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

MASTER THESIS

COMPARISON OF SEXUAL ATTITUDES, SEXUAL SATISFACTION AND ATTACHMENT STYLES OF PATIENTS WITH BIPOLAR I DISORDER, BORDERLINE PERSONALITY DISORDER AND HEALTHY CONTROLS

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ÖZET

Bipolar I Bozukluk, Borderline Kişilik Bozukluğu Ve Sağlıklı Kontroller Olan Hastaların Cinsel Tutum, Cinsel Tatmin Ve Bağlanma Stillerinin Karşılaştırılması

Hazırlayan: **TOLGA ŞAKAR**

Bu çalışmanın amacı, cinsellik ve bağlanma stilleri açısından Bipolar ve Borderline patolojiler arasındaki benzerlikleri incelemektir. Cinsel tutum, cinsel tatmin ve bağlanma stillerinin benzerlikleri Bipolar ve Borderline patolojiler arasında psikiyatrik tanısı olmayan katılımcılara göre daha yüksek olmalıdır. Katılımcılar seçilirken, olasılıksız örneklem çeşitlerinden, amaçlı gelişigüzel örneklem kullanıldı. Uşak devlet hastanesinden Bipolar bozukluk ve Borderline kişilik bozukluğu tanısı almış hastalar arasından seçildi. Hastalar ayaktan tedaviye gelenlerden seçildi. Deney gruplarının içindeki katılımcılar Ötimik dönemi sırasında incelendi. Katılımcılardan 25 kişi Bipolar grubu olarak ve 25 kişi de Borderline grubu olarak seçildi. Kontrol Grubunun 50 katılımcısı, Uşak devlet hastanesinden dahiliye servisinde psikiyatrik olmayan hastalar arasından seçildi. Heteroseksüel katılımcıların tamamı, en az 18 yaşında idi ama araştırma için, cinsel deneyimi olan katılımcılar seçildi. Hendrick Kısa Cinsel Tutum Ölçeği (HCTÖ), Golombok-Rust Cinsel Doyum Ölçeği (GRCDÖ), İlişki Ölçekleri Anketi (İÖA) ölçekleri kullanıldı. İstatistiksel olarak tek yönlü ANOVA ve Pearson Korelasyon kullanıldı. Kontrol grubu katılımcılarına göre Bipolar bozukluk ve Borderline kişilik bozukluğu olan hastaların Rastgele, faydacı cinselliği ve bağlanma stilleri daha benzer bulunmuştur. Diğer taraftan, kontrol grubu katılımcılarına göre, Bipolar bozukluk ve Borderline Kişilik Bozukluğu olan hastaların faydacı cinselliği, doyumsuzluğu ve bağlanma stilleri arasında korelasyon bulundu.

Anahtar Kelimeler: Bipolar Bozukluk, Borderline Kişilik Bozukluğu

ABSTRACT

Comparison of Sexual Attitudes, Sexual Satisfaction And Attachment Styles of Patients With Bipolar I Disorder, Borderline Personality Disorder and Healthy controls

Prepared by: **TOLGA ŞAKAR**

The purpose of this study is examine the similarities of Bipolar and Borderline pathologies in the view of sexuality and attachment styles. Similarities of sexual attitudes, sexual satisfaction and attachment styles between Bipolar and Borderline patients should more than non psychiatric participants. There were used oriented-random sample from kinds of non-probability sample during choose process of participants. Patients were selected among diagnosed Bipolar and Borderline patients from Uşak State Hospital. Participants choosed between outpatients. Participants within experimental groups examined during euthymic period. 25 of participant were selected as Bipolar group and 25 of participant were selected as Borderline group.50 participants of control group were selected among nonpsychiatric patients at internal medicine service from Uşak State hospital. All of heterosexual participants were at least 18 years old but participants with sexual experience selected for research. Participants choosed among heterosexual people. Hendrick Brief Sexual Attitudes Scale(HSAS),Golombok-Rust Sexual Satisfaction Inventory (GRISS),Relationship Scales Questionnaire (RSQ) were used. One-Way ANOVA and Pearson Korrelation were used as statistically. Randomly, instrumental sexuality and attachment styles sexuality of patients with Bipolar disorder and Borderline personality disorder were found more similar than participants of Control group. On the other hand, there were found correlation between attachment styles, dissatisfaction and instrumental sexuality of patients with Bipolar Disorder and Borderline Personality Disorder than participants of Control groups.

Key words: Bipolar disorder, Borderline personality disorder

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TABLE OF CONTENTS

LİST OF TABLES

ABBREVIATIONS

BD: Bipolar Disorder

BPD: Borderline Personality Disorder

BSAS: Hendrick-Brief Sexual Attitudes Scale

GRISS: Golombok-Rust Sexual Satisfaction Inventory

RSQ: Relationship Scales Questionnaire

1.INTRODUCTION

1.1.Bipolar Disorder

Bipolar disorder is a disease characterized by recurrent mania, depression or mixed episodes. Bipolar disorder is characterized by recurrent periods and oftenly seen as a chronically disease. Fluctuations of depressed mood, impulsive and risky behavior and mania-hypomania are rising time to time in Bipolar disorder. Increase of Sexual desire should be the focusing behavior because of the sexual attitudes and sexual satisfaction that the main focus of this research. According to DSM-IV criteria; Bipolar is characterized with recurrence periods of depression and mania, that is a disease associated with periods of normal mood. The bipolar type II is characterized with periods of hypomania and increase and decrease due to depressioon and mania. Prevalence of bipolar disorder expressed as 1% for the population but after determinations of identification of subgroups prevalence expressed as 6.5%. During the examination of the nature and cruise of bipolar disorder so, 20s was found as began at ages. It was detected that age of onset of bipolar II is earlier than the bipolar I (Eroğlu, 2010, 1).

Manic and depressive attacks was identified at earlier ages by Greek and Latin resarchers. Homeros epic of Iliad, has used the word of "mania" to the mean of anger and wrath at Greek.A.D.(After Christ), Soranus, drew attention to the connection between melancholy and overflowing mood at the first century. After than, Cappadocian Ariatus (A.D. about 150) thought that there was a connection between mania and melancholia, so he said that there were lived at different times at same patients of that two situation. The concept of periodic disease was determined by W. Griesinger at the first time. Manic-depressive illness was first described by Kraepelin at 1895. These disorders defined as affective disorders at 1930's by Blueler. Leonard was revived the concepts of bipolar and unipolar at 1959s but they were separated as bipolar disorder and major depressive disorder at 1970's (Turhan, 2007, 3).

Falret explained different appearing shapes of manic melancholy disease at 1854 but Kahlbaum was described the manic-melancholy disease as cyclothymia. The French researcher Jules Baillarger defined the bipolar disorder as "folie a double forme"(Dual form madness-dimorphic madness) with different temperament and thought disorder (Uğur, 2008, 59). Other personality disorders seen oftenly among patients with bipolar disorder. According to the studies of Üçok and associations, symptoms of personality disorder seen in %48 of patients with bipolar disorder. In additionally, personality disorder oftenly found in patients with rapid cycling. Rapid cycling must be lived at least four mood periods (mania-hypomania and depression) in a year in Bipolar disorder (Öztürk, Uluşahin, 2011, 364). According to retrospective studies (Latin means that, retrospectare is look back), Bipolar disorder were reported between ages of 15-19. Bipolar disorder is a serious disease which leads to significant morbidity(disease situation) and (death rate) mortality (Karababa et al., 2012, 9-10). Manic episodes is one side of bipolar disorder, so there were increased shown excessive increase of self-esteem, decreased need for sleep, participate the events giving extreme pleasure (sex), such as conditions in this episode (APA 1994, from Yüksel, Kurt, 2004a, 162). Diagnosis of Bipolar disorder includes at the unipolar mania. Patients probably have depression if they already had a manic episode (Kaplan & Sadock, 2000, from Yüksel, Kurt, 2004b, 165). A research show us; patients with BD and Unipolar sypmtoms, diagnosis may not bipolar disorder, so diagnosis may also unipolar mania in admitted patients with manic attack (Yüksel, Kurt, 2004c, 161-166).

A study completed in Africa show us; there were found bipolar disorder rates as 12.5%, unipolar mania rates as 53%, and just one manic relapse rate was 34.5% during at 5-year follow-up of patients in Nigeria (Makanjuola 1985, from Yüksel, Kurt,2004, 163). According to a study that claim symptoms of mania and depression are not oppsite poles, there was analysis with 236 bipolar patients. Approximately 72 weeks mania and depression symptoms examined to evaluation of possite or opposite dimensions of mania and depression. As a result, one-dimensional model were not related negative, unlike the symptoms of mania and depression. The datas shows

that, depressive and manic symptoms are not opposite poles. As a result, in this research depressive and manic symptoms within of Bipolar disorder are considered relatively independent fluctuations (Johnson, et. al., 2011, 208-209).

1.2.Borderline Personality Disorder (BPD)

"Personality" is related to an individual's unique permanent features. Initially, BPD had synonymous with confidential or pseudoneurotic schizophrenia. Individuals with BPD has generally persistent imbalances due to identity, relationship and affection. Patients with BPD are individuals suffering from sudden disappoints, meaninglessness of emptyness and loneliness. Individuals with BPD have special defense mechanisms, such as introjection, splitting, projection and projective identification. Causes of BPD are psychodynamic factors such as; lack of support, interest or excessive control, the prevention of individuation-basic sense of trust and sense of autonomy, cannot be exactly determine of the self boundaries. Studies about family history, response to treatment and progress of treatment show us that BPD and mood disorders are associated with each other. The main pathology includes form of establishing the self and object relations of individual. Patients with BPD have properties such as likewise may be broken quickly and also a weakness may be immediately damage, as well as completely powerful (omnipotant). Human relations is inconsistent at patients with BPD. Reason of those are inconsistency in the object relations with sublimation as well as trivialization trends. Object designs with introjection as divided into good and bad (splitting) at childhood are the basis of those. This object design is reflects in the relationships of adult life and thus individuals becomes completely good or completely bad. Goods are loved and valorized, so Bads are devaluated. Thus, individuals with BPD are vacillated with chaos between emotions of sublimation-trivialization and love-hate (Öztürk, Uluşahin, 2001, 94-98).

Affective, self-image, relationships and behavior of individual seen in BPD as inconsistencies. Borderline diagnosis were used to the patients indicated located

somewhere between psychosis and neurosis in 1930 (Stern,1938,289). Patients with Borderline Personality Disorder are characterized by irregular attachment styles (Fonagy.,1996;Patrick.,1994,292). Irregular attachment was associated with unresolved childhood traumas. Following cases occur if irregular attachment happens at childhood; "Parents seen as being the potential source of fear, as well as a safe haven"(vanIJzendoorn, Schuengel & Bakermans-Kranenburg, 1999,226).

A group of researchers that investigating developmental processes of BPD patients, reported exposed sexually abused for patients with BPD in the age between 6-12 by caregivers (Herman,Perry ve van der Kolk,1989; Ogata vd., 1990; Weaver ve Clum,1993, s291). Also on the other hand, bipolar (double poles disorder) may reflect a diagnosis of BPD. Such patients are contribute to thinking of double pole in emotional ambivalence and decisions with extreme poles. Thus, individual with BPD were evaluate as gray floor for events so take extreme decisions, unexpected and extreme changes (Beck, 2008a, 328-386).

Also, if necessary refers to Young's schema model, we need to understand the process of changes of mood to understand the sudden changes of BPD patients. Some core beliefs about abondenment beliefs of BPD patients is follows as; "My emotional pain will never end" "I'll always alone""There will not be nobody worried for me"etc. Even if, remain on the agenda with anger patients with BPD, whereas these patients are often tend to be "detached". According to Young, "detached-guarded" mode are required to child's developed to survive versus the dangerous world such as a protective style. Self assertiveness and emotional experience are put forward to protect individuals from development and attachment. Because, attachments of these patients will follow after the suffering, abandoned, punishment, abused. Patients with BPD were refrained from feel and think as cognitively for maintain this mode, so suppressed the main problem by patients (Beck, 2008b, 328-386).

Individuals with borderline pathology may show symptoms such as "having absolute depressive mood and living crisis". Borderline individuals cannot tolerate the

loneliness, so Borderline ındividuals have hunger to big objects. Therefore Borderline individuals, can refer to the dangerous way "impulsive sexual behavior" to avoid real or imagined abandonment. Their self-images and identities are inconsistent, also may be stormy affective. Borderline individuals have a irregular, incompatible and chaotic sexuality as well as they have anxiety. Borderline pathology are more frequent in women than men. While there are another psychiatric diagnosis in 90% of Borderline patients, so their only 40% have more than two diagnosis. The most important features of borderline patients are intensity of the affectives and fluxional behaviors. There are quick transition to an attitude from an other attitude. Cyclical tides between opposite moods seen in borderline patients. Individuals with borderline pathology is into a constant instability. They cannot evaluate abilities and powers at a specific frame due to temporary requirements, so they remain purposeless. Such individuals are tend to be highly dependent to other people because of a secondary outcome of non-recognize of self and inconsistencies of identity (Köroğlu, 2011a, 59-62).

Borderline individuals have fears of abandoned and loneliness. Some borderline individuals belive that "other person have bad thinks about himself", so some borderline individuals have afraid related with disdained and exclusion by other people. Borderline individual has a ambivalent anxiety. Self-assertiveness efforts were finished as unsuccessful, so self-assertiveness efforts endangers the protection and safety expected from others people. Before leaving Borderline individuals are show more addictive to other individuals to avoid the abandonment and overcome, so Borderline individuals are face to face with a greater fear of losing. Individuals with BPD have an inability at separation-individuation phase of childhood development. Object permanence has not occurred if good mother care is not enough. Ambivalence was not developed as healthy, so person can not be tolerated leaving. Borderline individuals have tendency to extreme appreciate or extreme trivialization to other people. Borderline individuals may enter random sexual intercourse due to loneliness. Borderline individuals show frantic effort to avoid being a real or imaginary leaving. Self-perception, affective, cognitive and behavioral situations

may change in the bad way if there is an expectancy of leaving and being rejected (Köroğlu, 2011b, 63-67).

The term of Borderline was described by psychoanalyst Adolf Stern as first time in 1938. This term was extended by Otto Kernberg in the 1970s. There were carried out by Grinka and Werbe at the experimental studies. After than, the diagnostic criteria of Borderline Personality Disorder were extended again by Gunderson et al. Descriptions related with Borderline Personality Disorder can be seen such as controversial, complicated and full of contradictions. One of the reasons were overlapped with Borderline patology such disorders of major depressive disorder and bipolar disorder as a different clinically although a significant psychiatric disturbances. Put to diagnosis is difficult for Borderline personality disorder especially due to the similarities with other conditions like this mood disorders (Robert, Biskin, 2012, 1789-1794).

Borderline Personality term is described in the United States by Adolph Stern during the described at European to many other personality disorders. The structure of Borderline are includes specifically symptoms such as; absolute despair, evident instability, fluctuations of mood change as quick, self-destructive behavior, fear of rejected and abandoned by someone else. Also, Borderline structure includes transient psychotic symptoms such as short delusions and hallucinations. Individuals are lives visual and auditory hallucinations, spesific delusions due to extreme emotional instability (NCCMH, 2009, 15-16).

According to Masterson's approach real self sacrificed through the false self was emphasized so intrapsychic structure and functioning was divided of Borderline individual. Repeated with behaviors were focused on how to take the traces in the rapprochement sub-phase at the separation individuation phase of the internalized object relations. Borderline patients are within boundary between psychosis and neurosis. Abondened primitive defense mechanisms in early childhood seen again in adulthood. Perceptions of good and bad of borderline patients is caused by distorted

perceptions. All or nothing is the thought shape of these patients, so these patients are tend to see others as completely good or fatally bad (Adal, 2010a, 8).

According to Mahler (1971) and Masterson (1972), reason of Borderline Personality Disorder, occurs a defect at rapprochement sub-phases of separation-individuation between ages of 16-25 months. Child has independent behavior in this phase, so child is return to back the primary caregivers with admiration and approval to ensure "Refueling". However, caregiver's critical, refused or swallow the attitude are stops the optimal functioning of ranking of attachment-decomposition (Goldman, 1995, 321-322 from Adal, 2010b, 8). After then, individuals avoid loneliness have self-destructive behaviors to obtain desired communication object. Individuals think related with on the verge of abandoned and individual may become paranoid If there aren't any loved and trusted humans for individual (Akvardar, 2007, 521 from Adal, 2010c, 11). Individuals with Borderline personality disorder feels hostility due to a need of an object, so addiction as well as the risk of leaving of this object, or the risk of being swallowed up by object may seen. They can show extreme anger during the disappointed due to addicted. They enter the randomly sexual relationships to get rid from loneliness, so they can not be alone (Kaplan & Sadock, 2004b, 310 from Adal, 2010d,). According to works of Masterson BPD occur due to rapprochement sub-phases of separatio –individuation (mahler 18-16 months). Child move away from the mother to explore the world but child feels need to return to the mother (Adal, 2010e, 9).

The term of "libidinal refuiling" mentioned by Mahler is very important for child. Mother's preodipal period of separation-individuation due to failure to provide adequate emotional support for developing a child's self. Patients are re-experiencing depression of the abandonment during to take any action if mother's preodipal period of separation-individuation due to failure to provide adequate emotional support for developing a child's self. Borderline patient's mother did not support to separation-individuation process such as pulling herself back or rewarding, so child enters a period of decline and chaos (Pearson, 2008 from Adal, 2010f, 43-44). After that

roots of some defense mechanisms such as avoidance are shaped with abondenment feelings (Daws, 2009 from Adal, 2010g, 44). Individuals have not enough ego strength to cope with reality. Borderline individuals have a fear of being swallowed up by the object and search of an object (Adal, 2010h, 44-45).

1.3.Attachment Styles

According to Bowlby and Ainsworth, attachment was defined "connecting or continuing relationship between child and primary caregiver",so attachment behavior was defined" shape of such a relationship and also serving behavior intended the mediating to relationships" (Hazan&Shaver,1987, 511-523 from Çapan, 2009a, 128). Attachment is one of the important factors that affect interpersonal relationships. There are established relationships with parents in infancy on the basis of established relationships with other people at later stages of life. According to attachment theory, the quality of life determined by nature of relationships at earlier life (Collins, Read, 1990 from Çapan, 2009b, 128-129). According to attachment theory, the first traces of life are transfering on to the next life in interpersonal relationships. Child was developed "Internal working models" as the result of the interaction between children and caregivers, related with trust against other people at around him, deserve to be worthy for people and receive need of care from people. These internal working models have a decisive role intended to individual's lifelong relationships (Bowlby, 1973, 348 from Çapan, 2009c, 129). This schemes occurring in childhood are configure the future experience of the individual. This configuration are formatted individual's expectations and attitudes, beliefs, interpersonal relationships, perceptions of himself and others (Collins ve Read, 1990, 645 from Çapan, 2009d, 129). Even, this structure affects to cognition, emotion and behaviors in the individual's life-long social relations (Bowlby, 1973, 345-353; Bretherton,1985, 3–35; Sroufe ve Fleeson, 1986, 61 from Çapan, 2009e, 129). Attachment relationships that occur in family has affects on the relations in other areas of life (Çapan, 2009f, 128-129).

Individuals with a secure attachment style are evaluates as positively to themselves and others. They accepts themselves as completely so they are exhibits to accepting behaviors like this perceiving as valuable and reliable to others. They have a positive perception to social life. Individuals with Preoccupied attachment style are evaluate themselves as negative and other as positive. Individual's value by himself is depend on acceptance by others. These people establish relationships to gain the approval of others to confirm self-worthiness. Individuals with a dismissing attachment style are evaluates themselves as positive and other as negative. These people have overconfidence over themselves, but not trust enough to establish a relationship with others. These individuals have low anxiety levels during to established relation, but avoidance behaviors are high during that time. These individuals are showing coldness and emotional distance in their relationships because of hostility versus others. Individuals with a fearful attachment style evaluate negative both themselves as well as others. They want closeness in relationships but they can not afford the possibility of rejection due to fear of rejection by others and distrust versus others (Kobak&Sceery,1988,138;Bartholomew,1990,150;Collins&Read,1990.,645;Bartholomew&Horowitz,1991,227;Mallinckrodt,2000.,241;Mikulincer,2007.,260-278 from Çapan, 2009g, 129). Thus, they are avoids from social situations and close relationships (Çapan, 2009h, 129).

Attachment is strengthened according to the quality of time and the time spent on with baby of mother. Secure attachment create that strong bond with a sense of basic trust in childhood. Bowlby were laid the foundations of attachment theory during published his book he has explained their views "attachment and loosing"(Attachment and Loss: Volume 1 from Göçener, 2010a,16) "related to attachment theory in 1969 (Bowlby, 1969 Göçener, 2010b, 16). Babies are returning to caregivers to feeling of safety and support if they sense any danger. This is the safe haven factor of attachment. However 3 main developed responses seen if proximity couldn't achieved. These three basic stages are protest, despair and detachment. These stages were occurred as intertwined forms. These stages may

change as more differ versus the absence of mother or caregiver according to mediocre of mother (Göçener, 2010, 15-17).

Bowlby's concept of attachment establish deep emotional bond due to needs of belonging and trust of individuals. Future close relationships depend on the first relations between newborn and caregiver (Kırımer et al., 2014, 46).

Attachment is mental processes established between baby with caregiver that can affect for the entire life on emotions and cognitive process. Established this relationship may affect and shape their relationships with friend, partner and wife in future periods. The reliability of the relationship will establish healthy relationship, but if relationship establish negatively than relationships make anxiety. Attachment is defined as ability to establish meaningful emotional relationships of child with others (with a parent or caregiver). The caregiver is like a sanctuary when baby scare, baby withdraw to relax and provided re-assurance. According to Bowlby claimed there are three chracteristics to define attachment and these are; continue proximity, safe haven and secure base (Hazan, Shaver, 1994:4 from Özer, 2011,6). The most important factors are continued proximity, secure base and safe haven (Özer, 2011, 1-7).

Attachment that shape of relationship structure, determined at the early periods of life and show continuity after that. Insecure attachment style was considered as a predictor of psychopathology in the later stages of life, so secure attachment was associated with healthy processes. Another important point is that secure attachment in childhood can disrupted by later significant life events and mood disorders. Some researchers are defended attachments styles must evaluate at childhood and adulthood seperately. In the process of concept of attachment, Bowlby thoughts contributions of environment ignored in psychopathology and separated from Klein. After, as a result of Bowlby's Works; Bowlby refuse to phase of children love mothers because mothers feed them, so Bowlby is developed the attachment theory. According to Bowlby, attachment behavior is an instinctive tendency. Attachment behavior is to be satisfy of instinctual needs (Kesebir, 2011a, 325).

Researches related with adult attachment made by Bartholomew and Horowitz based on the attachment theory of Bowlby. The secure attachment, sense of worthyness and lovelyness are related with expectations toward other peoples acceptor and responsiveness. The form of obsessive attachment refers to the positive evaluation toward others with emotion of feel self-worthless such as I'm not worthy to being loved. Obsessive attached individuals have low self-esteem, perceived others as supportive, may not benefit from this positive support, also they have low self assertive levels. Indifferent attached individuals can love themselves and feel valued but indifferent attached individuals have negative expectations against other people. Such persons are avoid close relationships to avoid disapointments. Thus, these individuals have continued independence and prevent the emotional injury. According to Fearful attachment, person don't think worthy to loved by others, feelings of worthlessness and perceived others as perceived negative, unreliable, negatory. Persons with this attachment form are avoid to establish close relations with others. Thus, these individuals protect themselves against the expected rejection from others. On the other hand, the anxious/ambivalent attachment with insecure attachment styles are associated with depressive disorders and anxiety disorders. The avoidant attachment associated with other extroverted pathologies and behavioral disorders. The disorganized attachment mentioned to be associated with dissociative disorders (Kesebir, 2011b,330-333).

Individuals with secure attachment have higher self-esteem and sense of autonomy, so individuals with secure attachment haven't fear of abandonment. Individuals with obsessive attachment have negative evaluation about themselves and individuals with obsessive attachment have positive evaluation about others. These people of exhibiting a pattern of dependent a relationships are not bothered from proximity, also these people lives in fear of abandonment. Individuals with avoidant attachment style have positive perception toward themselves, and individuals with avoidant attachment style have negative perception toward others. These people are become uncomfortable from the proximity and they have attachment anxiety because they afraid from suffering. Individuals with a fearful attachment style looks both

themselves and other individuals as negativly. These persons live a high level of intimacy and fear of abandonment even want to establish social relationships. Therefore, individuals with Fearful attachment are refrains from romantic relationships (Bartholomew 1990;Bartholomew, Horowitz,1991. from İlhan, Özdemir 2012a, 229-230). Namely, shape of romantic relationship of individuals give direction by attachment styles (İlhan, Özdemir 2012b, 229-230).

1.4.General Similarities of Bipolar Disorder and Borderline Personality Disorder

There are many controversial researches about comorbid conditions, similarities, and relationships between Bipolar and Borderline pathologies in the literature.

Is Borderline personality disorder is a Bipolar Spectrum Disorder? We should addressed about the authors who thought bipolar has a quite narrow usage at the present time and full of wrong diagnosis of these patients. These authors believe borderline patients will treated better if they received bipolar diagnoses. According to Akiskal, Patients with Borderline Disorder are more appropriate to darker or the less stable state of bipolar 2 disorder as continuously tides between depression or irritable hypomania and category of bipolar II that have cyclothymic temperament (Çalışır, 2008, 147-150).

Patients evaluated to found out Bipolar II and BPD diagnosis are comorbid or spectrum at Community Mental Health team in the United Kingdom. Patients calculated to found out who is Borderline, who is Bipolar and who have both diagnoses. Therefore, possibility of BPD involved in Bipolar spectrum investigated. Researchers claim spectrum of both diseases. Researchers argues similarity have to supported by neuroimaging and neurobiological mechanisms. Recent observations show the relationship between patients supported with neuroimaging and neuroscientific findings. Thus, borderline personality disorder may included within bipolar spectrum with reasonally. Common neurobiological mechanisms continues to uncover new details still. Similarities of emotional instability and impulsivity

between bipolar and borderline emphasized to support the claim (Agius et. al., 2012, 197-199).

According to various studies, exact information between Bipolar disorder and Borderline disorder about spectrum can't provide. Distinguish the bipolar disorder because similarities about emotional instability and impulsivity seen both of them. Stages of psychological development in childhood should be followed at both pathologies. "Spectrum" should be considered in a wide range as well as typical and atypical subclinical symptoms. Different studies reported that 12-23% of patients with Bipolar 2 involve BPD criterias (Elisei et. al., 2012, 144).

As a result of another study, common etiology of BD and BPD can't be defined because relationships are not consistent and specific. Available data fail to support the results also the etiologies with partly overlap insufficient to support the result (Paris et. al., 2007, 145-150).

There were accepted a fenotipal process between pure schizotypal and pure affective conditions on the genetic determinants of borderline conditions by Sieve and Gunderson. Many "borderline"conditions seen as manic depression, schizoaffective psychosis and attenuated schizophrenia (Stone, 1979, 106-109).

Human is not integrated structure within himself as separate from other people. Human exist within the relationship such as continuous interaction within the environment and contained in the communication large area including the environment and small area including containing the body. Thus, adult personality exists biological as well as social a whole. Namely, according to Gardner Murpy, personality is a process that one based on biological body and other based on environment (Yanbastı, 1990,269).

Personality with this definition expressed with a Bipolar perspective. On the other hand, Bipolar disorder is not a personality disorder but Borderline personality disorder is a personality disorder. However, Gardner's definition of personality expressed with the two end points just like a bipolar structure, so that conceivable

carried the traces related with a similar relationship between BD and BPD (Dursun, 2008).

Bipolar disorder continue in life time and Bipolar disorder is a disease that distorted the functionality. Bipolar disorder associated with self-demolition. Self-demolition behavior is an act of violence as brought against himself that may result with his death. Ratio of self demolition of Mood disorders determined as 60% in the highest risk group of psychiatric disorders as well as Borderline disorder has self-demolition as highly. Sigmund Freud defined self-demolition in his book named "Mourning and Melancholica" as turned agression toward themselves after internalization of lost object. According to the narcissistic theory individuals tend to use more primative defense mechanisms if they face loneliness, helplessness, dereliction and if they cant cope with denial and idealization. Both of bipolar and borderline individuals can take steps that result with death in condition of loneliness and dereliction with internalization of lost objects and aggression that turnning toward themselves (Uğur, 2012, 1-10).

Both disorders have common features in terms of diagnosis and point of overlap as phenomenological. The frequency of co-existence of both disorders are quite high. Seperation of Borderline from bipolar don't easy and evaluation must complete carefully. There are extreme effort to involve BDP at the axis I disorders since the diagnosis of BPD took place in the DSM classification. Akiskal's contribution to this discuss is more specific. According to Akiskal, should be included classification of "Faint or mild bipolar disorder"(Soft Bipolar Disorders) of histrionic, narcissistic and borderline personality disorder associated with depression (Belli et. al., 2013,72-79).

Paris and her friend was emphasized seen ratio of bipolar I disorder in BPD patients as the range of %5.6. and 16.1%. This rate is as average around 9,2%. This rate was found between 8% to 19% at the Bipolar II. The average ratio was 10,7%. According to longitudinal studies patients with diagnosis of BPD also identified bipolar disorder as level at the beginning at low ratio. In studies that evaluate the BPD rate were found very different results related with Bipolar I. These rates will vary between

0,5% to 30% range, and the average is around 10,7%. However, these rates are alterable in the range of 12% and 23% in Bipolar II disorder. The average was 16.6%. A study that examine relationships between cyclothymia and BPD found the comorbidity rates of cyclothymia and BPD is %62. The impulsivity seen both of them, the Bipolar disorder as well as Borderline disorder. Data support the depressive pole of bipolar disorder overlap with existing symptoms of BPD. Bipolar disorder and BPD are mental disorders as closely linked with each other such as phenomenology and treatment responses. In this area, determination of the similar and decomposed directions is very difficult (Belli et. al., 2013,72-79).

1.5.Sexuality and Attachment Styles in BD and BPD

Bipolar disorder can be traumatic for the partners patients as well as patients. Bipolar disorder runs recurrent (relapse) oftenly. Therefore, stress load of partners, marital and sexual satisfaction are important areas to investigate. According to bipolar affective disorder 1 in DSM-IV, 37 partners of bipolar patients were selected during to investigating from South London and the Maudsley hospital. They were evaluated different affective conditions versus marriage and sexual satisfaction of participants. There reported premature ejaculation by more male partners and sexual rarity by more female partners during to being depressed of patients. Marriage mismatches were significantly increased during to increased sexual dissatisfaction. Namely, there is correct proportional to marital harmony and sexuality. As a result, sexual satisfaction, sexual interest, responsibility and love may be result of changes related with Bipolar disorder during affective attack (Lam, 2005,432-439).

Bipolar patients live erotomania and impulse control difficulties during manic attack. Therefore, enter the random sexual intercourse, inability to resist due to forced to unwanted a sexual relationship, sexual harassment and even enter to sexual intercourse with money rates are high at the Bipolar patients (Kelly et al., 1992, Kalichman et al., 1994, Chuang, Atkinson 1996 from Karadağ et al., 2004a,18). Especially, patients have difficulty to control sexual attitudes and behavior in Manic episodes. Even, Homosexual tendencies can be seen due to the increasing in libido

among these individuals. Especially, losing of evaluation ability at manic episode could cause random sexual intercourse. According to Otto-Salaj and Stevenson (2001), HIV risk and unprotected sex in both male and female patients with bipolar disorder are higher that schizophrenic patients in a study conducted with 192 patients. (Karadağ et al., 2004b, 18).

Unfortunately, Manic episode can be very important and pleasant part of self-expression during to sexual activity could be based impulsive expression in the Bipolar disorder. Impulsive sexual behavior make it difficult to live healthy sexual relationship. Thus, it is impossible to protect against sexually transmitted diseases. Individual's living sexual indiscretions as randomly and uncontrolled during Manic episode and this situation may cause conflicts for their relationships (Candless, Sladen, 2003a, 43-47).

Hypersexuality is the common symptom of mania-hypomania and mixed episodes in children and adolescents with diagnosed of bipolar disorder(Geller et al., 2002 from Basco, Hoyos 2012a, 42). Hypersexuality was defined as sexual behavior characterized by increased libido. The girls with bipolar disorder have lots vulnerability different from each other that related with hypersexuality (Basco, Hoyos 2012b, 42-45).

Borderline personality disorder is associated with conflict or unstable self image and tumultuous close relationships (Hill et al., 2008., from Valentiner et. al., 2014a, 463). Borderline individuals tend to have feelings of chronic emptiness and also this situation are reflected their romantic relationships. Therefore,"real or imagined abandonment","emotional instability" and "impulsivity" affects their romantic relationships (Valentiner et. al., 2014b, 465-477).

Research results about borderline disorder reflects both to impulsivity as well as victimization. According to Hull JW, Clarkin JF, Yeomans F., 46% of 71 hospitalized borderline woman reported attractive sex with unknown partners is attractive (Sansone, 2011,70).

According to another research, charts of 85 patient with Compulsive Sexual Behavior was revised to assess symptoms of Borderline Personality Disorder. The most common associated symptoms were determined as feeling of emptiness, emotional instability and impulsivity at least two fields. The most common associated symptoms were determined as feeling of emptiness, emotional instability and impulsivity at least two fields. The most common symptom in this sample was "self-destructive impulsivity in at least two areas (42.4%)". Other symptoms were "emotional instability (29.4%)" and "chronic feelings of emptiness (10.6%)" Also,the unsafe sex practices were detected as (42.4%)" (Lloyd, 2007a, 193-194).

In another study were analyzed sexual function of healthy women and women with Borderline Personality Disorder. The sexual dysfunction is not specific for borderline personality disorder. However, sexual traumatization is not a necessary phenomenon for borderline personality disorder. Borderline group shows higher prevalence of sexual dysfunction as significantly. Sexual traumatization determined by sexual dysfunction among women with Borderline Personality Disorder (Herbrüggen, 2009, 3359-3360).

Some researches has done to highlight the relationship between childhood trauma and symptoms of borderline personality at adulthood. According to empirical research, childhood trauma were detected to contributed as accurately to borderline personality disorder. According to made case in clinical mental health, were verified this relationship that examining the relationship between childhood trauma and symptoms of borderline personality. Trauma was showed statistically significant every types of borderline personality symptoms. However, multiple regression analysis shows that, just sexual abuse is highest independent predictor trauma taht affecting alone to borderline personality during to compared with others (Sansone, 2001, 276-278).

Women with Borderline were considered as dysfunctional attitudes against sexuality. A sample of women in general population were compared with 34 heterosexual women couples to meets the criteria for Borderline in a study about that. Borderline

pathology and feeling of forced to sex considered mediated anxious attachment. Sexuality oftenly used as a tool to prevent chronic feelings of emptiness and abandonment to appease of anxiety among these patients. Thus, sexual symptoms seen in Borderline patients are related with heterogeneous, permanent promiscuity, perversions against serious blocking and ambivalence. As sexuality and sexual intimacy problems, traumatic experience during sexual exploitation in childhood increases risk of sexual defect. Hull, Clarkin ve Yeomans were identified 46% of women diagnosed with Borderline enter sexual intercourse least one time with partners that don't known by themselves. Insecure attachment closely related with sexual motifs, strategies and feelings, so evidences increases constantly related with it. The majority of Borderline individuals have an insecure attachment style as evident with distrust of others and fear of abandonment. Attitudes intended to the sexuality are expected influence of this anxious attachment styles. Typically, people with anxious attachment representations (namely, head to engage with abandonment and rejection) tend to have sex for guarantee themselves and attract the attention of partners. According to Neeleman's empirical results to handled the sexual functioning of patients with Borderline Personality Disorder; people with Borderline Personality Disorder have\tend to have significant problems in terms of sexual and friendly relations. These problems seems to be sexual complaints associated with a wide range such as heightened sexual impulsivity, reduced sexual satisfaction, increased sexual distress, to be more preoccupied with sex, avoidance from sex. In addition, there is evidence that about sexual orientation of gender identity disorder and ambivalence occur oftenly between people with BPD (Bouchard et. al., 2009a, 107-111).

In light of all this information, there were compared as a broad spectrum to sexual attitudes and behaviors of women with Borderline Personality Disorder with women without Borderline Personality Disorder in a research conducted at Qubec province in Canada's eastern. In this study relationship between sexual attitudes and their sexual activity of women was investigated with borderline patients. The main purpose of this study related with comparison and encounter of women of society

matched by age and education and women with BPD well defined a example of attitudes towards sexuality. French version of Close Relatinships Scale was used to measure attachment representation. Borderline women have more sexual partners than control group females. Only 6% women with control group have more exceeded than 30 sexual partners along lifetimes, but 50% of women with BPD have more exceeded than 30 sexual partners along lifetimes. BPD group is higher negative attitudes towards sexuality and to feel pressure to have sex, so there is higher as sexual ambivalence than control group. Firstly, women with Borderline have more sexual partners than women without borderline, so they feels to more pressure for sex. Women of borderline group lives more insecure attachment and double mismatches than woman of control group (Bouchard et. al., 2009b, 111-115).

Regression analyzes were conducted to observe the role of the attachment behavior. However, there was not found a relationship between suppress feelings towards sexuality and avoidant attachment. Thus, only anxious attachment from attachment representation were found partial support diagnosed for women with BPD and for the hypothesis that mediate the sexual attitudes in sample. The main purpose of this study was to explore the relationship between sexual attitudes and activities of women who suffer from Borderline. The number of women's sexual thoughts of BPD group, the frequency of masturbation and the number of voluntary sexual contact at last year are not show differences according to the control group. Probably, women with BPD have strong tendency to use sex as a tool like this provide physical intimacy with a partner and increase the emotional closeness. As a result, women with BPD are greater negative attitudes towards sexuality, sexual ambivalence and suppressed feelings towards sexuality than the control group females. Women with BPD may feel compelled to have sex with their partners due to anxious attachment and to appease the fear of rejection (Bouchard et. al., 2009c, 115-118).

Generally, sexuality is a stigma(stamp) should not talk for humans. Mental health was a stigma for humans in many years like sexuality. Psychiatric disorders were ignored to speak about the mental disorder and depression due to not encouraged by humans. Showing the prevalence of sexual problems have been many

epidemiological studies. According to Alfred Kinsey, problems with erection increases problems with age. On the other hand, according to Golombock and friends, women were reached less sexual satisfaction than men that completed study with 60 men and women choosed randomly. It was determined 10% of men with 20% of women are very rare stimulated as sexually. Only 3% of men and 20% of women was thought foreplay is disgusting. " Are sexual problems as result of relationship problems?" or "Are sexual problems brings problematic condition to the relationship?" This is a matter of debate, but generally, sexual problems are causing stress and unhappiness for many people. Thornes and Collard was found sexual dissatisfaction starting from the first time of marriage increase the risk of separation. According to Hawton, many couples with sexual function disorders begin to live frustration and leaving discussions about sex anymore, so anxiety and depression occurs as reaction of sexual dysfunction. According to Derogatis et al, patients with sexual problems have serious psychiatric symptoms. Attitudes are associated with correct or incorrect information. If the wrong information learned, it is difficult to change emotion related with sexual attitudes (Gıllan, 1993, 5-7).

2.METHOD

2.1. Aim of the study

*Examine the comparison between sexual attitude, sexual satisfaction and attachment styles of patients with Bipolar and Borderline pathologies than to individuals without any psychiatric diagnosed.

Note: Especially, ıt wıll examine "randomly, biological and utilitarian sexuality" within sexual attitude.

2.2. Importance of the study

There were targeted to most specifically on those areas similarity of these two pathologies, so assuming as similar in the relationship between sexual attitudes, sexual satisfaction and attachment styles of people with bipolar and borderline pathologies. In individuals with both of pathologies have thought to similar sexual attitudes and sexual satisfaction and same attachment styles. Thus, in fact that similar pathologies intended to prove as more specifically in both of pathologies. Other desired point to highlight is degree of effect of attachment styles in basis of sexuality of people. Earlier research was related with give direction to future partner selection of attachment styles. This study will be found in a reference related with give direction to sexuality of attachment styles. Also, this work as indirectly intended to the question;"One of the fundamental mechanisms attachment styles underlying sexuality?" and ıt is a preliminary study such as an exploratory study to work intended to future as basically.

2.3. Hypothesis

In patients with Bipolar Disorder and Borderline Personality Disorder show more similarity to the relationship between sexual attitude, sexual satisfaction and attachment styles, than to normal individuals without any psychiatric diagnosed

2.3.1. Sub-Hypotheses

*In individuals with BD and BPD was expected to be similar to random sexuality and biological-utilitarian sexuality than to individual with control group.

(subscale of confirmatory and subscale of assessment as tool in Hendrick Brief Sexual Attitudes Scale)

* In this study was expected had mostly insecure attachments as outside of secure attachment of patients with Bipolar and Borderline pathologies than to participants of control group. On the other hand, in this study was expected associated to the attachment styles, dissatisfaction and biological-utilitarian sexuality in patients with Bipolar and Borderline pathologies than to individuals with Control groups.

2.3.2.Limitations

*Participants choosed among outpatients.

*Participants within experimental groups examined during euthymic period.

*Participants with sexual experience selected for research.

*Participants choosed among heterosexual people.

2.4.Sample

While will be used oriented(random) sample from kinds of nonprobability sample during to choosing participants. There will be used patients were diagnosed such as BD (according to DSM 5) and BPD (based on SCID 2) in Uşak State Hospital. Outpatient treated patients will be taken as an participants during to Euthymic period. Participants should be diagnosed as bipolar (axis 1) as well as borderline (axis 2). Number of participants of experimental group should be determined as 25 bipolar and 25 borderline. A total of 50 participants will be selected from Uşak State Hospital. The participants in the control group will be selected as 50 persons from no psychiatric undiagnosed participants in the internal medicine service of Uşak State

Hospital. All of heterosexual participants were at least 18 years old. Participants with sexual experience selected for research.

2.5.Scales

2.5.1. Sociodemographic Information Form

This form will designing by researchers aimed to determine the demographic information of the participant such as the question will taken place of gender, age, education, profession, marital status. First of all, Information Form and Informed Consent will be given to participants. After then, Demographic Information Form and Objective Scales will applied. Participants will be selected on a basis voluntary.

2.5.2.Hendrick-Brief Sexual Attitudes Scale(BSAS)

Hendrick et al (1987) developed the Sexual Attitudes Scale to assess multi-dimensional attitudes towards sex. Listed in this scale are several statements that reflect different attitudes about sexual attitudes. This scale is measure attitudes towards different aspects of sexuality. However, the scale was abbreviated and modified to create the Brief Sexual Attitudes Scale (BSAS), an instrument that is more efficient and easier to administer. Validity and reliability study had been adapted into Turkish by Özgür Karaçam, Tarık Totan, Yeşim Babür Korkmaz and Mehmet Koyuncu. Brief Sexual Attitudes Scale including is each statement as A; strongly agree with statement, B; moderately agree with the statement, C; neutral-neither agree nor disagree, D; moderately disagree with the statement, E; strongly disagree with the statement. This scale is a likert type scale as five cycles. The BSAS is made up of four subscales as Permissiveness, Birth Control, Communion, and Instrumentality. The 23 items are rated on five-point likert scale that ranges from strongly agree and strongly disagree. Hendrick Brief Sexual Attitudes Scale contains a total of 23-item short form containing the four factors as as Permissiveness (1-10), Birth Control (11-13), Communion (14-18) and Instrumentality (19-23). According to Hendrick et al, Permissiveness subscale evaluates to indiscriminate-random

sexuality. Birth control subscale evaluates to responsible and tolerant sexuality, Communion subscale evaluates to idealistic sexuality, Instrumentality subscale evaluates to biological and instrumental sexuality (Karaçam et. al., 2012).

2.5.3.Golombok-Rust Sexual Satisfaction Inventory (GRISS)

The two separate forms for men and women used this scale is available to determine the sexual nature of heterosexual women and men and to assess the sexual dysfunction.28 items found in every question. This five-point Likert-type scale such as "never, rarely, sometimes, often, always". Each item is scored between 0-4 Substances scored in the opposite direction (from 4 to 0 to the right) and Article 28 are female form 2, 4, 5, 8, 9, 10, 11, 15, 16, 17, 19, 21, 22, 25, 26,27. Article 25 of the male form 1, 2, 3, 4, 8, 9, 12, 13, 15, 16, 19, 20, 21 are scored as the reverse direction. Women form of article 3. and 5. related with frequency,2 and 16 article related with the communication,5, 10, 18. and article 22 on satisfaction,7, 13, 20. avoidance of 23 substances, 9, 12, 19. touch and 25 items 6, 11, 17. 24. substances and vaginismusand 8, 14, 21. 28 substances anorgasmia are consists of the subscales. Men in the form of 3, 10, 16. 23. Substances and impotence, 4, 13, 24. And Article 27 of premature ejaculation, 6, 12, 20. and Article 25 are touching,7, 14, 22. 28. Substances and avoidance 5, 11, 15. and Article 21 on satisfaction,1 and Article 17 are often and 2 and 9 items consists of the communication subscale. Total points is obtained in both male as well as female forms from total of 28 items. High scores are related to the deterioration of sexual function as well as deterioration in the quality of the relationship. Scores resulting crude may then be converted to standard scores ranging from 1 to 9,a separate profile for men and women can be drawn or a common profile can be drawn for couples.

İnterpretation: male and female forms are a five common subscales and also seven subscales. The common sub-dimensions are in both forms such as avoidance, satisfaction, communication, touch and frequency of relationship. According to this sub-dimension in addition; female form includes vaginismus and orgasmic disorder,

so men form includes premature ejaculation and impotence subscales. After converting to standard scores of raw scores that suggests 5 or more points in lower dimensions "problem" happened. Turkish validity and reliability study was conducted adapted by Tugrul, C. Öztan, N. Kabakçı, E. (Tuğrul et. al., 1993).

2.5.4. Relationship Scales Questionnaire (RSQ)

Relationship Scales Questionnaire was developed in 1994 by Griffin and Bartholomew. Then, by Sumer and Gungor in 1999 was adapted into Turkish. There are four sub-scales aimed at measuring the adult attachment styles, such as consisting to secure, preoccupied, dismissing and fearful attachment in Relationship Scale. Relationship Scales Questionnaire are a scale to be stylish in 7th to answer the Likert-type 30 items as total for each item 1 (no not like me) and 7 (totally like me) (Sümer, Güngör 1999).

2.6. Statistical Analysis

In this study, there are 25 Bipolar- 25 Borderline participants and control group consisting of 50 persons. Statistical analysis will be used with the SPSS program as the comparison of the obtained numerical data from the objective test results. Statistical analysis will be used with the SPSS program. ANOVA and Pearson Correlation will be made.

2.7.Procedure

Primarily, participants will sign an informed consent form and after then, to participants will be allowed for research and Information form will be given to participants. I will be informed about the research to participants. Then, it will be sosyodemografik datasheets and then the scale will be applied. There should be asked at the beginning of the study for these participants about received a psychiatric diagnosis or any diagnosis. Because, patients with control group must not be diagnosis.

Informed Consent Form: For Participants will be given information about the study. Participants are informed related with the personal information will remain confidential and participants may withdraw from the study at any time. Participant have rights related with research. Special results of research will top secret.

Information Form: For Participants will given information about the study. Participant's rights, participants are informed about the content of the research process. At any stage of this research and this process will not certainly use your name like this. The information collected is not an individual, shall be calculated on the average scores of all participants.

RESULTS

Frequency of the marital status and educational status

Table 1. Frequency of marital status among patients with Bipolar Disorder

Marital status of Bipolar patients	Frequency
Single	9 (39%)
Married	10 (40%)
Divorced	6 (24%)

There is 9 (39%) single,10 (40%) married, 6 (24%) divorced of Bipolar patients in this study.

Table 2. Frequency of educational status among patients with Bipolar Disorder

Educational status of Bipolar patients	Frequency
Elementary school	8 (32%)
Secondary school	2 (8%)
High school	10 (40%)
University	5 (20%)

There is 8 (32%) elementary school, secondary school 2(8 %), high school 10(40 %), university 5(20%) of Bipolar patients in this study.

Table 3. Frequency of marital status among patients with Borderline Disorder

Marital status of Borderline patients	Frequency
Single	8 (32%)
Married	10 (40%)
Divorced	7 (28%)

There is 8(32%) single,10(40%) married,7(28%) divorced of Borderline patients in this study.

Table 4. Frequency of educational status among patients with Borderline Disorder

Educational status of Borderline patients	Frequency
Elementary school	5 (20 %)
Secondary school	1 (4 %)
High school	14 (56%)
University	5 (29%)

There is 5(20%) elementary school, secondary school 1(4 %), high school 14 (56 %), university 5 (29 %) of Borderline patients in this study.

Table 5. Frequency of marital status among patients with Control group

Marital status of Control group	Frequency
Single	15 (30%)
Married	33 (66%)
Divorced	2 (4%)

There is 15(30%) single, 33(66%) married, 2(4%) divorced of participants of control group in this study.

Table 6. Frequency of educational status among patients with Control group

Educational status of Control group	Frequency
Elementary school	6(12 %)
Secondary school	2(4 %)
High school	26(52%)
University	16(32%)

There is 6(12%) elementary school, secondary school 2(4%), high school 26(52 %), university 16(32 %) of participants of control group in this study.

Table 7. Comparison of mean score of "Permissiveness" among Participants with BD-BPD-Control groups

	N	Permissiveness m ± sd	F(p)
Bipolar	25	19.84 ± 3.44	89.40 (0.000)**
Borderline	25	21.16 ± 5.42	
Control group	50	33.82 ± 5.40	

*p≤0.05 **p<0.001

Comparison of mean score of Permissiveness (sub scales of Hendrick) and participants as diagnosed Bipolar-Borderline-Control were compared by One-Way ANOVA. It was found that there was statistically significant differences between mean score of Permissiveness scale and diagnose group of Bipolar-Borderline-Control (p=0.000). In advance analyse the differences were between patients with diagnose of Bipolar and control group (p=0.000), and patients with diagnose of Borderline and control group (p=0.000). Patients with diagnose of BD and BPD have similar mean scores of Permissiveness scale and control group has higher mean scores in Permissiveness scale than Borderline and Bipolar group. As a result, participant with BD and BPD had different as lowest "random sexual attitudes" than to participant of Control group.

Table 8. Comparison of mean score of "Instrumentality" among Participants with BD-BPD-Control groups

	N	Instrumentality m ± sd	F(p)
Bipolar	25	9.52 ± 3.22	7.552 (0.001)*
Borderline	25	10.28 ± 2.46	
Control group	50	11.78 ± 2.12	

*p≤0.05

Comparison of mean score of Instrumentality (sub scales of Hendrick) and participants as diagnosed Bipolar-Borderline-Control were compared by One-Way ANOVA. It was found that there was statistically significant differences between mean score of Instrumentality scale and diagnose group of Bipolar-Borderline-Control (p=0.001). In advance analyse the differences were between patients with diagnose of Bipolar and control group (p=0.001), and patients with diagnose of Borderline and control group (p=0.044). Patients with diagnose of BD and BPD have similar mean scores of Instrumentality scale and control group has higher mean scores in Instrumentality scale than Borderline and Bipolar group. There wasn't significantly differences between Bipolar and Borderline groups (P=0.536). As a result, Bipolar and Borderline participants had different "instrumental sexual attitudes" than to participants of Control group.

Table 9. Comparison of mean score of " **Secure Attachment**" among Participants with BD-BPD-Control groups

	N	m ± sd	F(p)
Bipolar	25	24.56 ± 5.64	56.26 (0.000)**
Borderline	25	23.36 ± 4.79	
Control group	50	34.64 ± 4.86	

*p≤0.05 **p<0.001

Comparison of mean score of Secure Attachment (sub scales of RSQ) and participants as diagnosed Bipolar-Borderline-Control were compared by One-Way ANOVA. It was found that there was statistically significant differences between mean score of Secure Attachment scale and diagnose group of Bipolar-Borderline-Control (p=0.000). In advance analyse the differences were between patients with diagnose of Bipolar and control group (p=0.000), and patients with diagnose of Borderline and control group (p=0.000). Patients with diagnose of Bipolar and Borderline have similar mean scores of Secure Attachment scale and control group has higher mean scores in Secure Attachment scale than Borderline and Bipolar group. Namely, there were found statistically significant differences between Control group and Bipolar group. There were found statistically significant differences between Control group and Borderline group. Bipolar group have lowest mean of using secure attachment (m=24.56) and Borderline group have lowest mean of using secure attachment (m=23.36) but Control group have biggest mean of using secure attachment (m=34.64). There wasn't significantly differences between Bipolar and Borderline groups (P=0.679). As a result, participants with BD and BPD have different according to participant of Control group.

Table 10. Comparison of mean score of " **Preoccupied Attachment**" among Participants with BD-BPD-Control groups

	N	m ± sd	F(p)
Bipolar	25	26.52 ± 6.02	35.75 (0.000)**
Borderline	25	27.12 ± 4.40	
Control group	50	18.54 ± 4.51	

*p≤0.05 **p<0.001

Comparison of mean score of Preoccupied Attachment (sub scales of RSQ) and participants as diagnosed Bipolar-Borderline-Control were compared by One-Way ANOVA. It was found that there was statistically significant differences between mean score of Preoccupied Attachment scale and diagnose group of Bipolar-Borderline-Control (p=0.000). In advance analyse the differences were between patients with diagnose of Bipolar and control group (p=0.000), and patients with diagnose of Borderline and control group (p=0.000). Patients with diagnose of Bipolar and Borderline have similar mean scores of Preoccupied Attachment scale and control group has less mean scores in Preoccupied Attachment scale than Borderline and Bipolar group.

There were found statistically significant differences between Control group and Bipolar group. There were found statistically significant differences between Control group and Borderline group. Bipolar group have lowest mean of using preoccupied attachment (m=26.52) and Borderline group have lowest mean of using preoccupied attachment (m=27.12) but Control group have biggest mean of using preoccupied attachment (m=18.54). Namely, there wasn't significantly differences between

Bipolar and Borderline groups (P=0.902). As a result, participants with BD and BPD have different according to participant of Control group.

Table 11. Comparison of mean score of **"Fearful Attachment"** among Participants with BD-BPD-Control groups

	N	m ± sd	F(p)
Bipolar	25	49.00 ± 7.33	153.00 (0.000)*
Borderline	25	47.32 ± 7.30	
Control group	50	21.48 ± 7.93	

*p≤0.05 **p<0.001

Comparison of mean score of Fearful Attachment (sub scales of RSQ) and participants as diagnosed Bipolar-Borderline-Control were compared by One-Way ANOVA. It was found that there was statistically significant differences between mean score of Fearful Attachment scale and diagnose group of Bipolar-Borderline-Control (p=0.000). In advance analyse the differences were between patients with diagnose of Bipolar and control group (p=0.000), and patients with diagnose of Borderline and control group (p=0.000). Patients with diagnose of Bipolar and Borderline have similar mean scores of Fearful Attachment scale and control group has less mean scores in Fearful Attachment scale than Borderline and Bipolar group. There were found statistically significant differences between Control group and Bipolar group. There were found statistically significant differences between Control group and Borderline group. Bipolar group have lowest mean of using fearful attachment(m=49.00) and Borderline group have lowest mean of using fearful attachment(m=47.32) but Control group have biggest mean of using fearful attachment (m=21.48). There wasn't significantly differences between Bipolar and

Borderline groups (P=0.717). As a result, participants with BD and BPD have different according to participant of Control group.

Table 12. Comparison of mean score of **"Dismissing Attachment"** among Participants with BD-BPD-Control groups

	N	m ± sd	F(p)
Bipolar	25	41.48 ± 5.58	80.93 (0.000)**
Borderline	25	42.48 ± 4.35	
Control group	50	27.32 ± 4.42	

*p≤0.05 **p<0.001

Comparison of mean score of Dismissing Attachment (sub scales of RSQ) and participants as diagnosed Bipolar-Borderline-Control were compared by One-Way ANOVA. It was found that there was statistically significant differences between mean score of Dismissing Attachment scale and diagnose group of Bipolar-Borderline-Control (p=0.000). In advance analyse the differences were between patients with diagnose of Bipolar and control group (p=0.000), and patients with diagnose of Borderline and control group (p=0.000). Patients with diagnose of Bipolar and Borderline have similar mean scores of Dismissing Attachment scale and control group has less mean scores in Dismissing Attachment scale than Borderline and Bipolar group. There were found statistically significant differences between Control group and Bipolar group. There were statistically significant differences between Control group and Borderline group. Bipolar group have lowest mean of using dismissing attachment(m=41.48) and Borderline group have lowest mean of using dismissing attachment(m=42.48) but Control group have biggest mean of using dismissing attachment (m=27.32). There wasn't significantly differences between

Bipolar and Borderline groups (P=0.813). As a result, participants with BD and BPD have different among participant of Control group.

Table 13. Correlations Between **Attachment Styles** (RSQ) and **Dissatisfaction of women-men** (GRISS) and **Instrumentality** (Hendrick sub-scale) among in patients with BD

Bipolar patients	**Dissatisfaction of woman**		**Dissatisfaction of men**		**Instrumentality**	
Attachment Styles	**r**	**(p)**	**r**	**(p)**	**r**	**(p)**
Secure attachment	-0.027	0.897	-0.031	0.883	0.386	0.057
Preoccupied attachment	0.196	0.347	0.198	0.344	-0.419*	0.042*
Fearful attachment	0.247	0.223	0.096	0.648	-0.461*	0.020*
Dismissing attachment	0.333	0.104	0.398*	0.049	-0.244	0.239

*p≤0.05

In the present study the correlation between attachment styles and man-woman dissatisfaction and instrumentality examined by Pearson Correlation analysis in all of participants. Instrumentality measures instrumental sexuality. It was found that there were middle level positive correlations between men dissatisfaction and dismissing attahment in Bipolar patients (p=0.049) (r=0.398). It was found that there were middle level negative correlations between instrumentality and preoccupied attahment in Bipolar patients (p=0.042) (r=-0.419). It was found that there were middle level negative correlations between instrumentality and fearful attahment in Bipolar patients(p=0.020) (r=-0.461). It was found that there were not any significant correlations between especially; women dissatisfaction and secure attachment (p=0.897) (r=-0.067), women dissatisfaction and preoccupied attachment (p=0.347) (r=0.196),women dissatisfaction and fearful attachment (p=0.223) (r=0.247),

women dissatisfaction and dismissing attachment (p=0.104) (r=0.333), men dissatisfaction and secure attachment (p=0.883) (r=-0.031), men dissatisfaction and preoccupied attachment (p=0.344) (r=0.198), men dissatisfaction and fearful attachment (p=0.648) (r=0.096), instrumentality and secure attachment (p=0.057) (r=0.386), instrumentality and dismissing attachment in Bipolar patients (p=0.239) (r=-0.244).

Table 14. Correlations Between **Attachment Styles**(RSQ) and **Dissatisfaction of women-men** (GRISS) and **Instrumentality** (Hendrick sub-scale) among patients with BPD

Borderline patients	**Dissatisfaction of women**		**Dissatisfaction of men**		**Instrumentality**	
Attachment Styles	**r**	**(p)**	**r**	**(p)**	**r**	**(p)**
Secure Attachment	-0.067	0.750	0.231	0.267	0.316	0.123
Preoccupied attachment	- 0.001	0.997	0.003	0.997	-0.469*	0.018*
Fearful Attachment	0.213	0.306	- 0.068	0.745	-0.210*	0.314
Dismissing attachment	0.208	0.319	0.018	0.933	- 0.488*	0.013*

*p≤0.05

It was found that there were middle level negative correlations between instrumentality and preoccupied attahment in Borderline patients(p=0.018) (r=-0.469). It was found that there were low level negative correlations between instrumentality and fearful attahment in Borderline patients(p=0.314) (r=-0.210). It was found that there were middle level negative correlations between instrumentality and dismissing attahment in Borderline patients(p=0.013) (r=-0.488). It was found that there were not any significant correlations between especially; women dissatisfaction and secure attachment (p=0.750) (r=-0.067), women dissatisfaction and preoccupied attachment (p=0.997) (r=-0.001), women dissatisfaction and fearful attachment (p=0.306) (r=0.213), women dissatisfaction and dismissing attachment

(p=0.319) (r=0.208), men dissatisfaction and secure attachment (p=0.267) (r-0.231), men dissatisfaction and preoccupied attachment (p=0.997) (r=0.003), men dissatisfaction and fearful attachment (p=0.745) (r=-0.068), men dissatisfaction and dismissing attachment (p=0.993) (r=0.018), instrumentality and secure attachment in Borderline patients (p=0.123) (r=0.316).

Table 15. Correlations Between **Attachment Styles** (RSQ) and **Dissatisfaction of women-men** (GRISS) and **Instrumentality** (Hendrick sub-scale) among participants of Control group:

Control group	**Dissatisfaction of woman**		**Dissatisfaction of men**		**instrumentality**	
Attachment Styles	**r**	**(p)**	**r**	**(p)**	**r**	**(p)**
Secure attachment	-0.308*	0.029*	-0.019	0.898	0.178	0.216
Preoccupied attachment	0.680**	0.000**	0.371**	0.008**	-0.021	0.882
Fearful attachment	0.639**	0.000**	0.318**	0.024**	0.269	0.058
Dismissing attachment	0.516**	0.000**	0.155	0.283	0.091	0.532

*p≤0.05 **p<0.001

It was found that there were middle level negative correlations between women dissatisfaction and secure attachment in participants of Control group (p=0.029) (r=-0.308). It was found that there were high level positive correlations between women dissatisfaction and preoccupied attachment in participants of Control group (p=0.000) (r=0.680). It was found that there were high level positive correlations between women dissatisfaction and fearful attachment in participants of Control group (p=0.000) (r=0.639). It was found that there were middle level positive correlations between women dissatisfaction and dismissing attachment in participants of Control group (p=0.000) (r=0.516). It was found that there were middle level positive correlations between men dissatisfaction and preoccupied attachment in participants of Control group (p=0.008) (r=0.371). It was found that

there were middle level positive correlations between men dissatisfaction and fearful attachment in participants of Control group (p=0.024) (r=0.318).

It was found that there were not any significant correlations between especially; man dissatisfaction and secure attachment (p=0.898) (r=-0.019),man dissatisfaction and dismissing atachment (p=0.283) (r=0.115), instrumentality and secure attachment (p=0.216) (r=0.178), instrumentality and preoccupied attachment (p=0.882) (r=-0.021), instrumentality and fearful attachment (p=0.058) (r=0.269), instrumentality and dismissing attachment (p=0.532) (r=0.091) in participants of Control group.

DISCUSSION

1. Random Sexual Attitudes

As a result of this study the random sexuality of BD and BPD was found more similar than non psychiatric participants. According to specific researchs at literature, the most important features of patients with BPD are intensity of the affectives and fluxional behaviors. There are quick transition another attitude from an attitude (Köroğlu, 2011c, 63-67). Maybe, therefore, patients with BPD may have unstable sexual attitudes. Because, according to research of Martin Lıoyd, the diagnosed with Compulsive Sexual Behavior was revised to assess symptoms of Borderline Personality Disorder in charts of 85 patients. Also, the unsafe sex practices were detected as (42.4%)". The unsafe sex practices were one of the most commonly symptoms of Borderline patients (Lloyd, 2007b,193-194). Also, according to another study, women with BPD is considered to have dysfunctional attitudes against sexuality. A sample of women in the general population were compared with 34 heterosexual women couples to meets the criteria for BPD in a study about that. Sexuality often was used as a tool to prevent chronic feelings of emptiness and abandonment to appease of anxiety in this group of patients. Thus, some sexual symptoms seen in patients with BPD are related with permanent casualness and randomly sexuality ect. (Bouchard et. al., 2009d, 107-111). On the other hand, according to McCandles and Sladen, sexual activity can be a pleasurable and very important part of self-expression during to manic episode of Bipolar disorder (Candles, Sladen, 2003b, 43-47). Bipolar patients may have extreme sexuality as action during to manic phase. However, normally, Bipolar patients may have lowest sexual attitudes during to euthymic period than the manic phase. This research was conducted to patients within that euthymic phase. Therefore, sexual attitudes of patients with BD and BPD may be lowest. Also, Bipolar individual's living sexual indiscretions as randomly and uncontrolled during Manic episode, so then may cause conflicts in his human relationships (Candless, Sladen, 2003c, 43-47).

According to this study, participants with BD and BPD had different as lowest "randomly sexual attitudes" than non-psychiatric participants. Participants with BD and BPD may have similar "randomly sexual attitudes". Sexual attitudes of non-psychiatric participants were higher level than to individuals with BD and BPD. However, the sexual attitudes and sexual actions of humans may be different from each other. Therefore, extreme sexual attitudes does not mean to be higher level of sexual actions. Normally, according to the symptomatology, Bipolar and Borderline people may have extreme sexuality as action. On the other hand, all of humans may have extreme sexuality as attitude. Therefore findings may be seen just like misleading. Even, findings were quite surprisingly. Because, non-psychiatric participants have higher randomly sexual attitudes than patients with BD and PBD despite to extreme sexuality of patients with BD and BPD. Whereas, randomly sexual attitudes may be a stigma for Bipolar and Borderline patients. Patients with BD and BPD might wants to hide randomly sexual attitudes despite extreme sexual actions as a probability. Especially, patients with BPD have negative attitudes to sexuality. Because, according to studies of Sebastien Bouchard; there were compared as a broad spectrum to sexual attitudes and behaviors of women with Borderline Personality Disorder with women without Borderline Personality Disorder in a research conducted at Qubec province in Canada's eastern. In this study was investigated relationship between sexual attitudes and their sexual activity of women with BPD. Women with BPD have more sexual partners than control group females during to compared. Women with control group have more exceeded than 30 sexual partners to 6% (n=2) along lifetimes, so women with BPD have more exceeded than 30 sexual partners to 50%(n=19) along lifetimes for sexual activity. In BPD group is higher to negative attitudes towards sexuality. However, women with BPD have more sexual partners (Bouchard et. al., 2009e, 111-115).

Instrumental Sexual Attitudes

As a result of this study the instrumental sexuality of participants with BD and BPD was found more similar than non psychiatric participants. According to studies of Sebastien Bouchard, women with Borderline Personality Disorder overmuch feels pressure to sexual intercourse. Therefore, women with BPD have more sexual partners than women without BPD, so they feels to more pressure for sex in themselves. This related with instrumental sexuality for patients with BPD (Bouchard et al., 2009f, 111-115). On the other hand, according to studies of Karadağ, patients with BD live erotomania and impulse control difficulties during manic attack. Therefore, in the patients with BD rates are highly such as enter the random sexual intercourse, inability to resist due to forced to unwanted a sexual relationship, sexual harassment and even enter to sexual intercourse with Money (Kelly et al., 1992b, Kalichman et al., 1994b, Chuang and Atkinson 1996b from Karadağ et al., 2004c,18). Especially, patients have difficulty controlling to sexual attitudes and behavior in Manic episodes. This related with instrumental sexuality as well as randomly sexuality for Bipolar patients (Karadağ et al., 2004c, 18).

As a result, in this study, Random and instrumental sexual attitudes of individuals with BD and BPD have most similar than non psychiatric individuals. However, random and instrumental sexuality of individuals with BD and BPD have lovest level than non psychiatric individuals. Probability, this situation is like this a Dilemma. Because, individuals with BD and BPD may have extreme sexual actions. On the other hand, random and instrumental sexuality examinated as a sexual attitude in this study. Also, Patients with BD and BPD selected for this study in euthymic period. Sexuality is minimized in euthymic period due to some causes like this drug use. Therefore, it is not a dilemma.

2.Attachment Styles, Sexual Dissatisfaction and Instrumental Sexuality

According to results of this study, patients with BD and BPD have most insecure attachment, so non psychiatric participants have lowest insecure attachment. According to spesific studies at literature, healthy participants of control group have higher secure attachment, lower anxious, and lower preoccupied attachment scores than to patients with Bipolar disorder (Morriss, 2009, 268-275). On the other hand, patients with BPD are characterized by irregular attachment styles (Fonagy.,1996; Patrick.,1994). According to another study, the majority of Borderline individuals have an insecure attachment style as evident with distrust of others and fear of abandonment. Typically, people with anxious attachment representations (namely, head to engage with abandonment and rejection) tend to have sex to guarantee themselves and to attract the attention of partners (Bouchard et al, 2009f, 111-115). Already, abandonment depression of Borderline patients were related with expression of insufficiency of object (Masterson, 2008,101).

According to this study, patients with BD and BPD had lowest secure attachment as different than non psychiatric participants. As a result, individuals with BD and BPD have less secure attachment, so non psychiatric individuals have more secure attachment. Patients with BD and BPD had biggest preoccupied attachment different than non psychiatric participants. Patients with BD and BPD had more fearful attachment than non psychiatric participants. Namely, Patients with BD and BPD have bigger fearful attachment, so non psychiatric participants have less fearful attachment. Patients with BD and BPD had biggest dismissing attachment different than non psychiatric participants. Namely, patients with BD and BPD have more dismissing attachment, so non psychiatric participants have less dismissing attachment.

In this study, it was found middle level positive correlations between dissatisfaction of men and dismissing attachment in patients with BD. Namely, Bipolar men with dismissing attached may have more sexual dissatisfaction. It was found middle level negative correlations between instrumental sexuality and preoccupied attahment in

patients with BD. Therefore, Bipolar individuals with preoccupied attached may have lowest instrumental sexuality. Because, this result show us instrumental sexuality increased during to preoccupied attahment decreased, so instrumental sexuality decreased during to preoccupied attahment increased in patients with BD. It was found that there were middle level negative correlations between instrumental sexuality and fearful attachment in patients with BD. Therefore, Bipolar individuals with fearful attached may have lowest instrumental sexuality. Because, This result show us instrumental sexuality increased during to fearful attachment decreased, or it occurs just the opposite in patients with BD. As a result, individuals with BD may have sense of dissatisfaction as a sexual attitude due to dismissing attachment. However, Bipolar individuals with preoccupied and fearfull attached may have not more instrumental sexuality due to lowest manic symptoms in euthymic episode. Whereas, according to McCandles and Sladen in another study, sexual activity can be a pleasurable and very important part of self-expression during to manic episode of Bipolar disorder (Candles, Sladen, 2003d, 43-47).

In this study, it was found middle level negative correlations between instrumental sexuality and preoccupied attahment in patients with BPD. Thus, Borderline individuals with preoccupied attached may have lowest instrumental sexuality as a sexual attitude. Because, This result show us instrumental sexuality decreased during to preoccupied attahment increased, or it occurs just the opposite in patients with BPD. It was found that there were middle level negative correlations between instrumental sexuality and fearful attahment in patients with BPD. Namely, Borderline individuals with fearful attached may have lowest instrumental sexuality as a sexual attitude. Because, this result show us instrumental sexuality decreased during to fearful attahment increased, or it occurs just the opposite in patients with BPD. Also, instrumental sexuality increased during to dismissing attahment decreased in patients BPD. This situation was detected as a unique differ in patients with BPD than patients with BD as well as non pyschiatric individuals. On the other hand, according to another specific study at literature, women with BPD is considered to have dysfunctional attitudes against sexuality. A sample of women in

the general population were compared with 34 heterosexual women couples to meets the criteria for Borderline in a study about that. By regression analysis is considered mediated anxious attachment between Borderline pathology and feeling forced to sex. Namely, Borderline women may have more anxious attachment than to other women. Regression analyzes were conducted to observe the role of the attachment behavior. As a result, there were found a significant between anxious attachment and suppression of feelings towards sexuality. As a result, in the BPD group of women are greater negative attitudes towards sexuality, sexual ambivalence and suppressed feelings towards sexuality than the control group females. Women with BPD may feel compelled to have sex with their partners due to anxious attachment and to appease the fear of rejection (Bouchard et al, 2009). Another study related with romantic attachment styles of men with sex addicted. ANOVA revealed that sexually addicted men are more likely to relate with insecure attachment styles (Zapf, 2008, 158).

In this study, ıt was found middle level negative correlations between dissatisfaction of women and secure attachment in non psychiatric participants. Therefore, non psychiatric women with secure attached may have lowest sexual dissatisfaction. Namely, non psychiatric women with secure attached may have lowest sexual dissatisfaction problem. Because, this result show us, dissatisfaction of women decreased during to secure attahment increased, or it occurs just the opposite. It was found high level positive correlations between dissatisfaction of women and preoccupied attachment in non psychiatric participants. Thus, non psychiatric women with preoccupied attached may have more sexual dissatisfaction. It was found high level positive correlations between dissatisfaction of women and fearful attachment in non psychiatric participants. Non psychiatric women with fearful attached may have more sexual dissatisfaction in this study. According to another study at literature, sexual satisfaction is affects to quality of life. On the other hand, discontented human not want sexual act without exciting with foreplay/touches of satisfactory. According to another study, men who answered rated experiencing pleasure as the most important factors related with fulfil partner's needs, achieve

orgasm, maintain a good erection, having foreplay. Women rated having foreplay as the main factor, together with a romantic relation and to experience pleasure, fulfil partner's needs, experience sexual desire, achieve orgasm, satisfaction after sex, experience intercourse of desired length, and to maintain a good lubrication (Waldkirch, Buvat, 2007, 105-107).

As a result, according to this studies, random and instrumental sexual attitudes and attachment styles of individuals with Bipolar Disorder and Borderline Personality Disorder were detected most similar than non psychiatric individuals. In Generally, there were detected more correlation among sexual dissatisfaction and attachment styles in individuals with healty than individuals with BD and BPD. Also, there were detected more correlation among instrumental sexual attitudes and attachment styles in individuals with BD and BPD. Therefore, similarities among sexuality and attachment styles of individuals with BD and BPD than non psychiatric individuals may be referred in this study.

CONCLUSSION

Sexuality quite to hidden and unique as a stigma for a lot of people. There was found hidden attachment styles behind of the sexuality in humans with Bipolar and Borderline pathologies. There were detected their sexualities as similar manner affected of attachment styles of both of patients with Bipolar Disorder and patients with Borderline Personality Disorder. Results were found just like expected due to patients with BD and BPD in euthymic period. Patients with Bipolar Disorder and Borderline Personality Disorder have similar randomly, biological-utilitarian sexuality than to healthy controls in this case. In individuals with bipolar and borderline pathologies were found completely similar attachment styles than non psychiatric healthy individuals. On the other hand, there were found correlation between attachment styles, dissatisfaction and biological-utilitarian sexuality of patients with BD and BPD than non psychiatric healthy individuals. Results might be wrong because only heterosexuel participants in euthymic episode was included at this study. However examination in euthymic episode was seen appropriate for patients with BD and BPD, because sexuality is a sensitive topic. However, in the future studies patients with BD and BPD may examine attack as well as euthymic periods. Participants should not limited with heterosexuel participants in the future studies. Thus sexual attitudes of participants could examined better. Another studies and this studies about sexuality and attachment styles in individuals with BD and BPD must be evaluate as parts of an entire just like a puzzle for the future studies.

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2.8.EKLER

Ek1.

Aydınlatılmış Onam Formu:

Bu çalışma Yakın Doğu Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Yüksek Lisans Programı çerçevesinde düzenlenen bir çalışmadır. Psk. Tolga Şakar tarafından Prof. Dr. Mehmet Çakıcı'nın danışmanlığında yürütülmekte olan bu çalışma, Uşak Devlet Hastanesindeki Psikiyatri Polikliniğinde ve servisinde olan Bipolar Bozukluk Biriminde ve Borderline Bozukluk Biriminde ayaktan sağaltım gören hastaların bir takım testler ile cinsel tutum,cinsel doyum ve bağlanma stilleri açısından incelenmesini amaçlamıştır.Ayrıca, Uşak Devlet Hastanesi dahiliye servisinden gönüllülük esasıyla alınacak, hiçbir psikiyatrik tanısı olmayan katılımcılar da cinsel tutum,cinsel doyum ve bağlanma stilleri açısından incelenecek ve aralarındaki ilişki karşılaştırılacaktır.

Araştırma sonuçları bilimsel amaçla kullanılacak, kişisel bilgileriniz kesinlikle gizli tutulacaktır. Bu çalışmaya katılmama ve katıldıktan sonra çekilme hakkınız bulunmaktadır. Ek bilgi talebiniz olursa sözlü olarak karşılanacaktır. Bu çalışmaya katılmayı kabul ediyorsanız lütfen aşağıdaki bölüme adınızı soyadınızı yazıp imza atınız.

Yukarıda belirtilen koşullar çerçevesinde psikolojik testlerin uygulanmasını kabul ediyorum.

ADI-SOYADI:

İMZA:

TELEFON:

Ek2.

Bilgilendirme Formu

Bu araştırmanın hiçbir aşamasında ve bu süreçte isminiz kesinlikle kullanılmayacak, toplanan bilgiler bireysel olarak değil, tüm katılımcıların ortalama puanları alınarak hesaplanacaktır.

Araştırmada, katılımcıların, cinsel tutum, cinsel doyum ve bağlanma stilleri arasındaki ilişkiyi tespit etmek amaçlanmıştır.Bu çalışmada siz katılımcılara, bir demogrofik bilgi formu ve bir dizi ölçek sunduk.Demogrofik bilgi formu sizin,yaş,cinsiyet,medeni hal gibi demogrofik özellikleriniz ve ilişkiler ile ilgili sorular içermektedir.Ölçekler ise cinsel tutum,cinsel doyum ve bağlanma stilleri aralarında ne gibi bir ilişki olduğunu ölçmek için kullanılacaktır.Daha önce de belirttiğim gibi görüşmelerde ve ölçeklerde verdiğiniz cevaplar kesinlikle gizli kalacaktır.Çalışmadan istediğiniz zaman çekilmeye hakkınız vardır.Bu çalışmada katılımcılar gönüllülük esasına göre seçilecektir.

Bu çalışma Yakın Doğu Üniversitesi Klinik Psikoloji Yüksek Lisans Öğrencisi Psk. Tolga Şakar tarafından Prof. Dr. Mehmet Çakıcı danışmanlığında yürütülen bir tez çalışmasıdır. Bu tez çalışmasında, katılımcıların cinsel tutum, cinsel doyum ve bağlanma stilleri arasındaki ilişkiyi araştırmak amaçlanmıştır.

Bu çalışmanın 2015 yılının Haziran ayının sonunda bitmesi beklenmektedir. Elde edilen bilgiler sadece bilimsel araştırma ve yazılarda kullanılacaktır. Çalışmanın sonuçlarını öğrenmek yada bu araştırma hakkında daha fazla bilgi almak için aşağıdaki iletişim bilgilerinden araştırmacıya ulaşabilmeniz mümkündür. Bu araştırmaya katıldığınız için tekrar teşekkür ederiz.

Psk. Tolga Şakar

Klinik Psikolojisi Yüksek Lisans Öğrencisi,

Yakın Doğu Üniversitesi

Lefkoşa

E-posta: tolgasakar_6490@windowslive.com

EK3.

Sosyodemografik Bilgi Formu : Araştırmacı tarafından hazırlacak bu formda katılımcının sosyodemografik bilgilerini belirlemeyi amaçlayan cinsiyet, yaş, eğitim, meslek, medeni duruma ait sorular yer alacaktır.Öncelikle katılımcıların tamamına, Aydınlatılmış Onam verilecektir.Daha sonra, Demografik bilgi formu ve Objektif ölçekler uygulanacaktır. Katılımcılar, gönüllülük esasına göre seçilecektir.

Cinsiyet:

Yaş:

Doğum Yeri:

Doğum Tarihi:

Öğrenim durumu:

Mesleği:

Medeni Durumu:

Aylık Ortalama Kazanç:

Yaşanılan Yer (Şehir Merkezi, İlçe, Köy):

EK4

Hendrick Cinsel Tutum Ölçeği

Onaylayıcılık

1. Birisiyle seks yapmak için ona bağlanmak zorunda değilim.
2. Rastgele seks, kabul edilebilir bir olaydır.
3. Çok sayıda partnerle seks yapmaktan hoşlanırım.
4. Tek gecelik ilişkiler, bazen çok eğlenceli olabilir.
5. Belli bir zamanda birden fazla kişiyle cinsel birliktelik yaşamak, normal bir şeydir.
6. Her iki taraf da aynı fikirdeyse seksi zevklerin paylaşımı olarak görebiliriz.
7. En iyi seks, kuralların olmadığı sekstir.
8. İnsanlar daha özgürce seks yapabilse hayat daha kolay olurdu.
9. Çok sevmediğin birisiyle seks yapıp bundan hoşlanmak mümkündür.
10. Seksin yalnızca iyi bir fiziksel rahatlama niteliğini taşıması mümkündür.

Doğum Kontrolü

11. Doğum kontrolü, sorumluluk taşıyan cinselliğin bir parçasıdır.
12. Bir kadın, doğum kontrolü sorumluluğunu paylaşmalıdır.
13. Bir erkek, doğum kontrolü sorumluluğunu paylaşmalıdır.

Paylaşım

14. İki kişi arasında en yakın iletişim tarzı sekstir.
15. Birbirini çok seven iki kişi arasındaki cinsel ilişki, en üst düzeydeki insan etkileşimidir.
16. Seks iyi bir nitelikte olursa, iki ruhun birleşmesine benzer.
17. Seks, yaşamın çok önemli bir parçasıdır.
18. Seks, genellikle yoğun ve insanı adeta ezip geçen bir yaşantıdır.

Araç Olarak Değerlendirme

19. En iyi seks, kendi zevkine odaklandığın sekstir.
20. Seks, öncelikle başka birinden zevk almaktır.
21. Seksin temel amacı zevk almaktır.
22. Seks, öncelikle fiziksel bir şeydir.
23. Seks, esasen yemek yemek gibi bir beden işlevidir.

A: Kesinlikle katılıyorum, B: Katılıyorum, C: Kararsızım, D: Katılmıyorum, E: Kesinlikle katılmıyorum

Ek5.

GOLOMBOK – RUST ERKEK CİNSEL DOYUM ÖLÇEĞİ

Aşağıda cinsel yaşamla ilgili sorular yer almaktadır. Her soru için "hiçbir zaman" , "nadiren" , "bazen", "çoğu zaman", "her zaman" şeklinde beş cevap şıkkı yer almaktadır. Sizden istenen kendi cinsel yaşamınızı göz önüne alarak soruları cevaplandırmanızdır.

Cevaplandırırken: Her soruyu dikkatle okuyunuz.Sorulan durumun son zamanlarda ne kadar sıklıkta ortaya çıktığını düşününüz. Söz konusu durumun ne kadar sıklıkta ortaya çıktığına karar verdikten sonra, o seçeneğin cevabınızı belirtiniz. Hiçbir soruyu cevapsız bırakmayınız.

Lütfen soruları içtenlikle ve dürüstçe cevaplandırmaya özen gösteriniz. Cevaplandırırken, başkalarının görüşlerini dikkate almadan sadece kendi görüşünüzü belirtiniz.

Tanımlama : 0 Hiçbir zaman > 1 Nadiren > 2 Bazen > 3 Çoğu zaman > 4 Her zaman

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1-Haftada 2 defadan fazla cinsel birleşmede bulunur musunuz?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
2-Eşinize, cinsel ilişkinizle ilgili olarak nelerden hoşlanıp, nelerden hoşlanmadığını sorar mısınız?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
3-Cinsel yönden kolay uyarılır mısınız?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
4- Cinsel ilişki sırasında boşalmak için henüz erken olduğunu düşünürseniz, boşalmayı geciktirebilir misiniz?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
5-Eşinizle olan cinsel yaşamınızı tekdüze (monoton) buluyor musunuz?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
6- Eşinizle olan cinsel organına dokunup, okşamaktan rahatsız olur musunuz?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
7- Eşiniz sizinle sevişmek istediğinde, tedirgin ve endişeli olur musunuz?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
8-Cinsel organınızın, eşinizin cinsel organına girmesinden zevk alır mısınız?	☐ 0 ☐ 1 ☐ 2

☐ 3 ☐ 4

9-Eşinize, cinsel ilişkinizle ilgili olarak nelerden hoşlanmadığını sorar mısınız? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

10-İlişki sırasında cinsel organınızın sertleşmediği olur mu? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

11-Eşinizle olan cinsel ilişkinizde sevgi ve şefkatin eksik olduğunu hisseder misiniz? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

12-Eşinizin, cinsel organınıza dokunup okşamasından zevk alır mısınız? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

13- Cinsel birleşme sırasında erken boşalmayı engelleyebilir misiniz? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

14- Eşinizle sevişmekten kaçınır mısınız? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

15- Eşinizle olan cinsel ilişkinizi tatminkar buluyor musunuz? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

16- Ön sevişme(öpme okşama vs.)sırasında cinsel organınızın sertleştiği olur mu? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

17- Bir hafta boyunca cinsel ilişkide bulunmadığınız olur mu?(hastalık gibi nedenler dışında) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

18- Eşinizle karşılıklı mastürbasyon yapmaktan(kendinizi tatmin etmekten) zevk alır mısınız? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

19- Eşinizle sevişmek istediğinizde, ilişkiyi siz başlatır mısınız? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

20- Eşinizin sizi sevip okşamasından rahatsız olur musunuz? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

21-İstediğiniz kadar sık cinsel ilişkide bulunur musunuz? ☐ 0 ☐ 1 ☐ 2

	☐ 3 ☐ 4
22-Sevişme boyunca, sadece cinsel birleşme için ayrılan süre sizin için yeterli mi?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
23- Cinsel birleşme sırasında, cinsel organınızın sertliğini kaybettiği olur mu?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
24-Cinsel organınız, eşinizin cinsel organına girer girmez istemeden boşaldığınız olur mu?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
25- Eşinize sarılıp, vücudunu okşamaktan zevk alır mısınız?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
26- Cinsel yaşama karşı ilgisizlik duyar mısınız?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
27-Cinsel organınız eşinizin cinsel organına girmek üzereyken, istemeden boşaldığınız olur mu?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
28-Sevişme sırasında yaptıklarınızdan tiksinti duyar mısınız?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Ek6

GOLOMBOK – RUST KADIN CİNSEL DOYUM ÖLÇEĞİ

Aşağıda cinsel yaşamla ilgili sorular yer almaktadır. Her soru için "hiçbir zaman" , "nadiren" , "bazen", "çoğu zaman", "her zaman" şeklinde beş cevap şıkkı yer almaktadır. Sizden istenen kendi cinsel yaşamınızı göz önüne alarak soruları cevaplandırmanızdır.

Cevaplandırırken: Her soruyu dikkatle okuyunuz.Sorulan durumun son zamanlarda ne kadar sıklıkta ortaya çıktığını düşününüz. Söz konusu durumun ne kadar sıklıkta ortaya çıktığına karar verdikten sonra, o seçeneğin cevabınızı belirtiniz. Hiçbir soruyu cevapsız bırakmayınız.

Lütfen soruları içtenlikle ve dürüstçe cevaplandırmaya özen gösteriniz. Cevaplandırırken, başkalarının görüşlerini dikkate almadan sadece kendi görüşünüzü belirtiniz.

Tanımlama : 0 Hiçbir zaman > 1 Nadiren > 2 Bazen > 3 Çoğu zaman > 4 Her zaman

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1-Cinsel yaşama karşı ilgisizlik duyar mısınız?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2-Eşinize, cinsel ilişkinizle ilgili olarak nelerden hoşlanıp, nelerden hoşlanmadığını sorar mısınız?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3- Bir hafta boyunca cinsel ilişkide bulunmadığınız olur mu? (adet günleri veya hastalık gibi nedenlerle)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4-Cinsel yönden kolaylıkla uyarılır mısınız?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5- Sizce, sizin ve eşinizin ön sevişmeye(öpme, okşama vb.) ayırdığınız zaman yeterli mi?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6- Kendi cinsel organınızın, eşinizin cinsel organının giremeyeceği kadar dar olduğunu düşünür müsünüz?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7- Eşinizle sevişmekten kaçınır mısınız?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8- Cinsel ilişki sırasında doyuma(orgazma) ulaşabilir misiniz?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9- Eşinize sarılıp, vücudunu okşamaktan zevk alır mısınız?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10- Eşinizle olan cinsel ilişkinizi tatminkar bulur musunuz?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
11- gerekirse rahatsızlık ve acı duymaksızın, parmağınızı cinsel organınızın içine sokabilir misiniz?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
12- Eşinizin cinsel organına dokunup, okşamaktan rahatsız olur musunuz?	☐ 0	☐ 1	☐ 2		

			3	4	
13-Eşiniz sizinle sevişmek istediğinde, rahatsız olur musunuz?	0	1	2		
			3	4	
14-Sizin için doyuma(orgazma) ulaşmanın mümkün olmadığını düşünür müsünüz?	0	1	2		
			3	4	
15-Haftada 2 defadan fazla cinsel birleşmede bulunur musunuz?	0	1	2		
			3	4	
16-Eşinize, cinsel ilişkinizle ilgili olarak, nelerden hoşlanıp, nelerden hoşlanmadığınızı söyleyebilir misiniz?	0	1	2		
			3	4	
17-Eşinizin cinsel organı, sizin cinsel organınıza rahatsızlık vermeden girebilir mi?	0	1	2		
			3	4	
18-Eşinizle olan cinsel ilişkinizde sevgi ve şefkatin eksik olduğunu hisseder misiniz?	0	1	2		
			3	4	
19-Eşinizin cinsel organınıza dokunup okşamasından zevk alır mısınız?	0	1	2		
			3	4	
20- Eşinizle sevişmeyi reddettiğiniz olur mu?	0	1	2		
			3	4	
21-Ön sevişme sırasında eşiniz bızırınızı (kiltoris) uyardığında doyuma (orgazm) ulaşabilir misiniz?	0	1	2		
			3	4	
22-Sevişme boyunca, sadece cinsel birleşme için ayrılan süre sizin için yeterli mi?	0	1	2		
			3	4	
23-Sevişme sırasında yaptıklarınızdan tiksinti duyar mısınız?	0	1	2		
			3	4	
24- Kendi cinsel organınızın, eşinizin cinsel organının derine girmesini engelleyecek kadar dar olduğunu düşünür müsünüz?	0	1	2		
			3	4	
25-Eşinizin sizi sevip okşamasından hoşlanır mısınız?	0	1	2		
			3	4	
26-Sevişme sırasında cinsel organınızda ıslaklık olur mu?	0	1	2		
			3	4	
27-Cinsel birleşme anından hoşlanır mısınız?	0	1	2		
			3	4	
28-Cinsel birleşme anında doyuma (orgazma) ulaşır mısınız?	0	1	2		
			3	4	

Ek7.

RSQ[1]

Aşağıda yakın duygusal ilişkilerinizde kendinizi nasıl hissettiğinize ilişkin çeşitli ifadeler yer almaktadır. Yakın duygusal ilişkilierden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen her bir ifadeyi bu tür ilişkilerinizi düşünerek okuyun ve her bir ifadenin sizi ne ölçüde tanımladığını aşağıdaki 7 aralıklı ölçek üzerinde değerlendiriniz.

1----------2----------3----------4----------5----------6----------7

Beni hiç tanımlamıyor	Beni kısmen tanımlıyor	Tamamıyla beni tanımlıyor

1. Başkalarına kolaylıkla güvenemem. (Korkulu)
2. Kendimi bağımsız hissetmem benim için çok önemli. (Kayıtsız)
3. Başkalarıyla kolaylıkla duygusal yakınlık kurarım. (Güvenli)
4. Bir başka kişiyle tam anlamıyla kaynaşıp bütünleşmek isterim. (Saplantılı)
5. Başklarıyla çok yakınlaşırsam incitileceğimden korkuyorum. (Korkulu)
6. Başkalarıyla yakın duygusal ilişkilerim olmadığı sürece oldukça rahatım. (Kayıtsız, Saplantılı-t)
7. İhtiycım olduğunda yardıma koşacakları konusunda başkalarına herzaman güvenebileceğimden emin değilim. (Güvenli-t)
8. Başkalarıyla tam anlamıyla duygusal yakınlık kurmak istiyorum. (Saplantılı)
9. Yalnız kalmaktan korkarım. (Güvenli-t)
10. Başkalarına rahatlıkla güvenip bağlanabilirim. (Güvenli)
11. Çoğu zaman, romantik ilişkide olduğum insanların beni gerçekten sevmediği konusunda endişelenirim. (Korkulu)
12. Başkalarına tamamıyla güvenmekte zorlanırım. (Korkulu)
13. Başkalarının bana çok yakınlaşması beni endişelendirir. (Korkulu)
14. Duygusal yönden yakın ilişkilerim olsun isterim.
15. Başkalarının bana dayanıp bel bağlaması konusunda oldukça rahatımdır. (Güvenli)
16. Başkalarının bana, benim onlara verdiğim değer kadar değer vermediğini kaygılanırım. (Saplantılı)
17. İhtiyacınız olduğunda hiç kimseyi yanınızda bulamazsınız. (Korkulu)

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[1] **Reference:** Griffin, D. W., & Bartholomew, K. (1994). The Metaphysics of Measurement: The Case of Adult Attachment. In K. Bartholomew & D. P. Perlman (Eds.), *Advances in Personal Relationships: Attachment Processes in Adult Relationships (Vol. 5)*. London: Jessica Kingsley.

Adapted to Turkish by:

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18. Başkalarıyla tam olarak kaynaşıp bütünleşme arzum bazen onları ürkütüp benden uzaklaştırıyor. (Saplantılı)
19. Kendi kendime yettiğimi hissetmem benim için çok önemli. (Kayıtsız)
20. Birisi bana çok yakınlaştığında rahatsızlık duyarım. (Kayıtsız)
21. Romantik ilişkide olduğum insanların benimle kalmak istemeyeceklerinden korkarım. (Korkulu)
22. Başkalarının bana bağlanmamalarını tercih ederim. (Kayıtsız)
23. Terk edilmekten korkarım. (Korkulu)
24. Başkalarıyla yakın olmak beni rahatsız eder. (Korkulu)
25. Başkalarının bana, benim istediğim kadar yakınlaşmakta gönülsüz olduklarını düşünüyorum. (Saplantılı)
26. Başkalarına bağlanmamayı tercih ederim. (Kayıtsız)
27. İhtiyacım olduğunda insanları yanımda bulacağımı biliyorum. (Güvenli)
28. Başkaları beni kabul etmeyecek diye korkarım. (Güvenli-t)
29. Romantik ilişkide olduğum insanlar, genellikle onlarla, benim kendimi rahat hissettiğimden daha yakın olmamı isterler. (Kayıtsız)
30. Başklarıyla yakınlaşmayı nispeten kolay bulurum. (Güvenli)

AUTOBİOGRAPHY

I was born in Uşak in Turkey in 1990. I graduated from Uşak high school in 2008. After than, I started my education in Near East University. I started at psychology department in 2008 after the English preparing program. After than, I did clinical intership at Manisa Mental Hospital at two months during my undergraduate degree. I completed psychology depertment in 2013 as a psychologist. I made clinical intership at Uşak State Hospital for six months during my graduate degree in 2014. I had Positive Psychotherapy training in Northen Cyprus during the same time.

YAKIN DOĞU ÜNİVERSİTESİ BİLİMSEL ARAŞTIRMALAR DEĞERLENDİRME ETİK KURULU

ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

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1. Prof. Dr. Rüştü Onur (BAŞKAN)
2. Prof. Dr. Tümay Sözen (ÜYE)
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10. Doç. Dr. Çetin Lütfi Baydar (ÜYE)
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