım var.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

25. Serbest bıraktı ımda, yaptı ım i i etkileyebilecek olan duygularımı kontrol edebilirim.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

26. Genellikle, aslında acı verici olan bir durumun gülünç yanını görebilirim.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

27. Ho lanmadı ım bir i i yaptı ımda ba ım a rır.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

28. Sık sık, kendimi kesinlikle kızmam gereken insanlara iyi davranırken bulurum.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

29. Hayatta, haksızlı a u ruyor oldu uma eminim

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

30. Sınav veya i görü mesi gibi zor bir durumla kar ıla aca ımı bildi imde, bunun nasıl olabilece ini hayal eder ve ba a çıkmak için planlar yaparım.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

31. Doktorlar benim derdimin ne oldu unu hiçbir zaman gerçekten anlamıyorlar.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

32. Haklarım için mücadele ettikten sonra, giri ken davrandı imdan dolayı özür dilemeye e ilimliyimdir.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

33. Üzüntülü veya endi eli oldu umda yemek yemek beni rahatlatır.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

34. Sık sık duygularımı göstermedi im söylenir.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

35. E er üzülece imi önceden tahmin edebilirim, onunla daha iyi ba edebilirim.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

36. Ne kadar yakınırsam yakınyım, hiçbir zaman tatmin edici bir yanıt alamıyorum.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

37. Yo un duyguların ya anması gereken durumlarda, genellikle hiçbir ey hissetmedi imi fark ediyorum.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

38. Kendimi elimdeki i e vermek, beni üzüntülü veya endi eli olmaktan korur.

Bana hiç uygun de il 1 2 3 4 5 6 7 8 9 Bana çok uygun

39. Bir bunalım içinde olsaydım, aynı türden sorunu olan birini arardım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

40. Eğer saldırganca bir dü üncem olursa, bunu telafi etmek için bir şey yapma ihtiyacı duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

BECK UMUTSUZLUK ÖLÇE (BUÖ)

A a ıda gelece e ait dü ünceleri ifade eden bazı cümleler verilmi tir. Lütfen herbir ifadeyi okuyarak, bunların size ne kadar uygun oldu una karar veriniz. Size uygun olanlar için "Evet", uygun olmayanlar için ise "Hayır" sütununun altındaki kutuyu () i aretleyiniz.

Evet Hayır

1. Gelece e umut ve co ku ile bakıyorum. Evet () Hayır ()
2. Kendim ile ilgili eyleri düzeltemedi ime göre çabalamayı bıraksam iyi olur. Evet () Hayır ()
3. ler kötüye giderken bile her eyin hep böyle kalmayaca ını bilmek beni rahatlatıyor. Evet () Hayır ()
4. Gelecek on yıl içinde hayatımın nasıl olaca ını hayal bile edemiyorum. Evet () Hayır ()
5. Yapmayı en çok istedi im eyleri gerçekle tirmek için yeterli zamanım var. Evet () Hayır ()
6. Benim için çok önemli konularda ileride ba arılı olaca ımı umuyorum. Evet () Hayır ()
7. Gelece imi karanlık görüyorum. Evet () Hayır ()
8. Dünya nimetlerinden sıradan bir insandan daha çok yararlanaca ımı umuyorum. Evet () Hayır ()

9. İyi fırsatlar yakalayamıyorum. Gelecekte yakalayacağımı inanmam için

de hiçbir neden yok. Evet () Hayır ()

10. Geçmiş deneyimlerim beni geleceğe iyi hazırladı. Evet () Hayır ()

11. Gelecek, benim için hoş şeylerden çok tatsızlıklarla dolu görünüyor. Evet () Hayır ()

12. Gerçekten özlediğim şeylere kavuşabileceğimi ummuyorum. Evet () Hayır ()

13. Geleceğe baktığımda şimdiki oranla daha mutlu olacağımı umuyorum. Evet () Hayır ()

14. Her şeyler bir türlü benim istediğim gibi gitmiyor. Evet () Hayır ()

15. Geleceğe büyük inancım var. Evet () Hayır ()

16. Arzu ettiğim şeyleri elde edemediğime göre bir şeyler istemek aptallık olur. Evet ()

Hayır ()

17. Gelecekte gerçek doyuma ulaşamam olanaksız gibi. Evet () Hayır ()

18. Gelecek bana bulanık ve belirsiz görünüyor. Evet () Hayır ()

19. Kötü günlerden çok, iyi günler bekliyorum. Evet () Hayır ()

20. İstediğim her şeyi elde etmek için çaba göstermenin gerçekten yararı

yok, nasıl olsa onu elde edemeyeceğim. Evet () Hayır ()

Sosyodemografik Form

A a ıdaki soruları size uygun seçene i yuvarlak içine alarak cevaplandırınız.

Kaç ya ındasınız ?

Cinsiyetiniz nedir ?

a) Erkek b) Kız

Uyru nuz nedir ?

a) K.K.T.C
b) Türkiye

Genel olarak hayattan ald ınız zevk düzeyini nasıl de erlendirirsiniz ?

a) Çok Az
b) Az
c) Orta
d) Çok

Ortalama aylık geliriniz ne kadardır ?

a) 1000-2000
b) 2000-3000
c) 3000 ve üzeri

Akademik ba arı derecenizi nasıl de erlendirirsiniz ?

a) Çok Zayıf
b) Zayıf
c) Orta
d) yi

Mezun olduktan sonra, arzu etti iniz i te çalı abilece inizi dü ünüyormusunuz?

a) Evet
b) Hayır

ARA TIRMA AMAÇLI ÇALI MA Ç N AYDINLATILMI ONAM FORMU

(Arařtırmacının Açıklaması)

Umutsuzluk ile ilgili yeni bir ara tırma yapmaktayız. Ara tırmanın ismi “Üniversite Ö rencilerinde ve Nevrotik Hastalarda Savunma Mekanizmalarına Göre Umutsuzluk Seviyesi ”dir.

Sizin de bu ara tırmaya katılmanızı öneriyoruz. Bu ara tırmaya katılıp katılmamakta serbestsiniz. Çalı maya katılım gönüllülük esasına dayalıdır. Kararınızdan önce ara tırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuyup anladıktan sonra ara tırmaya katılmak isterseniz formu imzalayınız.

Bu ara tırmayı yapmak istememizin nedeni, i levseli i yüksek popülasyonda umutsuzlu un ki ilik yapılanmalarıyla i levseli i dü ük popülasyon arasındaki farklılıkları ara tırmaktır. Yakın Do u Üniversitesi Sosyal Bilimler Enstitüsü Uygulamalı (Klinik) Psikolojisi Anabilim Dalı'nın katılımı ile gerçekleştirilecek bu çalı maya katılımınız ara tırmanın ba arısı için önemlidir.

E er ara tırmaya katılmayı kabul ederseniz doldurdu unuz formlar istatistiksel kar ıla tırma amaçlı kullanılacaktır. Doldurdu unuz cevap formlarıyla, ki isel bilgileriniz ayrı zarflara konulacak ve gizlilik sa lanacaktır.

Bu çalı maya katılmanız için sizden herhangi bir ücret istenmeyecektir. Çalı maya katıldı nız için size ek bir ödeme de yapılmayacaktır.

Sizinle ilgili tıbbi bilgiler gizli tutulacak, ancak çalı manın kalitesini denetleyen görevliler, etik kurullar ya da resmi makamlarca gere i halinde incelenebilecektir.

Bu çalı maya katılmayı reddedebilirsiniz. Bu ara tırmaya katılmak tamamen iste e ba lıdır ve reddetti iniz takdirde size uygulanan tedavide herhangi bir de i iklik olmayacaktır. Yine çalı manın herhangi bir a amasında onayınızı çekmek hakkına da sahiptir.

(Katılımcının/Hastanın Beyanı)

Sayın Ali İpcio lu ve rem Erdem Atak tarafından Psikoloji Anabilim Dalı'nda umutsuzluk konusunda bir ara tırma yapılacağı belirtilerek bu ara tırma ile ilgili yukarıdaki bilgiler bana aktarıldı. Bu bilgilerden sonra böyle bir ara tırmaya “katılımcı” olarak davet edildim.

E er bu ara tırmaya katılırsam ara tırmacı ile aramda kalması gereken bana ait bilgilerin gizliliğine bu ara tırma sırasında da büyük özen ve saygı ile yaklaşılacağına inanıyorum. Ara tırma sonuçlarının eğitim ve bilimsel amaçlarla kullanımı sırasında kişisel bilgilerimin ihtimamla korunacağı konusunda bana yeterli güven verildi.

Projenin yürütülmesi sırasında herhangi bir sebep göstermeden ara tırmadan çekilebilirim. *(Ancak araştırmacıları zor durumda bırakmamak için araştırmadan çekileceğimi önceden bildirmemim uygun olacağına bilincindeyim)* Ayrıca tıbbi durumuma herhangi bir zarar verilmemesi konusunda ara tırmacı tarafından ara tırma dı ı tutulabilirim.

Ara tırma için yapılacak harcamalarla ilgili herhangi bir parasal sorumluluk altına girmiyorum. Bana da bir ödeme yapılmayacaktır.

ister doğrudan, ister dolaylı olsun ara tırma uygulamasından kaynaklanan nedenlerle meydana gelebilecek herhangi bir sağlık sorunumun ortaya çıkması halinde, her türlü tıbbi müdahalenin sağlanacağı konusunda gerekli güvence verildi. (Bu tıbbi müdahalelerle ilgili olarak da parasal bir yük altına girmeyeceğim).

Ara tırma sırasında bir sağlık sorunu ile karşılaşmıştımda; herhangi bir saatte, ara tırmacı Ali İpcio lu'nu 0548 856 82 40 (cep) no'lu telefonda arayabileceğimi ve most_web_ali@hotmail.com internet adresinden ulaşabileceğimi biliyorum.

Bu ara tırmaya katılmak zorunda değilim ve katılmayabilirim. Ara tırmaya katılmam konusunda zorlayıcı bir davranışla karşılaşmamı değilim. E er katılmayı reddedersen, bu durumun tıbbi bakımına ve hekim ile olan ilişkime herhangi bir zarar getirmeyeceğini de biliyorum.

Bana yapılan tüm açıklamaları ayrıntılarıyla anlamı bulunmaktayım. Kendi ba ıma belli bir dü ünme süresi sonunda adı geçen bu ara tırma projesinde “katılımcı” olarak yer alma kararını aldım. Bu konuda yapılan daveti büyük bir memnuniyet ve gönüllülük içerisinde kabul ediyorum.

mzalı bu form kâ ıdının bir kopyası bana verilecektir.

Katılımcı

Adı, soyadı:

Adres:

Tel.

mza

Görü metanı ı

Adı, soyadı:

Adres:

Tel.

mza:

Katılımcı ile görüş en Hekim

Adı soyadı, unvanı:

Adres:

Tel.

mza

Approval from Ministry of Health



KUZEY KIBRIS TÜRK CUMHURİYETİ
SAĞLIK BAKANLIĞI
YATAKLI TEDAVİ KURUMLARI DAİRESİ

Sayı: YTK.0.00-1/2013-19/79-15/1768

Lefkoşa: 03.04.2015

**Barış Ruh ve Sinir Hastalıkları Hastanesi Başhekimliği,
Lefkoşa.**

Yakın Doğu Üniversitesi, Uygulamalı (Klinik) Psikoloji yüksekisans tez öğrencisi **Ali İpcioğlu**'nun Nisan-Ağustos 2015 tarihleri arasında "**Üniversite Öğrencilerinde ve Nevrotik Hastalarda Savunma Mekanizmalarına Göre Umutsuzluk Seviyesi**" konulu tez çalışmasının, anketi kabul eden gönüllü hastalara uygulaması ve raporlarını yayımlamadan önce Bakanlığımıza sunması uygun görülmüştür.

Bilgilerinize saygılarımla arz ederim.


Dr. Yeşim GÜMÜŞDAĞ
Yataklı Tedavi Kurumları Dairesi
Başhekim V.

Dağıtım: Sağlık Bakanlığı,
YDÜ Fen Edebiyat Fakültesi
Sn. Ali İpcioğlu.

SB.

Ethical Approval from University



EK: 293-2015

YAKIN DOĞU ÜNİVERSİTESİ BİLİMSEL ARAŞTIRMALAR DEĞERLENDİRME ETİK KURULU

ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi : 30.04.2015
Toplantı No : 2015/29
Proje No : 196

Yakın Doğu Üniversitesi Psikoloji Bölümü öğretim üyelerinden Yrd. Doç. Dr. İrem Erdem Atak'ın sorumlu araştırmacısı olduğu, YDU/2015/29-196 proje numaralı ve "Üniversite öğrencilerinde ve nevroitik hastalarda savunma mekanizmalarına göre umutsuzluk seviyesi" başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

- | | | |
|-------------------------------------|----------|-----------|
| 1. Prof. Dr. Rüştü Onur | (BAŞKAN) | |
| 2. Prof. Dr. Tümay Sözen | (ÜYE) | KATILMADI |
| 3. Prof. Dr. Nerin Bahçeciler Önder | (ÜYE) | |
| 4. Prof. Dr. Tamer Yılmaz | (ÜYE) | |
| 5. Prof. Dr. Hasan Besim | (ÜYE) | KATILMADI |
| 6. Prof. Dr. Şahan Saygı | (ÜYE) | |
| 7. Prof. Dr. Füsün Baba | (ÜYE) | KATILMADI |
| 8. Prof. Dr. Şanda Çalı | (ÜYE) | |
| 9. Doç. Dr. Ümran Dal | (ÜYE) | |
| 10. Doç. Dr. Çetin Lütfi Baydar | (ÜYE) | |
| 11. Yrd. Doç. Dr. Emil Mammadov | (ÜYE) | |

Autobiography

I was born in Nicosia in 1989. I graduated from high school (Nicosia Turkish High School) in 2006 and went to the Near East University. I started at psychology department in 2007 after the English preparing program. I did clinical internship at Manisa Mental Hospital for two months during my undergraduate degree. I completed psychology department in 2012 as a psychologist. For one year i served at military forces to complete obligatory military duty. I applied to applied (clinical) psychology master program at Near East University in 2013. I did clinical internship at Akdeniz Mental Hospital for three months during my graduate degree in 2014. I took MMPI, Rorschach and WAIS-R application trainings at Akdeniz Mental Hospital and practiced with supervision during the internship at Akdeniz Mental Hospital. Also i did clinical internship at Bari Mental Hospital for three months during my graduate degree in 2015.

