

NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY
MASTER PROGRAMME

MASTER'S THESIS

**INVESTIGATING PRIMARY AND SECONDARY CAPACITIES, CONFLICT
REACTIONS AND MODEL DIMENSIONS AMONG DEPRESSION
PATIENTS**

Öznur Aybüke ARSLAN

NICOSIA

2016

NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY
MASTER PROGRAMME

MASTER'S THESIS

**INVESTIGATING PRIMARY AND SECONDARY CAPABILITIES AND
CONFLICT REACTIONS AND MODEL DIMENSIONS AMONG
DEPRESSION PATIENTS**

PREPARED BY

Öznur Aybüke ARSLAN

20145397

SUPERVISOR

ASSOC.PROF.DR.EBRU ÇAKICI

NICOSIA

2016



YAKIN DOĞU ÜNİVERSİTESİ
NEAR EAST UNIVERSITY
SOSYAL BİLİMLER ENSTİTÜSÜ
GRADUATE SCHOOL OF SOCIAL SCIENCES

Date: 28./07./2016, Nicosia

2015/2016 Academic Year Spring Semester

DECLARATION

Type of Thesis: Master Proficiency in Art - PhD

STUDENT NO : 20145397

PROGRAMME : Clinical Psychology

I Öznur Aybüke Arslan, hereby declare that this dissertation entitled
“Investigating Primary and Secondary Capacities, Conflict
Reactions and Model Dimensions Among Depression Patients.”
has been prepared myself under the guidance and supervision of
“Assoc.Prof.Dr.Ebru Galici.....” in partial fulfilment of The Near East
University, Graduate School of Social Sciences regulations and does not to the best of my
knowledge breach any Law of Copyrights and has been tested for plagiarism and a copy of the
result can be found in the Thesis.

Signature:

**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES**

**Clinical Psychology Master Program
Master Thesis**

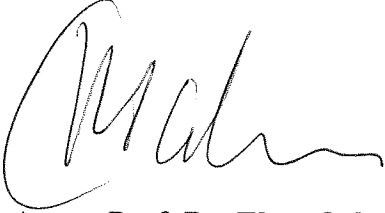
**Investigating Primary and Secondary Capacities, Conflict Reactions and Model
Dimensions Among Depression Patients**

**We certify the thesis is satisfactory for the award of degree of
Master of CLINICAL PSYCHOLOGY**

**Prepared by
AybÜke Arslan**

Examining Committee in charge

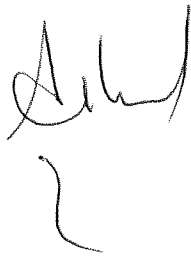
Prof. Dr. Mehmet Çakıcı



Assoc. Prof. Dr. Ebru Çakıcı



Assist. Prof. Dr. Ayhan Eş



**Near East University
Department of Psychology**

**Near East University
Department of Psychology**

**Near East University
Department of Psychological
Counseling and Guidance**

Approval of the Graduate School of Social Sciences

Assoc. Prof. Dr. Mustafa SAĞSAN

Acting Director

ABSTRACT

Investigating Primary and Secondary Capacities, Conflict Reactions and Model
Dimensions among Depression Patients

Aybüke ARSLAN

June 2016, 73 pages

In this research, the primary and secondary capabilities, model dimensions and conflict reaction of the patients with depression is investigated in the context of positive psychotherapy. The research is a cross-sectional study. The study group consists of 100 patients who were retrieved from psychiatry outpatient and inpatient unit and 100 control patients retrieved from internal medicine outpatients unit. Beck Depression Inventory (BDI) and Wiesbaden Inventory for Positive Psychotherapy and Family Therapy (WIPPF) and Personal Information Forms were applied to the participants. A significant difference was observed between time, patience, trust and hope as primary capabilities of the individuals diagnosed and not diagnosed with depression and the faithfulness capability as one of the secondary capabilities. It has been observed that the individuals in depression focus on the body and fantasy field more in the conflict reactions only in the you dimension. The study results demonstrate that the basic capabilities as the baseline of positive psychotherapy predictor effect on the conflict and model dimensions.

Key words: Depression, Positive Psychotherapy, Primary and Secondary capabilities, Conflict Reaction, Model dimensions.

ÖZ

Depresyon Hastaları Arasında Birincil ve İkincil Yeteneklerin, Çatışma Reaksiyonlarının ve Model Boyutlarının İncelenmesi

Aybüke ARSLAN

Haziran 2016, 73 sayfa

Bu araştırmada, depresyon tanısı almış hastaların pozitif psikoterapi bağlamında birincil ve ikincil yeteneklerle, model boyutları ve çatışma reaksiyonları incelenecektir. Araştırma grubunu 2016 yılında Samsun Ruh Sağlığı ve Hastalıkları Hastanesi'nde yatarak ve ayaktan tedavi gören 50 depresyon tanısı almış psikiyatrik hasta ve Samsun Gazi Devlet Hastanesi'nde dahiliye biriminden alınan 50 hasta oluşturmaktadır. Araştırma gruplarına sırasıyla Beck Depresyon Ölçeği (BDÖ), Wiesbaden Pozitif Psikoterapi ve Aile Terapisi Envanteri(WIPPF) ve Kişisel Bilgi Formu uygulanmıştır. Depresyon tanısı alan ve almayan bireylerin birincil yeteneklerinden zaman, sabır, güven ve umut arasında ikincil kapasitelerden de sadakat yeteneğiyle anlamlı fark bulunmuştur. Depresyon yaşayan bireylerin yalnızca sen boyutunda çatışma tepkilerinde de bedene ve fantezi alanına daha fazla yöneldikleri görülmüştür. Çalışma sonuçları göstermektedir ki depresyonun pozitif psikoterapinin temel dayanaklarından temel yetenekler, çatışma ve model boyutları üzerinde yordayıcı etkisi olduğu görülmektedir.

Anahtar Kelimeler: Depresyon, Pozitif Psikoterapi, Birincil ve İkincil Yetenekler, Model boyutları, Çatışma

ACKNOWLEDGEMENTS

First and above all, I wish to express my gratitude and appreciation to my thesis supervisor Assoc. Prof. Dr. Ebru Tansel Çakıcı for his great comments, encouragement, patience, and significant guidance during the writing process of my thesis, without their help, this study would not have been achievable.

I would also like to express my deep thanks to the Chief Physician of Samsun Soul and Mental Disorders Hospital Hüseyin Yalçın Büyükkarabacak and all the physicians and employees, particularly to Esra Şenemre Öztürk, to Dr. Mehmet Kazak and to Samsun Gazi Hospital, to Specialist Psychologist Tuğçe Denizgil, to Specialist Psychologist Rüveyda Bayramoğlu.

I extend my gratitude to all the instructors of the Department who have taught me and supported me with their valuable knowledge throughout my MA courses. I am also, I would like to express my deep thanks to my precious mother Ümran Arslan and father Oktay Arslan, to my valuable sister Almina Arslan who always inspired me with their best wishes. Without their love and support none of this would have been possible.

TABLE OF CONTENTS

Declaration	
Approval Page	
Abstract	i
Öz.....	i
Acknowledgements	iii
Table of Contents.....	iv
List of Tables.....	v
List of Abbreviations.....	vi
INTRODUCTION	1
1.1. Depression	1
1.1.1 History of Depression.....	2
1.1.2.Etiology of Depression.....	3
1.1.2.1.Psychological Theories about Depression.....	5
1.1.2.2.Biological Theories about Depression.....	6
1.2. Positive Psychotherapy.....	7
1.2.1.Conflict Reaction.....	7
1.2.2.Primary and Secondary Capacities.....	9
1.2.3.Model Dimensions.....	12
1.3. Aim of the study	15
1.4. Hypothesis	15
2. LITERATURE REVIEW.....	16
3. METHOD OF THE STUDY.....	19
3.1. Method.....	19
3.2. Data Collection Instruments	19
3.2.1. Personal Information Form.....	9
3.2.2. Beck Depression Inventory	9

3.2.3. Wiesbaden Positive Psychotherapy and Family Therapy Inventory	0
4. RESULTS.....	21
5. DISCUSSION	30
5. CONCLUSION AND RECOMMENDATIONS.....	35
REFERENCES	36
APPENDICES.....	46
Appendix1. Personal Information Form.....	46
Appendix2. Beck Depression Inventory.....	48
Appendix3. Wiesbaden's Inventory of Positive Psychotherapy and Family Therapy- WIPPF.....	53
CV.....	57

LIST OF TABLES

Table 1.	Demographic Characteristics of Participants	21
Table 2.	Comparison of mean scores of primary capabilities among depression and control group	22
Table 3.	Comparison of mean scores of secondary capabilities among depression and control group	23
Table 4.	Comparison of mean scores of model dimensions among depression and control group	24
Table 5.	Comparison of mean scores of conflict reactions among depression and control group	25
Table 6.	Correlation of mean scores of BDS total and primary capabilities scores of WIPPF	26
Table 7.	Correlation of mean scores of BDS total and secondary capabilities scores of WIPPF	27
Table 8.	Correlation of mean scores of BDS total and conflict reaction scores of WIPPF	28
Table 9.	Correlation of mean scores of BDS total and model dimension scores of WIPPF	29

LIST OF ABBREVIATIONS

BDS	Beck Depression Scale
WIPPF	Wisbaden's Inventory of Positive Psychotherapy and Family Therapy

INTRODUCTION

1. Depression

People have certain emotional situations occurring frequently in their lives such as joy, hope, worry, anxiety, grief, fear, nuisance, hatred, anger, reluctance, tedium. Situations in which people find themselves or external stimuli lead to the emergence of one or more of these emotional states (Köknel, 1989). The most important feature of the universe and the human beings as its part is change. It is inevitable that individuals are physiologically and psychologically affected by their social environments and that their emotional states change accordingly (Blackburn, 1999, 39). The affectivity states and sensing this emotional state that varies according to the personality of individuals are affected in a negative way by the inner and outer world of people (Türkçapar, 2009). Negative development of spiritual, physical and social factors will lead to affective disorders, affect the mental health of the individuals and lead to depression which will cognitively affect the individual (Köknel, 1989).

The word depression is a word of Latin origin which means to dull, to depress, to discourage, exhausted, mopish, and dolorous and Turkish equivalent of depression is psychological breakdown or depressive symptomatology (Aktay, 2014). Depression is not a condition which arises only from a single factor but it is a condition resulting from an interaction between many factors (Stuart, 2004, 1). Another source to look at in order to understand what is meant by depression is the psychiatric classification system. Köroğlu, (2013) Depression is an affective disorder in which at least five of the symptoms such as not enjoying any activities that take place during the day, reduction in interest, weakness, psychomotor retardation, agitation, worthlessness, a condition of concentration problems, problems of weight loss or weight gain, fatigue and exhaustion are seen during the whole or most of the day for two weeks and at least one of the symptoms and certain negative criteria should show itself as depressive characteristics in the mood of the individual together with a change in the previous functioning during a two-week period. The individual should be unable to enjoy the life and the activities that he/she were interested in before (Beck and Alford, 2009).

It is adversely affecting the individuals in physical, emotional and cognitive aspects. It can deteriorate the life of the individual from eating habits to sleeping habits, from physical stamina to ability to produce healthy thoughts (Keller & Nesse, 2006).

Depression causes alterations in the thoughts, feelings, behaviour motor activities and dysfunctional attitudes of a person who suffers depression (Furlong & Oei, 2002). In general, depression is a syndrome which includes symptoms such as a significant slowdown of thought, low mental productivity, reduction of motivation, despairing mood, sadness and enthusiasm in motor behaviour (Lorr, Sonn, & Katz, 1967).

The concept of depression can be used as a concept covering many things until it is literally considered as any symptom of a disease from a temporary emotion or as a psychiatric disorder. While depression is sometimes encountered as a changing and rapidly developed natural fit response created towards life, occasionally it emerges as a reflection of the daily frustrations on the mood of people. The individuals in depression cannot live their life as they wish due to the disorders in their mental health, they greatly suffer in this functionalities, families and private life (Gotlib, 1982).

The productivity of the individuals who have a negative perspective towards the future decreases, they wish to be socially isolated, and these cases decrease or gradually disappear depending on the severity of depression. (Kırlı, 2008).

1.1.1 History Of Depression

Context of depression did not exist before 1950s but looking into literatures it can be seen depression history based on ancient Greece and Hippocrates who has greater influence on medicine suggested black bile causes melancholy (Glas, 2003, 1). The intentions to classify depression date back to old time. The aims to classify and name spiritual problems scientifically initially started with Hippocrates than physical illness (Ban, 2014).

Depression has been defined for the first time by Hippocrates who argued that depression can be related to the imbalanced body fluids (called humours) as well as the personal behaviours (Özgan, 2012).

At 19th century concept of depression started to define as disease by Delusive and after definition of depression also classification of depression started (Türkçapar, 2009).

On the other hand, Galen stated that mental functioning disorders and endocrine glands play role in the emergence of melancholy and mania together with the structure of personality. According to Galen, melancholia presents itself with fear and depression being unpleasant about life, hatred towards everyone (1952).

All forms of melancholia and mania were collected under the title manic depressive by Kreapelin and stated all of these are based on just one disease process (Özdemir, 2012).

Karl Kahlba used the cyclothymia statement before Kraepelin and he stated that he watched with mild emotional disorders (Zivanovic & Nedic, 2011).

Pinel stated the illnesses and categorized them in four groups according to his findings, these groups are mania, melancholia, dementia and mental retardation, and it was argued that these illnesses arise from structural imperfections (Köknel, 2005).

At earlier ages, the French psychiatrists stated that depression may be cyclic and categorized it under four groups. These are mental retardation, dementia, mania and melancholia. They defended that these situations arise from structural disorders (Aktay, 2014)

1.1.2. Etiology Of Depression

Many factors play role in the emergence of depression. In general, different reasons come together and trigger depression. These reasons may appear in the form of negative experiences of individuals, personality, chemical changes in the brain and genetic predispositions. Individuals may experience conflicts by the time by being caught between environmental conditions and internal stimuli.

Life events that trigger depression are factors such as the loss of an object or person that is valuable for the person, conflicts in social relations and ageing. If conflicts about instinctive needs and expectations of individuals are experienced, individuals experience a great disappointment. Disappointment is a factor triggering depression (Güleç, 2009).

It is possible to talk about a number of risk factors which contribute to the formation of the depression. These factors can diverse from age to gender, education to income and so on. Study of Lorant and friends 7 years follow-up study showed, change in economic situation affects depression, in one year increases in financial tension, necessity and poverty led to increases in depression symptoms (Lorant et al., 2007). In addition to this, it is possible to say that life event and depression has connection. In older age illness is a risk factor but in younger age lack of social support and negative self-esteem increasing the risk of depression (Prince et al., 1997).

Family is another important risk factor for depression. Marital conflict, parent-child tension, low family ties, parental divorce seen in depression parents so children who grew up in this kind of family develops major depression than children of nondepressed families (Fendrich, Warner, & Weissman, 1990, 48).

There are studies which prove gender is another risk faktor for determining depression. Being women is twice more risky than man in subject of depression (Nolen-Hoeksema,

2011, 173). Kessler et al., (1993, 89) found life time prevalence of major depression in females was 21.3 % and in male was 12.7 %.

Education is another factor which may affect individual mood situation. Ladin (2008, 653) stated that depression level were twice as higher among individuals whose education level was less than high school in compared with who has good educational background

Personality is another factor affecting the formation of depression. Personality is first shaped by the family and then by the social environment. Ego is the ability of individuals after a certain age to look at the society, situation, and events from their own perspective and to give direction to them. "The main factors triggering depression are the structure of self and development process. It was reported that individuals with dominant feelings of dependence, solid, hatred, anger prescriptive, feelings of aggression are more prone to depression (Köknel, 2005, 130).

Individuals who tend to undergo depression do not generally intend to hurt anyone and try to make everyone happy. In case the expectations of the individuals who have strong sense of responsibility, who are overly dependent on their family and relatives, who look for perfection and cannot express emotions, who are susceptible and upset are not fulfilled, these characteristics of the individuals turn into a torment (Ozturk, & Uluşahin, 2011).

It is possible to talk about these common personality characteristics in patients with unipolar depression. The most common personal characteristics in conventional publications are tendency to feel overly responsible, malignant narcissism, rigor, distrust and tendency to be easily blamed (Ozturk, & Uluşahin, 2011).

It is said that negative life events trigger depression however reactions to these events may vary from person to person. This suggests that it may be effective in forming the personality traits of depression. Andrew and Brown (1988, 99) stated that, crisis - dependent people who need to get instant support and low self-esteem can be decisive factor for depression. Hirschfeld and Klerman identified character of depressed individual as low self-confidence, dependent, introverted, inadequate, pessimistic and unassertive (Charney et al. transmitted from Hirschfeld and Klerman, 1981).

There are a lot of study which shows relationship between neuroticism and depression. Flett et al., (1995). Stated neuroticism is one of personality traits which predisposing factor for depression.

Some personality characters are negatively related with depression. One of personality factor that extraversion which is characterized by sociability liveliness and cheerfulness negatively related with depression and hopelessness (Chioqueta & Stiles, 2005).

(Oatley and Boultan suggested that the risk of getting depressed at an experienced event or case increases depending on how low the value individuals give themselves is.

Olinger stated that individuals who are dependent and continuously do self-criticism are more prone to depression. However, Back stated that exaggerated short-sighted individuals closer to stress are at greater risk of depression. Triggering events are not always necessary for the emergence of depression (1987).

1.1.2.1. Psychological Theories about Depression

According to Freud, mood disorders comes from early times in childhood and he stated that fixation at the oral stage causes dependently to other people to sustain self-esteem (Davidson and Neale, 2001). Unconscious negative feeling against love one who has been introjected and after losing love one, in mourning stage these negative feelings develop as self-blame, self-abuse and depression in dependent individuals (Davidson and Neale, 2001). In addition to Freud's theory, Beck and Ward, while analysing dreams in depressed people they stated reasons of depressions are loss and failures not anger and hostility (Ward et al., 1962).

While explaining cognitive theories of depression it can be mentioned two theories which are Beck's theory of depression and hopelessness/helplessness theory. The common factor underlying all the psychological disorders is the realistic and non-functional thoughts affecting the thoughts and behaviours of patients (Beck, 2001). Beck stated depressed people shaped their belief by negative cognitive biases which leads to misunderstanding of reality (Williams at all., 1999). In addition to this theory Beck has come to conclusion that negative thoughts cause depression but depression also can cause negative thoughts (Davidson and Neale, 2001).

In our lives, some sort of values we experienced are shown up by learning. Beck named it as a schema are not flexible and open the change, this situation causes a person losing his/her functionally. Schemas in depression are to be unloved, unappreciated and insufficiency (Öztürk, 1990).

According to hopelessness theories; disagreeable and traumas give people sense of never able to control of their life which will cause at helplessness and then depression and also negative expectations and when requirements are not met of highly valued outcomes will led to hopelessness (Alloy at all., 1988).

According to interpersonal theory of depression studies showed that depressed people have low social skills like interpersonal problem solving (Gotlib & Asarnow, 1979). Adolescent who has depression showed poor interpersonal relationship and achievement in courses also depressed adolescent are more prone to marijuana and cocaine use (Field, Diego, & Sanders, 2001). This sparse and superficial social relationship providing less support from others and they will be comprehended negatively by others (Gotlib, & Hammen, 2008)

1.1.2.1. Biological Theories about Depression

It is known that various medications and illnesses influence the emotional mood causing depression, joy and even mania (Butcher, Mineka, & Hooley, 2013).

Biological amines noradrenaline and serotonin hormones in the brain that increase and decrease according to the depression will occur. In short the upside of depression biochemical imbalances (Barnes, 2014). The other reason for the emergence of depression is a hormonal disorder. Cortisol pituitary hormone secreted by the adrenal glands in patients with depression leads to the intake off. The most commonly considered biological reason of depression is lack of serotonin and noradrenalin. At the same time, it is related to the balance between the neurotransmitters. The problem may also be related to more than one neurotransmitter (Alper, 1999).

In this section we discuss behavioural aspects of depression that generally involve relationships between the depressed person and her same of the data we present may be relevant to the etiology of depression some to its course. Depressed individuals tend to have sparse social network and to regard them as providing little support reduced social support may lessen an individual's ability to handle negative life events and make him or her vulnerable to depression (Billings, Cornkie, & Moos, 1983).

Having a look at the neurochemistry of depression, it is known that impairment of monoamine neurotransmitters in the brain and the neurotransmitters called serotonin are effective in the emergence of depression (Barnes, 2014).

Pariante & Lightman stated hyperactivity of hypothalamic-pituitary-adrenal axis is one of the most important cause of depression (2008).

On the other hand hereditary causes depression in is very important but this tendency is inserted stressful events biological and psychodynamic factors are also important. Normal the risk of depression in people with major depression compared to the control group is 2 to 3 times more (Alper, 1999)

Family studies suggested that the rate of incidence of mood disorders in people diagnosed with depression and their blood tied relatives is two or three times higher (Butcher, Mineka, & Hooley, 2013, 431).

1.2. Positive Psychotherapy

It has been developed by Nossrat Peseschkian in Germany towards the end of 1960s (Peseschkian, 1970). Peseschkian was born and grown up in Iran, received the education of medicine in Germany then settled down in the country he continued his life here until he died in 2010. These cultural changes in the life of Peseschkian enabled him to develop an intercultural theory while he was developing Positive Psychotherapy (Henrichs, 2012).

By having different cultural changes, Peseschkian has fairly stopped on the psychosocial aspects of the basic conflicts of individuals. The social environment in which individuals are affect how individuals perceive the problems they encounter and their perspectives towards these problems. Positive psychotherapy embracing psychodynamic, humanistic psychology (Froh, 2004). Positive psychotherapy is formed by three basic principles. First of them is the principle of hope. The aim in the principle of hope is not eliminating the problem of the client immediately but to move the problem away from the life of the individual by showing its positive aspects. In this way, it helps the client patient to realize his/her potentials and to deal with his/her conflicts by fearing less. According to positive psychotherapy, each individual possesses the capacity of hope (Sarı, 2015).

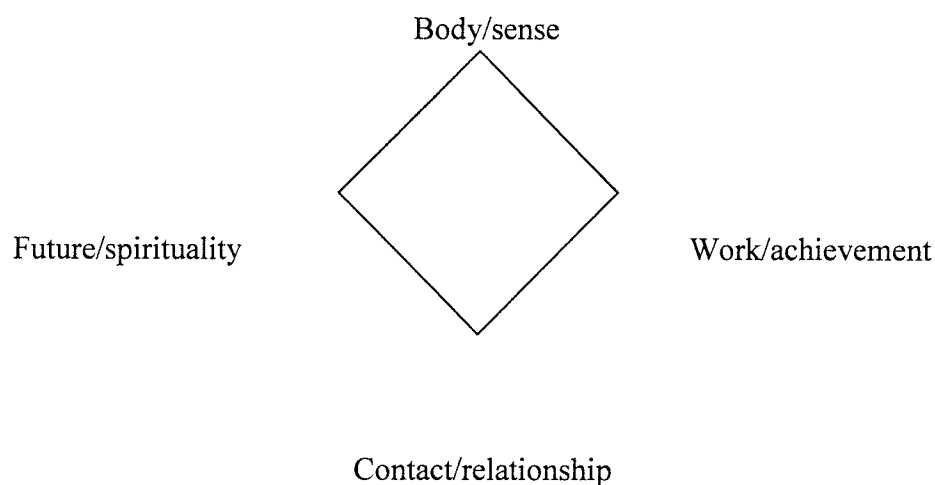
The capacity of hope defends that individuals always have other alternatives to be evaluated even in the most desperate situations (Peseschkian, 1996, 2002).

1.2.1. Conflict Reaction

The second principle of Positive Psychotherapy is to be an approach based on balance model. Positive psychotherapy works the conflicts of individuals and their opportunities to deal with conflicts on balance models (Sarı, 2015, 189). Individuals deal with conflicts they experienced via their bodies (through senses), success (through wisdom), establishing relationships (through customs) and dreaming (through fantasies) (Fırsıloğlu, 2002).

In positive psychotherapy, the development history should be analysed in order to understand the conflicts. It is necessary to look at the family of the individuals and the

characteristics of the individuals. The problems of the individuals include the problems of marriage, excessive desires, and problems regarding children which are the real conflicts while these problems include the basic conflicts in finding the reasons for conflict by slowly basing on the childhood periods.(Peseschkian, 2005).



According to the positive psychotherapy approach, individuals use one of these four categories in order to deal with the conflicts they experience. Using the four categories in a balanced way is important for the psychological functionality of individuals (Peseschkian, 1980). If we approach with the philosophy of enough is as good as a feast, focusing more on one of the four categories when dealing with an encountered problem demonstrates that we did not fight with the conflict in a balanced way (Peseschkian and Walker, 1987). At this point, it gets easier to find the aspects that individuals neglect or use more by using the balance model and it is used as an inventory of conflict contents. At the same time, Positive Psychotherapy contains proverbs, stories, wise sayings and metaphors and plays an important role in resolving the conflicts and encouraging the patients by carrying out a therapeutic function between the patient and the client (Peseschkian, 1998).

Starting point of the positive psychotherapy is more related to daily events, it helps the patient to be interested in a more accepting manner by allowing a different evaluation of the symptoms of the patient. Clients are able to enter into identification by choosing appropriate stories, in short, the stories have a mirror role in this approach.

The third principle of positive psychotherapy is the principle of consultation. The principle of consultation talks about five stages. These stages are firstly the observation stage in which the patients tell their sorrow, try to introduce themselves and stories, idioms, metaphors are used; the inventory stage which determines the balance model and the positive and negative aspects of the patients with themselves and others by using differentiation analysis inventory and micro and macro traumas are mentioned and the situational encouragement stage in which the features which are evaluated negatively by the patients are intended to be strengthened.

1.2.2. Primary and secondary Capabilities

Individuals are not born with capacities which have biological features, they establish their first relationship with their parents, and the capabilities which start emotionally in the vulnerable individual develops with the development, socialization and maturation of individuals.

Every human being has two inherent fundamental capacities. These are the knowledge capacity which tries to resolve the things linked to the facts and love capacity which is related to the emotional world. Development of these capacity and its distribution according to the balance model form the basis of positive psychotherapy. (Peseschkian, 2002).

Love and knowledge capacity is inherent in every human being. These two capabilities differentiate according to the society, culture and time in which individuals are and show themselves as characteristic features (Sarı, 2015, 188). Capabilities are shaped by psychosocial factors. They are categorized under the love capacity that is called primary capabilities such as love, patience, time, sexuality, relationship, hope, trust and belief. Depending on the capacity of conscience, secondary capabilities emerge (Peseschkian, 2002). Capabilities such as order, cleanliness, punctuality, honesty, kindness, success, trustworthiness, obedience, loyalty, prudence and justice undergo the secondary capabilities group.

Primary Capabilities

Love, relationship, sexuality: All the born individuals need to love and to be loved. Love is a strong link between the mother and the child starting in the early period. The capability of love is shaped and developed by society based on this tie. The contact skills also develop together with this capability. Contacting is the case of orientation towards social groups and colleagues. Sexuality is an instinctive-oriented action existing in every individual. The questions about sexuality are 17,69,83 and about love 31,61,76 in WIPPF-B and relationship items considered 30,62,78.

Union: It refers to the situation in which people are in solidarity with each other. The capability of unity is important as a need for a social existence.

Items:13,41,70

Belief: It expresses the attitudes of individuals towards the unknown and the values towards the concept of God.

Items:22,36,54

Time: This capability allows the individuals to be conscientiously organized among yesterday, today and the past.

Items:21,47,73

Hope

It is the case in which the expectations of individuals develop in a positive way for the future. It is shaped by experience.

Items:10,24,69

Trust and confidence: Individuals feel the need to trust towards an object or a person due to their nature. It is the basic desire of individuals not to be disappointed and to believe in someone.

Items:18,28,63

Patience: It is the situation in which individuals can delay their own expectations and satisfaction when necessary.

Items:15,23,38

Secondary Capabilities

Punctuality: It is the capability to be at a place on time rather than going early. It allows better management of many capabilities.

Items:37,48,57

Cleaning: Cleaning capability is a body, clothes, belongings, environment-oriented capability. It is a capability with protective function.

Items:14,56,67

Order: It is related to the experiences of the individuals and their organization..

Items:3,40,72 WIPP form B

Obedience: Obedience capability expressed with commitment is one of the important capabilities that keep individuals together. It is the capability of individuals in order to fulfil the functions of the group or community.

Items:16,46,60

Courtesy: It is the case of prevention of aggression directed against the society. Social environment and culture is the determiner of this capability.

Honesty: It is the capability to say the ideas clearly and correctly to others.

Items:9,44,85 WIPP form B

Justice: It means "acting equal" which varies depending on the individual's level of development.

Items:27,65,81 WIPP Form B

Ambition-Success: Ambition is the case of resisting a difficult activity and be in competition in order to achieve a purpose. Social success is the criteria. Success is a capability related to ambition. Game is the first field in which capabilities of success and ambition develop.

Items:29,45,80

Prudence: The ability to use something economically. This term concerned money and things is an economic way.

Items:8,25,66

Primary and secondary capabilities are interrelated (Peseschkian and Walker Transmitted by Sinici at al., 2014). Development and use of capabilities appear in different ways, expecting our certain developed capabilities from others wears us down and worries us. This situation could lead to the emergence of conflicts. Problems experienced among people and problems encountered in daily life involve real conflicts. Individuals come with current conflicts but the childhood experiences underlying these conflicts are the basic conflicts according to positive psychotherapy. In order to understand the existing conflict, the basic capabilities must be understood. In a sense this means to address the background of the conflict and the therapy is focused on resolving this.

Positive Psychotherapy is an approach based on the individuals and their happiness. The principle of hope exists on the basis of the positive perspective. Being aware of their capabilities activates the hope of individuals and affects the individuals in a

positive way by creating the basis for the therapy process. (Henrichs, 2012). There are two main functions of capabilities during therapy. First of them is to define and the second is to obtain a comprehensive inventory in our understanding of human behaviour. The development of the personality of individuals and psychodynamics are of great importance in terms of their cultural and social impacts. No individual is bad according to positive psychotherapy but there are individuals who did not find the opportunity to distribute their capabilities to develop equally in their life and to develop. Capabilities in Positive Psychotherapy and their different development may be the main point of conflicts in interpersonal relationships; after all, the environment of each individual is shaped by his/her family and culture (Sarı transmitted from Peseschkian, 2015).

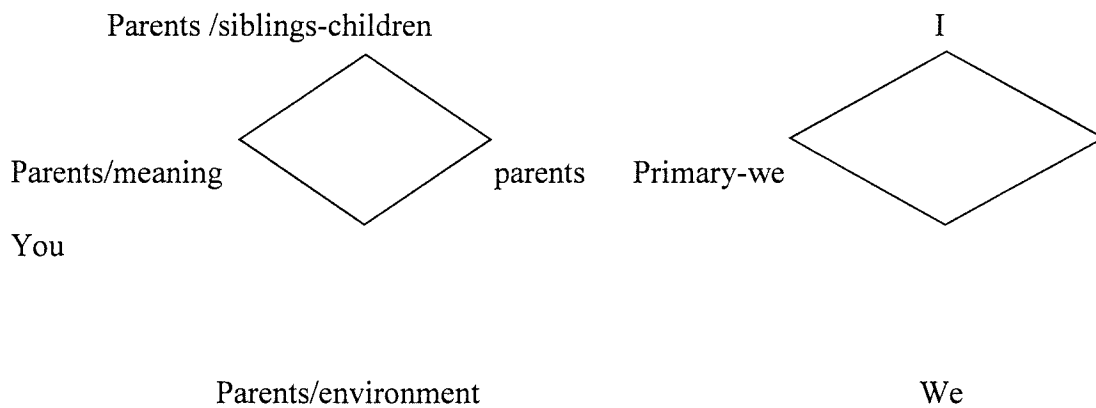
People have common features and distinctive features distinguishing them from each other. Positive psychotherapy defends that these conflicts may decrease by using certain techniques at the point which distinctive features cause conflicts. (Henrichs, 2012). Differentiation Analysis Inventory investigates the conflicts among individuals on the basis of basic capabilities. Inventory can be used in individual therapies as well as family/couple therapies. Personal standards of individuals, family members and other relations were also compared. First of all, it develops in the relationship with family and it reflects to the individuals as a characteristic feature.

1.2.3. Model Dimension

Another technique which used to examine the dimension of the relationships is model dimensions. Model dimension can be explained as the basic relationships of individuals. Development of these dimensions is shaped with the experiences of individuals with their families (Sinici, Sarı, & Maden, 2014).

In model dimensions, the "I" dimension covers the relationship of individuals with themselves, the "You" dimension covers the way how the individuals are in bilateral relationships, the "We" dimension covers the relationship of the individuals with the social environment and the "Basis-We" dimension covers the spiritual part of the individuals in the meaning and fantasy fields (Peseschkian; 2005). Moreover, the dimensions which are developed to understand the development of future capabilities of individuals reflect different aspects of individuals. "I" dimension reflects the relationships of individuals with their families, "You" dimension reflects the relationships of individuals with each other, "We" dimension reflects the relationship

of family members with the social environment and "Basis-We" dimension reflects the perspectives of parents towards life (Pesechkian; 2005).



These model dimensions help to learn about the relationships of individuals within the family and with the friends. At the same time, these model dimensions comply with the relationships in the balance model because majority of the individuals provide their energies more to establishing basic contact relationships in order to fight their conflicts. Figure 1 demonstrates the basic conflicts of the individuals regarding their families and childhoods while Figure 2 provides information about the real conflicts (Henrichs, 2012).

1.3. Depression in Terms of Skills and Capacities

Depression is mainly the situation that occurs when the condition that the individual evaluates as unhappiness which takes longer than the individual is able to tolerate and when the individual is out of control (Karamustafaoğlu, 2011, 35).

Positive psychotherapy evaluates depression as the talent to react deeply emotionally to the situations and problems encountered by the individual which can be assessed as sadness by making a positive comment (Pesechkian, 2005, 143).

Positive psychotherapy argues that the reason leading to the mental disorders in the individual takes place due to too much use or too little use of the talents available in all individuals (Eryılmaz, 2016).

The talent of individuals to develop first love takes place between mother and newborn. Here, children carry a sense of confidence with the concept of love. Love is shaped by a variety of behaviours (Pesechkian, 2002, 82). Mothers and fathers are of great

importance as individuals within the first surroundings of the individual and they take the first step to the family through love (Pekuslu, Eryılmaz, & Kayacık, 2005).

Rado assesses depression as an intense love cry. As a result of the high self-esteem of individuals, the expectations and demands from others will be high. When these skills are not fulfilled, the individual will experience intense frustration (Cengil transmitted from Fenitchel, 2003).

Hope is another talent learnt from the family like other talents. If the individual is not taught about the solutions against the negativities experienced in the childhood experiences, the individual may be lost among adversities (Peseschkian, 2002). Hope is used to express positive expectations in daily language (Akman, & Korkut, 1993). It is a motivator power adding meaning to the life for the adaptation of the individual to future (Kavradım, & Ozer, 2014).

Belief, as one of the basic talents of humans, is the case of understanding and giving meaning to the views about an unknown. Beliefs are a source of hope and consolation for the individual and mean that it is possible to overcome the difficulties encountered in life (Cengiz, 2003).

Sense of confidence lies behind hope. The greatest factor for the development of the sense of hope is trust. The sense of trust is important for human relationships. When an individual who lacks the sense of trust encounters a failure, he always declares others responsible (Dilbaz, & Seber, 1993).

There is a link among despair, self-esteem and depression. Feeling of hopelessness is one of the important causes of depression and the family socio-economic status and traumas have a growing role on the formation of these emotions. Direction of such negative cases towards the individual lowers self-esteem and depression symptoms arise (Balcıoğlu, 2013, 25).

Each talent is linked to each other as a chain and these talents develop during the process of socialization. Thriftiness among the true talents of positive psychotherapy as one of the most important factors for the development of socialization talents is observed to be important for individuals. Considering it as a financial behaviour, negative outcomes may take place in case individuals do not act in control (Eryılmaz, 2011), Individuals under the control of money or other things want to be independent from others. This concept equals to power for some people. Considering thriftiness, the available and shared things can be mentioned. Thriftiness may sometimes arises from the need to be

approved, to be liked by friends and to consent to ratification similar to a child (Peseschkian, 2002)

According to positive psychotherapy, the problems that the individual encounters are caused by the psychosomatic disturbances, internal unrest, intense suspicion and fear caused by the potential of the conflict of the individual. Psychosomatic symptoms are psychological problems caused by physical symptoms failed to be explained by the science of and medicine this can be said that emotional discomforts are somatized (Özen et al., 2010).

The work potential is related to the real talents of the individual. Talents cover huge space in the life of the individual. Cleaning talent due to the knowledge and learning is highly important for an individual while this can cause problems in the relationships with family friends. In order to understand the intensity of this talent, the daily life and the attaining of this talent should be investigated. Perceiving these talents as threatening and harmful for an individual causes the individual to see this talent as stress stimulus (Peseschkian, 2005).

1.3. The Aim Of The Study

This study was conducted to examine the primary and secondary capabilities, conflict reaction types and model dimensions of patients diagnosed with depression and compare them with non-diagnosed individuals.

1.4. Hypotesis

Patients with depression are expected to have stronger courtesy ; and honesty. Patients with depression have lower secondary capacities. Patients with depression escape to body and fantasy more than the control group. Patients with depression mild I dimensions representing the patients showing less patience and giving time them in their childhood period.

LITERATURE REVIEW

In a study conducted by Eryilmaz (2016) which investigates the young adult males diagnosed and not diagnosed with depression in the context of positive psychotherapy, ten young adult males diagnosed with depression and ten young adult males not diagnosed with depression between the age group of 20-45 working at public institutions were given Wiesbaden Positive Psychotherapy Inventory and Personal Information Form. As a result, it has been observed that the individuals diagnosed with depression turn more towards the somatic part of the balance model as one of the basic pillars of the positive psychotherapy in terms of coping with depression.

The study conducted by Sinici, Sarı and Maden (2014) at Gulhane Military Medical Academy on the structure of Positive Psychotherapy in the cases of Post Traumatic Stress Disorder contains 50 patients diagnosed with PTSD and 50 patients not diagnosed with PTSD. These individuals were given Wiesbaden Positive Psychotherapy Inventory, Beck Depression Inventory and Impact of Event Scale. As a result, it was identified that the primary capabilities develop less compared to the secondary capabilities and particularly time capability of the individuals diagnosed with PTSD are the main problematic parts.

In another study conducted by Eryilmaz (2011), the relationship between the subjective well-being of adults and the primary and secondary capabilities were investigated on 84 female and 88 male individuals between the ages 25-40 who live in Ankara. Individuals were given Life Satisfaction Scale and Negative Affect Scale, Wiesbaden's Inventory of Positive Psychotherapy and Family Therapy Inventory. As a result, it has been revealed that there is a positive relationship between the subjective well-being of adults and hope and time as primary capabilities and success and credibility as secondary capabilities.

The main symptoms of depression, the way how these symptoms affect the individuals and the way how the individuals will cope with the encountered problems are significant in terms of the psychodynamic approach of the Positive Psychotherapy.

The excessive use or the incomplete development of the capabilities, which are the main structure of the Positive Psychotherapy, and the disruptions occurring in the balance model often emerge as symptoms of depression. The main disruptions in the somatic part of the balance model can sometimes be encountered as the main symptoms of depression.

In fact, the individual may apply for the somatic complaints rather than the existing intense sadness or depression. The reasons underlying the somatic complaints are highly significant at this point.

Dilbaz and Seber (1993) argued that the feelings of trust and hope are related, the health development of the feeling of hope contributes to the individuals positively in terms of their perspective towards their relationships and events and the insufficiency of this feeling would lead to despair.

In the article of Eryilmaz (2012) on 'Goals: A Significant Tool for Protection of Mental and Physical Health', having considered individuals having goals in terms of the balance model, he argued that individuals develop physically and mentally in a positive way by the correctly emitted energy in the field of success.

In the study about risks of late-life depression conducted by Karen Ladin (2009) on education in different countries, it has been revealed that the individuals who received lower education than high school education have higher rates of depression compared to the individuals who received higher education. It is observed by this research that the success in the equilibrium model plays a significant role in functionality.

In the study conducted by Demirbag (2013) on effectiveness of problem-solving training in the treatment of depression, 20 female and 4 male patients between the ages 16-58 who applied to the Adnan Menderes University Hospital in 2011-2012 and diagnosed with depression have undergone a problem-solving training for 4 weeks as 4 groups.

Individuals were given Personal Information Form, Beck Depression Inventory, Beck Anxiety Inventory, SCID II Personality Inventory Test and Revised Social Problem Solving Inventory. The obtained findings demonstrated that the level of depression and anxiety of patients measured after the training and during the follow-up are significantly lower compared to the acceptance and before the training. In addition, a significant increase was found in the level of problem-solving skills of the patients measured after the training and during the follow-up compared to the measurement of acceptance. In conclusion, it has been revealed that the problem-solving training may be an effective solution on the depression patients during the treatment process.

In the study conducted by Eker, Kirli and Ozkaya (2015) which investigates the relationship between depression and pain in terms of depressive symptoms, 100 patients between the ages 18-65 who have not been receiving antidepressant treatment for at

least the last six months, who applied for Department of Mental Health and Diseases Outpatient Clinic and who were diagnosed with MDD according to DSM-IV-TR diagnostic criteria. Socio-demographic Form, Hamilton Depression Rating Scale, Visual Analogue Scale (used to measure some values that can not be measured numerically) inventory were applied on the patients. As a result, the relationship between the existence of painful complaints and more severe depression has clearly been demonstrated and it has been identified by using all scales or criteria that the patients with pain suffer from more severe depression.

19 inpatients diagnosed with depression, 12 inpatients at the psychiatry service who were not diagnosed with depression and 16 hospital staff were included in the study about self reinforcement and depression in interpersonal interaction by Gotlib (1982). As a result, it has been observed that the in-patients diagnosed with depression have lower self reinforcement and social skills points compared to the hospital staff who were not diagnosed with depression. However, it has been revealed that there is not any significant differences between the self reinforcement and social skills rates of the in-patients diagnosed with depression and the in-patients who were not diagnosed with depression.

METHOD OF STUDY

3.1. Method

The research is a cross-sectional study. Sample of the study consists of a patient group of 100 patients diagnosed with depression. All the patients in the research will be given a Personal Information Form, Beck Depression Inventory (BDI), Wiesbaden Positive Psychotherapy and Family Therapy.

3.2 Data Collection Instruments

In this research, with the purpose of data collection, Personal Information Form, Beck Depression Inventory, Wiesbaden's Inventory of Positive Psychotherapy and Family Therapy-WIPPF was used.

3.2.1. Personal Information Form

Individuals will be given with Personal Information Forms at the beginning of the research. The form will contain questions on their age, gender, marital status, educational status, financial status, family status, whether they live alone and the place they live.

3.2.2. Beck Depression Inventory (BDI)

It is an inventory of 21 items frequently used in the west and formed on the data obtained from clinical observations rather than being built on a specific theory which measures the emotional, somatic, cognitive and motivational observed in depression. This tool was first developed in 1961 and revised in 1978. Adaptation to Turkish and validity-reliability studies were carried out by Hisli (1988). BDI is most commonly self-rating inventory used in depression research developed by Beck et al. (1961). The aim of the inventory is not to diagnose depression but to quantify the severity of depressive symptoms objectively. 21 items in the inventory determine a behavioural pattern specific to depression and contain four options moving from less to more (0-3). The lowest score to be obtained from the inventory is 0 (zero) and the highest score is 63. Items in the inventory are related to the depression symptoms. These symptoms are depressed mood, pessimism, sense of failure, dissatisfaction, feelings of guilt, self-hatred-blame-punishment demands, crying spells, irritability, social withdrawal, indecisiveness, distortion of the body image, inability to work, sleep disturbances, fatigue, decreased appetite, weight loss, somatic busyness and loss of sexual desire and energy respectively (Hisli, 1988). In the studies carried out by Teğin (1980) and Hisli (1988-1989) in our country, the Turkish version of Beck Depression Inventory was identified to be a valid and reliable instrument.

3.2.3 Wiesbaden Positive Psychotherapy and Family Therapy Inventory(WPPF)

WPPF was developed by Nossrat Pesechkian. It is an inventory that measures positive psychotherapy elements such as primary and secondary capabilities which is answered on a four-point Likert-type inventory and consists of 85 items. WPPF is applied to each client in the beginning of consultation process and with certain intervals; it is used in the analysis of the situation of the client and in monitoring the development of their capabilities. The questions marked with "a" between 1 and 11 consist of secondary capabilities and cover the way how individuals define themselves and their active behaviours regarding social norms. The questions marked with "b" between 1 and 11 consist of the expectation part of the real capabilities. They are related to the way how individuals see themselves in their expectations from others. The questions marked with "c" between 1 and 11 is related to the life philosophy that individuals have in line with their capabilities. The questions marked with "a" between 12 and 19 are related to primary capabilities. The relationship of individuals with themselves is examined. It consists of the fact whether individuals allocate some time for themselves and how their beliefs in themselves are. The questions marked with "b" between 12 and 19 are related to the we dimension of the capabilities and it examines the way how individuals are in their relationships with others. The questions marked with "c" between 12 and 19 are related to the "ideal" dimension of the primary capabilities. It is to investigate the ideal primary capabilities in individuals.

4. RESULTS

The mean of age for depression group was 33.40 ± 11.29 (18-65) and the control group was 36.70 ± 12.85 (18-65). There was no significant difference according to age between the group ($p=0.176$) with t-test analysis.

Table 1

Demographic Characteristics of the Participants

Characteristic	Depression n (%)	Control n (%)	df(p)
Gender			
Male	15 (50.0)	15 (50.0)	
Female	35 (50.0)	35 (50.0)	1 (1.000)
Total	50 (100.0)	50 (100.0)	
Marital status			
Single	20 (40.0)	15 (30.0)	
Married	26 (52.0)	29 (58.0)	2 (0.528)
Divorced/widowed	4 (8.0)	6 (12.0)	
Total	50 (100.0)	0 (100.0)	
Education			
Preschool	18 (36.0)	17 (34.0)	
Middle school	5 (10.0)	5 (10.0)	3 (0.922)
Highschool	13 (26.0)	11 (22.0)	
University	17 (28.0)	17 (34.0)	
Total	50 (100.0)	50 (100.0)	
Monthly income			
1000 TL below	8 (16.0)	5 (10.0)	
1000TL-3000TL	38 (76.0)	38 (76.0)	3 (0.553)
3000TL-5000TL	4 (8.0)	6 (12.0)	
5000TL-10.000TL	0 (0.0)	1 (2.0)	
Total	50 (100.0)	50 (100.0)	
Living Place			
Village	9 (12.0)	16 (32.0)	
Town	8 (16.0)	3 (6.0)	3 (0.231)
City	32 (64.0)	30 (60.0)	
Metropolis	1 (2.0)	1 (2.0)	
Total	50 (100.0)	50 (100.0)	
Working Status			
Yes	23 (46.0)	20 (40.0)	
No	27 (54.0)	30 (60.0)	2 (0.534)
Total	50 (100.0)	50 (100.0)	

There aren't any significant differences between depression and control group according to the demographic characteristics.

Table 2*Comparison of mean scores of primary capabilities among depression and control group*

	Depression		Control		t
	\bar{x}	sd	\bar{x}	sd	df
Love	10.41±2.06 n=49		10.63±1.44 n=49		-0.716 96 0.476
Patience	7.62±2,42 n=48		9.24±2,17 n=50		-3.480 96 0.001*
Time	7.98±2.35 n=49		9.54±1.87 n=50		-3.656 97 0.000*
Contact	9.28±2.31 n=49		9.80±1.95 n=50		-1.199 97 0.234
Trust	9.10±1.73 n=50		10.18±1.67 n=50		-3.173 98 0.002*
Hope	8.58±2.54 n=50		10.36±1.51 N=50		-4.260 98 0.000*
Tenderness	10.02±2.06 n=49		9.87±2.01 n=47		0.357 94 0.722
Faith, meaning	9.44±2.18 n=48		9.86±1.87 n=50		-1.030 96 0.306

When the compare the mean score of primary capabilities of WIPPF among depression and control group with Independent sample t-test analysis, significant differences were found for patience (p=0.001), time (p=0.000), trust (p=0.002) and hope (p=0.002). Patience, trust, time and hope scores are lower among depression patients.

Table 3

Comparison of mean scores of secondary capabilities among depression and control group

	Depression		Control		t
	\bar{x}	sd	\bar{x}	sd	df
					p
Orderliness	9.54±2.35 (n=50)		9.69±2.03 (n=49)		-0.348 97 0,728
Punctuality	9.86±2.96 (n=49)		10.09±2.23 (n=47)		-424 94 0.672
Cleanless	8.43±2.56 (n=49)		7.90±2,62 (n=49)		1.015 96 0.313
Politeness	9.61±2.0 (n=47)		9.61±1,97 (n=49)		0.000 96 1.000
Openess	10,68±1,78 (n=47)		10,56±2,42 (n=50)		-279 95 0.781
Achivement	9,55±2,22 n=49		9.39±2,42 n=50		0.348 96 0.729
Reliability	10,47±1,57 n=49		10.48±1,38 n=48		-0.33 95 0.974
Thrift	6.06±2.56 n=50		6.24±2.27 n=49		-0.379 97 0.705
Obedeince	10.49±6.27 n=50		10.31±1,79 n=49		0.197 96 0.844
Justice	10.62±1.30 n=48		11,08±1,52 n=49		-1.586 95 0.116
Faithfulness	10.71±1.40 n=49		11.41±1,15 n=49		-2.679 96 0.009*

When we compare the mean scores of secondary capabilities of WIPPF among depression and control group with independent sample t-test analysis, faitfulness (p=0.009) is found to be significantly lower among depression patients.

Table 4*Comparison of mean scores of model dimensions among depression and control group*

	Depression		Control		t
	\bar{x}	sd	\bar{x}	sd	df
Mother	8,52±2.94 n=50		9.39±2.11 n=49		-1.609 97 0.111
Father	8.57±3.27 n=49		9.20±2.85 n=49		-1.020 96 0.310
Others	6.86±3.87 n=50		5.88±3.58 n=50		1.314 98 0.192
You	7.65±3.17 n=49		9.14±2.61 n=49		-2.540 96 0.013*
We	9.65 ±2.36 n=49		9.72±2.46 n=50		-138 97 0.890
Primary we	7.86±3.06 n=50		9.35±2.82 n=48		-2.507 96 0.014*

When we compare the mean scores of model dimensions of WIPPF among depression and control group with independent sample t-test analysis, ‘you’ (p=0.013) and ‘primary we’ (p=0.014) scores found to be lower among depression patients.

Table 5*Comparison of mean scores of conflict reactions among depression and control group*

	Depression		Control		t df p
	\bar{x}	sd	\bar{x}	sd	
Body	10,14±1.96 n=50		8,98±2.38 n=49		2.648 97 0.009*
Work	8.20±3.01 n=49		8,58±3.16 n=50		-0.606 97 0.546
Conflict reaction contact	7.70±2.72 n=50		8.04±2.39 n=49		-0.662 97 0.510
Fantasy	10.59±1.78 n=49		9.69±2.11 n=49		2.276 96 0.025*

When we compare the mean scores of conflict reaction of WIPPF among depression and control group with independent sample t-test analysis, significant difference was found for body ($p=0.009$) and fantasy ($p=0.025$). Depression patients have more escape to their body and fantasy world than control group.

Table 6*Correlation of mean scores of BDS total and primary capabilities scores of WIPPF*

	BDS-Total
Patience	r=-0.268 p=0.026 n=69
Time	r=-0.388 p=0.001 n=69
Contact	r=-0.285 p=0.018 n=69
Trust	r=-0.330 p=0.005 n=70
Hope	r=-0.537 p=0.000 n=70
Tenderness	r=0.094 p=0.448 n=67
Love	r=-0.318 p=0.008 n=68
Faith, meaning	r=-0.194 p=0.112 n=68

When the correlation of mean score of BDS-total and primary capacity scores of WIPPF is investigated with Pearson analysis, negative significant weak negative correlation was found between BDS-total and patience ($r = -0.268$, $p = 0.026$), between BDS-total and time ($r = -0.388$, $p = 0.001$), between contact and BDS-total ($r = -0.285$, $p = 0.018$), between BDS-total and trust ($r = -0.330$, $p = 0.005$). Negative moderate correlation was found between BDS-total and hope ($r = -0.537$, $p = 0.000$) and between BDS-total and love ($r = -0.318$, $p = 0.008$).

Table 7*Correlation of mean scores of BDS total and secondary capabilities scores of WIPPF*

	BDS-Total
Orderliness	r= -0.118 p= 0.332 n= 70
Punctuality	r=0.006 p=0.961 n=70
Cleanliness	r=-0.081 p=0.510 n=68
Politeness	r=-0.059 p=0.632 n=69
Openess	r=-0.021 p=0.867 n=69
Achivement	r=-0.166 p=0.177 n=68
Reliability	r=0.036 p=0.768 n=68
Thrift	r=0.220 p=0.801 n=69
Obedience	r=0.176 p=0.152 n=68
Justice	r=-0.31 p=0.801 n=69
Faithfulness	r=-0.319 p=0.008* n=69

When the correlation of mean score of BDS-total and secondary capabilities scores of WIPPF is investigated with Pearson analysis, negative significant weak correlation is found between BDS-total and faithfulness ($r=-0.319$, $p=0.008$).

Table 8*Correlation of mean scores of BDS total and conflict reaction scores of WIPPF*

	BDS-Total
Body	r=0.346 p=0.004* n=69
Work	r=-0.367 p=0.002* n=69
Contact	r=0.051 p=0.675 n=69
Fantasy	r=0.260 p=0.031* n=69

When the correlation of mean score of BDS-total and conflict reaction scores of WIPPF is investigated with Pearson analysis, positive significant moderate correlation was found between BDS-total and body score ($r=0.346$, $p=0.004$). Negative weak correlation was found between BDS-total and work ($r=-0.367$, $p=0.002$). It is reported that high depression level decreases coping with conflicts by work. Positive weak correlation was found between BDS-total and fantasy ($r=0.260$, $p=0.031$).

Table 9*Correlation of mean scores of BDS total and model dimension scores of WIPPF*

	BDS-Total
Mother	r=-0.237 p=0.048* n=70
Father	r=-0.225 p=0.065 n=68
Others	r=0.278 p=0.020 n=70
You	r=-0.326 p=0.006* n=69
We	r=-0.091 p=0.457 n=69
Primary we	r=-0.393 p=0.001* n=68

When the correlation of mean score of BDS-total and model dimension scores of WIPPF is investigated with Pearson analysis, negative significant weak correlation was found between BDS-total and mother ($r=-0.237$, $p=0.048$). It was found there was significant positive weak correlation between BDS-total and others ($r=0.278$, $p=0.020$). Significant negative moderate correlation was found between BDS-total and you score ($r=-0.326$, $p=0.006$), between BDS-total and primary we scores ($r=-0.393$, $p=0.001$).

5. DISCUSSION

This research investigated the individuals who were and were not diagnosed with depression in terms of positive psychotherapy natures, which are real capabilities, model dimensions and conflict reactions. According to the findings of the research, significant differences were observed among the primary capabilities (patience, time, trust and hope) in patients diagnosed with depressions compared to the patients not diagnosed with depression. Significant differences were only observed in faithfulness among secondary capabilities. Significant differences in terms of balance model as a field of dealing with conflict for the individuals diagnosed with depression were observed in the fields of body and fantasy and in the field of you in terms of conflict. It has been observed that a negative correlation exists between the patience, contact, trust, hope and love as primary capabilities and faithfulness as one of the secondary capabilities. Also, it has been seen that depression increases when these capabilities decrease. Similarly, a negative correlation has been observed between the relationship with mother and the primary-we in the model dimensions.

Considering the meaning of capabilities before discussing the study findings, the capability of patience is the ability to wait, self-sacrificing for a while, which means keeping others in the foreground (Peseschkian, 2002). Patient people are self-confident. They have the self-control capability, self-respect, the capability to know oneself and the capability to cope with the negativities in the life. Individuals can cope with the stress and the problems with the capability of patience and an individual who can be patient can fight their phobia and worries. (Sayın, 2012,413). Patience is a capability supporting other capabilities at the same time (Pesechkian, 2012). Patience, self-confidence and self-respect are necessary in order to cope with any difficulty, negative and bad events in the life. These factors enable to adapt to events, to face difficulties and to have the belief to solve problems (Dawrick et al.,2008). In another study, the capabilities of young males who were and were not diagnosed with depression were analysed and it has been revealed that the capability of patience of young males who were diagnosed with depression was less (Eryılmaz, 2016).

The capability of trust is a capability associated with the whole experience in the life of individuals (Peseschkian, 2005). Trust represents the holistic belief regarding the character of the individual (Çetinkaya, Kemer & Bulgan, 2008). At the same time, feeling the sense of trust to others is effective in the development of the capability of hope of the individual. Lack of trust towards others leads to the weakening of the feeling

of trust of the individual (Dilbaz & Seber, 1993). Trust and communication at low level is accompanied by depression and worry at high level.

The capability of contact refers to the relationships of the individual with the close surroundings, spouse, friends and relatives, it shortly refers to the ability to socialize. (Peseschkian, 2002) The relationships of the individuals and the changes in the depressive mood were investigated, it has been emphasized that the relationships among the individuals diagnosed with depression may cause depressive mood (Erözkan, 2005). In this study, it has been revealed that the individuals experience problems in giving time to oneself, social environment and the work to be done. Another study revealed that the individuals who demonstrate depression symptoms and undergo trauma experience problems in the time capability as one of the primary capabilities (Sinici, Sarı & Maden, 2014). In another study investigating the subjective well-being of the individuals, it has been proven that the time capability is directly related to the subjective well-being (Eryılmaz, 2011). In cases where time management is not correctly used, for example not finishing a work on time, the individual may feel stressed due to the pressure and worry felt (Göral & Çağlayan, 2009).

Hopelessness is already a depression symptom. (Köroğlu, 2013). Therefore, hopelessness will bring individuals closer to depression. In this study, it has been seen that the individuals diagnosed with depression do not believe that there is a way out in the most hopeless cases and the individuals who do not have future expectation experience depression. The expectation of each individual is further than belonging to today, the individuals hope good things within the time periods including any negativities. When we encounter any negative events, the cases hoped for the future forms the hope capability (Peseschkian, 2002). In another study, it has been revealed that the hope factor decreases the symptoms of depression in the short run.

The faithfulness capability as one of the secondary capabilities is the capability to start and continue a relationship within the borders of trust (Peseschkian, 2012). This study demonstrated that the individuals experience problems in the continuation of a work, the formation of a bonding among people and the belief in this bonding. It is known that the individuals who cannot develop the concept of social bonding may be insufficient in establishing relationships (Lee, Draper & Lee, 2001).

The capability of contact refers to the relationships of the individual with the close surroundings, spouse, friends and relatives, it shortly refers to the ability to socialize.

(Peseschkian, 2002) The relationships of the individuals and the changes in the depressive mood were investigated, it has been emphasized that the relationships among the individuals diagnosed with depression may cause depressive mood (Erözkan, 2005). Belief as one of the basic capacities is the effort to understand and to give meaning to the universe. At the same time, it points out the concept of god. The belief capability means embracing the social values and rules and the individual probably stays away from the sources of stress.

The love capability has always been associated with emotional care and the variety of behaviours of the individual changes according to the love he/she received. The individual lives love for the first time in the family and behaviour patterns vary according to the condition of love received from the family because the individual develops trust at this first love stage and in case of lack of love, the individual may develop a feeling of insecurity (Peseschkian, 2002). In this study, it has been revealed that the individuals diagnosed with depression develop the love capability less. Again, in another carried out study, it has been demonstrated that the traumatic patients with depressive symptoms develop the love capability less (Sinici, Sarı & Maden, 2014). Another research demonstrated that the in-family conflicts, the cases of authority and inconsistent love cause depression in individuals (Schwarz et al., 1979)

Evaluating the results in terms of balance model, it is observed that they are closely related to the depression symptoms. Considering the correlation results, it is observed that the individuals diagnosed with depression make approaches to the study. Conflict is another situation where individuals cope regarding their field of body. The individuals tend to move the problems that they encounter backwards by conflicting. Individuals have emotions such as deciding, choosing, responsibility, controlling by conflicting. (Schaufeli, Leiter & Maslach, 2008) Lack of eating, sleeping or oversleeping, extremely done physical activities, symptoms regarding the sexual life are associated with the body field of the balance model as one of the baselines of positive psychotherapy. This field is related to the way how the individual perceives his/her body and how he/she reacts towards conflicts (Geylan, 2010). It has been proven that the individuals diagnosed with depression use their body field more compared to the individuals who were not diagnosed with depression in terms of coping with problems.

The problems related to the body field demonstrate that the energy distribution is directed to this field. The aim of positive psychotherapy is to understand the internal conflict of the individual and to find the meaning of the energy overdose in the body

field (Sari, 2015). It is necessary to have knowledge about the functioning of the organs that individuals use in psychosomatic patients and to understand why the individual chose this organ (Peseschkian, 2002). Another study revealed that the males diagnosed with depression focus more on the body field in order to cope with conflicts (Eryilmaz, 2016).

Depression is a mental illness affecting the emotions and the body negatively. The stress factor of depression can affect the digestion system as well as being a risk factor for the heart diseases (webMD, 2016). It is 3.3 times more possible to see depression and worry diseases in the individuals with somatoform disorders. In depression patients, the somatic complaints are frequently seen (De Wall et al, 2004). Paxton and Diggins (1997) revealed that, when individuals encounter a negative life event, they intend to avoid these situations rather than coping with them and they tend to eat over extremely by directing this negative event to their bodies. They also demonstrated that there is a direct relationship between extreme eating and depression. Another research done demonstrated that there is a relationship among the risky behaviours among adolescents such as sexual activities, alcohol and cigarette consumption and depression. Another study found a significant relationship between sleep changes (sleeping more or less) and depression (Tsuno, Besset & Ritchie, 2004)

Again, evaluating the results in terms of balance model, it has been observed that the individuals diagnosed with depression focus their energy on the field of fantasy in order to cope with negative conditions. Moreover, the hope capability as one of the primary capabilities is directly related to the field of fantasy (Eryilmaz, 2016). In another conducted study, the negative, neurotic, worried and dysphoric dimensions of fantasy are directly related to depression (Giambra & Traynor, 1978).

Evaluating the results of the study in terms of model dimension, it has been revealed that there is a negative relationship between the you dimension and primary-we dimension of the individuals with depression. You dimension refers to the attitudes of the parents of the individual towards each other. The attitudes of the individuals in relationships other than family relationships are shaped on the basis of parents (Peseschkian, 2012, 2013). Primary we dimension consists of the life philosophies and religious views of parents. These beliefs shall be transferred as cultural background and therefore the beliefs, ideology and the way of perception of life of the individual shall be affected by the attitudes and the perspective of the family where he/she grew up (Geylan, 2010). In another conducted research, it has been stated that the cases that can

be affected by family such as family communication, being open to express, family contentment also provide healthy communication and contentment outside the family (Bandura et al., 2011). In a study conducted on parents-child conflict and depression, it has been shown that the parents-adolescent conflict has negative effects on the mental hygiene and the sel-respect of the adolescents (Özdemir, 2014). In another performed study, parents who have children diagnosed with depression stated that they have more conflicts and disagreement with their children compared to the parents who do not have children diagnosed with depression (Eryüksel & Akün, 2003).

6. CONCLUSION

In this study, the primary capabilities of individuals diagnosed with depression showed less development compared to their secondary capabilities. As primary capabilities are associated more with the ability to love, the individuals diagnosed with depression develop less in the field of love, time, hope, trust, patient and relationship as well as faithfulness as one of the secondary capabilities which arise from the ability to know. In order for the individuals diagnosed with depression to overcome the negative life events, it is observed that they escape more to their bodies and fantasy worlds. This study serves as a resource that can help the patients with depression in their treatment plans in terms of Positive Psychotherapy. It revealed the capabilities that may lead to depression within the context of positive psychotherapy. It can be considered that these capabilities should be emphasized during treatment and a better treatment planning can be achieved. With its model dimensions, the carried out investigation may allow the creation of awareness of the events that may lead to conflicts among individuals.

Limitations

This study sample cannot be generalised as taken from Turkey. It cannot be generalised for different disease diagnosis as individuals who were diagnosed with depression only were the study group of the research. It cannot be generalised for children as the study group included individuals of the 18-65 age group.

REFERENCES

- Akman, Y & Korkut, F. (1993). Umut ölçeği üzerine bir çalışma. **In Hacettepe Üniversitesi Eğitim Fakültesi Dergisi**, 9, 193-202.
- Aktay, M. 2014. Üniversite öğrencilerinde aleksitimi ve depresyonun yordayıcısı olarak bağlanma stilleri. Unpublished Master's Thesis. İstanbul Arel Üniversitesi. Department of Psychology.
- Alloy, L. B., Abramson, L. Y., Metalsky, G. I., Hartlage, S. (1988). The hopelessness theory of depression: Attributional aspects, *British Journal Of Clinical Psychology*. 1, 1: 5-21. Alper, Y. 2003. **Bütün Yönleriyle Depresyon**. İstanbul: Gendaş A.Ş: 36-42
- Andrews, B., & Brown, G. W. (1988). Social support, onset of depression and personality: an exploratory analysis. *Soc Psychiatr Epidemiol*, 23: 99-108.
- Balcıoğlu, İ. (2013) In Gender differences in completed suicides in Istanbul, Turkey. In *J Affect Disord.*, 145(3), 394-9.
- Ban, T. A. (2014). From melancholia to depression a history of diagnosis and treatment. **International Network for the History of Neuropsychopharmacology**.
- Bandura, A. (2011). A social cognitive perspective on positive psychology. **In Revistade Psicologia Social**, 26, 7-20.
- Barnes, J. (2014). **Temel biyolojik psikoloji**. Nobel Akademik Yayıncılık Eğitim Danışmanlık: Ankara. 1-390.
- Beck, A. T. & Alford, B. A. 2009. **Depression: Causes and treatment**. Pennsylvania: University of Pennsylvania Press:17-69

- Beck, J. S. (2001). **Bilişsel terapi temel ilkeler ve ötesi**. Türk psikologlar derneği: Ankara. 1-374.
- Beck, A.T. (1986). **Hopelessness as a predictor of eventual suicide**. In J.J Mann&M. Stanley ,Psychology of suicidal behavior, New York: New York of Sciences.
- Beck.A.T.Brown,G., Berchick, R.J., Stewart, B.L., & Steer, R.A.(1990). Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. **American Journal of Psycbiatric**, 147, 190-195.
- Billings A.G., Cronkite, R.C., & Moos, R.H. (1983). Social-environmental factors in unipolar depression: Comparisons of depressed patients and nondepressed controls. **Journal of Abnormal Psychbology**, 92, 119-133.
- Blackburn, M. 1999. **Depresyon ve başa çıkma yolları**. İstanbul: Remzi Kitabevi. 1-76.
- Brown GW, Harris T. 1978. **Social Origins of Depression**. New York, Free Press. 14-20 classical theories and new developments. **Trends in Neurosciences**. 31, 9: 464-468.
- Butcher, J. N., Meneka, S., & Hooley, J. M. (2013). **Anormal Psikoloji**, Kaknüs yayınları: İstanbul. 1- 1197.
- Çağlayan, V. & Göral, R. (2009). Zaman Yönetimi Becerileri: Meslek Yüksek Okulu Öğrencileri Üzerine Bir Değerlendirme. **In KMU İİBF Dergisi**, 17.
- Charney, D. S., Nelson, J. G., & Quinlan, D. M. (1981). Personality traits and disorder in depression. **Am J Psychiatry**, 138, 12: 1601-1604.
- Chioqueta, A. P., & Stiles, T. C. (2005). Personality traits and the development of depression, hopelessness, and suicide ideation. **Personality and Individual Differences**. 38: 1283–1291.

- Davidson, G. C. & Neale, J. M. (2001). **Abnormal psychology**. New York: John Wiley.
- Dawrick, C., Kokanovich, R., Hegarty, K., Griffiths, F. N Gunn, F (2008). Resilience and Depression: Perspectives from primary care. **Health, SAGE Publications**, 12, 4:439-452
- De Waal, M.W.M, Arnold,I.A, Ekhof, J. A. H.,Van Hemert, F. M. (2004).Somatoform disorders in general practice. **In British Journal of Psychiatry**, 184(6),470-476.
- Dilbaz, N. & Seber, G. (1993). Umutsuzluk kavramı: Depresyon ve intiharda önemi. **In Kriz Dergisi**, 1(3), 134-138.
- Dohrenwend BS, Dohrenwend BP. 1981. **Stressful Life Events and Their Contexts**. New York, Prodist.
- Erözkan, A. (2008). Üniversite öğrencilerinin mükemmeliyetçilik e ilimleri ve depresyon düzeyleri. **In Cypriot Journal of Educational Sciences**, 6, 76-88.
- Eryılmaz, A. 2011 Pozitif Psikoterapi ve Gelişimsel Rehberlik Bağlamında Ergenler İçin Bütçe Yönetme Konusunda Sınıf Rehberliği Programı. **Eğitim Bilimleri Araştırmaları Dergisi**, 2011;1(1)1-17
- Eryılmaz, A. (2011a). Yetişkin öznel iyi oluşu ile pozitif psikoterapi bağlamında birincil ve ikincil yetenekler arasındaki ilişkilerin incelenmesi. **Klinik Psikiyatri**, 14, 17-28
- Eryılmaz, A., Aypay A. (2011b). Lise Öğrencilerinde Derse Katılmaya Motive Olma ile Yaşam Amaçları Belirleme Arasındaki İlişkiler, **Ahi Evran Üniversitesi Eğitim Fakültesi Dergisi**. 12, 3: 149-158.
- Eryılmaz, A. Doğan, T. Totan, T., Sapmaz, F., Temizel, S. (2013). Pozitif psikolojinin psikolojik danışmanlık ve rehberlik alanında gelişimsel ve önleyici hizmetler bağlamında kullanılması. **The Journal of Happiness and Well-Being**, 1(1), 0-0.

- Eryüksel, A. & Akün, E. (2003). Depresyonu olan ergenler ile anne babalarının aile ilişkilerinin ve bilişsel çarpıtmalarının incelenmesi. **Türk Psikoloji Dergisi**, 18(51), 59-79.
- Fendrich, M., Warner, V., & Weissman, M. M. (1990). Family risk factors, parental depression, and psychopathology in offspring. **Developmental psychology**, 210,1: 40-50.
- Field, T., Diego, M. & Sanders, C. (2001). Adolescent depression and risk factors. **Adolescence**, 36(143), 491–498.
- Flett, G. L., Hewitt, P. L., Endler, N. S., & Bagby, R. M. (1995). conceptualization and assessment of personality factors in depression, **European Journal of Personality**, 9, 309-350.
- Froh, J. J. (2004). The History of Positive Psychology: Truth Be Told. **NYS Psychologist**, 18-20.
- Furlong, M., & Oei, T.P.S. (2002). changes to automatic thoughts and dysfunctional attitudes in group CBT for depression. **Behavioural and Cognitive Psychotherapy**, 30, 351–360.
- Galen. (1952). **On the Natural Faculties**, trans. A. J. Brock. London: The Loeb Classical Library.
- Geylan, S. (2010). The effect of the group training with concepts of positive psychotherapy on diabetes mellitus patients. (Unpublished master thesis).
- Giambra, L. M. & and Traynor, T. D. (1978). Depression and daydreaming: an analysis based on self-ratings. **J. Clin. Psychol.**, 34(1), 14–25.

- Glas, G. (2003). **A conceptual history of anxiety and depression**. In: J.A. den Boer & A. Sitsen (Eds.), *Handbook on Anxiety and Depression*. Marcel Dekker: New York/Basel/Hong Kong, 2003 [2nd ed.], 1-48.
- Gotlib I.H., & Asarnow, R.F. (1979). Interpersonal and impersonal problem-solving skills in mildly and clinically depressed students. **Journal of Consulting and Clinical Psychology**, 47, 86-95.
- Gotlib, I. H., Lewinsohn, P.M., Seely, J.R., Rohde, & Rednew, J.E.(1993) Negative cognitions and attributional style in depressed adolescents: An examination of stability and specificity. **Journal of Abnormal Psychology**, 102, 607-615.
- Gotlib, I.H., (1982). Self-reinforcement and depression in interpersonal interaction: The role of performance level. **Journal of Abnormal Psychology**, 93, 19-30.
- Gotlib, I. H., & Hammen, C. L. (2008). **Handbook Of Depression**. Guilford Press: New York. 1-707.
- Güleç, M., KILIÇ, A., Gül, Ü., Güleç, H. 2009. Psoriasis Hastalarında Aleksitimi ve Öfke. **Neuropsychiatry**, 46, 169-74.
- Hellyer, M.(2013). "The History of Depression in Neuroscience," *Sound Neuroscience : An Undergraduate Neuroscience Journal*, 1(1).
- Henrichs, C. (2012). Psychodynamic Positive Psychotherapy Emphasizes the Impact of Culture in the Time of Globalization. **Psychology.3** , 12A: 1148-1152.
- Karamustafaoğlu, S. (2011). Improving the science process skills ability of science student teachers using I diagrams. **Eurasian J. Phys. Chem. Educ.**, 3(1), 26-38.
- Kaplan, D. S., Masand, P. S., Gupta, S., Bhandary, A. N., Nasra, G. S., Kline, M. D., & Margo, K. L. 1995. Major depression and irritable bowel syndrome: is there a relationship?. **Journal of Clinical Psychiatry**

- Kavradım, S. T. & Ozer, Z. C. (2014) Hope in patients with cancer. In Psikiyatride Güncel Yaklaşımlar. **Current Approaches in Psychiatry**, 6(2), 154-164.
- Keller, M. C., & Nesse, R. M.(2006). The Evolutionary Significance of Depressive Symptoms: Different Adverse Situations Lead to Different Depressive Symptom Patterns. **Journal of Personality and Social Psychology**, Vol. 91, No. 2, 316 –330.
- Kendall, P. C., & Watson, D. E. 1989. Anxiety and depression: Distinctive and overlapping features. **Academic Press**
- Kessler, R. C., McGonagle, K. A., Swartz, M., Blazer, D. G., & Nelson, C. B. (1993). Sex and depression in the National Comorbidity Survey I: Lifetime prevalence, chronicity and recurrence. **Journal of Affective Disorders**, 29: 85-96.
- Kırlı, S. 2008. **Güncel Klinik Psikiyatri**. Ankara: Golden Print Matbaası. Şubat, 131-154.
- Köknel, Ö. 1989. **Depresyon: ruhsal çöküntü**. İstanbul: Altın Kitaplar Kitabevi:11-50.
- Köknel, Ö. 2005. **Depresyon: ruhsal çöküntü**. İstanbul: Altın Kitaplar Yayınevi, 129-131
- Köroğlu, E. (2013). **Ruhsal bozuklukların tanısal ve sayımsal el kitabı (DSM-5) cilt I**. Hekimler yayın birliği, Boylam Psikiyatri Enstitüsü: Ankara. 1-486.
- Ladin, K. (2008). Risk of late-life depression across 10 European Union countries: deconstructing the education effect. **Journal of aging and health**. 20, 6: 653-670.
- Lee, R. M., Draper, M. & Lee, S. Social connectedness , dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. **In Journal of Counseling Psychology**, 48(3), 310-318.

- Lorant, V., Croux, C., Weich, S., Deliege, D., Mackenbach, J., & Anseau, M. (2007). Depression and socio-economic risk factors: 7 year longitudinal population study. **British Journal of Psychiatry**, 198:293-298.
- Lorr, M., Sonn, T. M., & Katz, M. M. (1967). Toward a Definition of Depression. **Arch Gen Psychiatry**. 17(2):183-186.
- Maslach, C., Leiter, M. P., & Schaufeli, W. B. (2009). **Measuring burnout**. In C. L. Cooper & S. Cartwright (Eds.), *The Oxford handbook of organizational well-being* (86-108). Oxford UK: Oxford University Press.
- Muris, P., Meesters, C, Melick, M. V & Zuwambag, L (2001). Self-reported attachment style, attachment quality, and symptoms of anxiety and depression in young adolescents. **Personality and Individual Differences**. 30: 809-828.
- Nolen-Hoeksema, S. (2011). Gender Differences in Depression. **Current Direction In Psychological Science**. 10, 5:173-176.
- Olinger L.J, Kuioer N.A, Shaw B.F. 1987. **Dysfunctional attitudes and stressful life events: An interactive model of depression**. *Cognitive Therapy and Research*, 11:25-40.
- Özdemir, O. (2012). Psikiyatride boyutsal yaklaşım. **Current Approaches in Psychiatry**. 4, 3: 315-334.
- Özdemir, Y (2014). Ana-Baba Ergen Çatışması ve Ergenlerde Depresyon Belirtileri: Benlik Saygısının Aracı Rolü. **The journal of Psychiatry and Neurological Sciences**, 27, 21-220.
- Ozen S., Sirota A., Belluscio M. A., Anastassiou C. A., Stark E., Koch C., et al. . (2010). Transcranial electric stimulation entrains cortical neuronal populations in rats. **J Neurosci.**, 30(34), 11476–85.

- Özgan, A. Y. (2012). Depresyon. **Istanbul University Student Scientific Journal of Cerrahpasa**, 5, 6.
- Öztürk, O. M., & Uluşahin, A. (2011a). **Ruh sağlığı ve bozuklukları I**. Nobel tıp kitabevleri: Ankara. 1-554.
- Öztürk M.O. & Uluşahin, A. (2011b) **Ruh Sağlığı ve Bozuklukları I**. Updated 11. Edition. Tuna Matbaacılık, Nobel Tıp Kitabevleri, Ankara p: 306-7.
- Pariante, C. M. & Lightman, S. L. (2008). The HPA axis in major depression: classical theories and new developments. **Trends Neurosci**. 31, 9:464-468.
- Paxton, S.J., & Diggins, J. (1997). Avoidance coping, binge eating, and depression: An examination of the escape theory of binge eating. **International Journal of Eating Disorders**, 22(1), 83-87.
- Peseschkian, N. (1970). **Psychotherapy of everyday life: Training in partnership and self-help with 250 case histories**. Springer: New Delhi: 1-250.
- Peseschkian, N. & Walker, R.R. (1987). **Positive psychotherapy theory and practice of a new method**. Berlin: Springer-verlag.
- Peseschkian, N. (1996). **Positive family therapy**. The family as therapist. New Delhi: Sterling Paperbacks
- Pesseschkian, N. (2002a). **Günlük yaşamın psikoterapisi**. İstanbul : Beyaz Yayınları:66-18
- Peseschkian, N. (2002b). **Positive Psychotherapy in: Globalized Psychotherapy by Alfred Pritz (Ed.)**, Publisher: Facultas, 2002 ISBN 3-85076-605-5
- Pesseschkian, N. (2005). **Pozitif Aile Terapisi**. İstanbul : Beyaz Yayınları.125-191

- Prince, M. J., Harwood, R. H., Blizard, R. A., Thomas, A., & Mann, A. H. (1997). Social support deficits, loneliness and life events as risk factors for depression in old age, the Gospel Oak Project IV. **Psychological Medicine**, 27: 323-332.
- Sarı, T. (2015). Pozitif psikoterapi: Gelişimi, temel ilke ve yöntemleri ve Türk kültürüne uygulanabilirliği. **The Journal of Happiness & Well-Being**, 3, 2: 182-203.
- Sayın, A. & Ceylan, M. E. (2012). Neurobiology of repression: a hypothetical interpretation. **In Integr Psychol Behav Sci.**, 46(3):395-409.
- Schwarz, J.C, Zuroff,D,C(1979)Family Structure and Depression in Female college students:Effects of parental conflict,decision-making power,and inconsistency of love. **Journal of Abnormal Psychology**. 88(4):398-406
- Sinici, E., Sarı, T., Maden, Ö. (2014). Primary And Secondary Capacities in Post-Traumatic Stress Disorder (PTSD) Patients in terms of Positive Psychotherapy, **International Journal of Psychotherapy**. 18, 3.
- Stuart, M. (2004). Understanding Depression Following a Disaster: Promoting the Health and Tsuno, N, Besset, A & Ritchie, K. (2004).Sleep and Depression. **Clinical Psychiatry**. 166, 10: 1254-1269
- Türkçapar, H. 2009. **Depresyon**. Ankara: HBS Basım:17-21
- Waller, M. W, Hallfors, D. D, Halpern, C. T, Iritani, B. T, Ford, C.A & Guo G. (2006). Gender differences in associations between depressive symptoms and pattern of substance use and risky sexual behaviour among a nationally representative sample of U.S adolescents. **Archives of Women's Mental Health**. 9: 139-150.
- Ward, C. H., Beck, A.T., Mendelson, M., Mock, E., & Erbaugh, J.K. (1962). The psychiatric nomenclature: Reason for diagnostic disagreement. **Archives Of General Psychiatry**, 7,198-205.

WebMD.(2016). How Depression Affects Your Body. .Retrieved 19.06.2016
from:www.webmd.com/how-depression-affects-your-body.

Williams, J. M. G., Watts, F. N., MacLeod, C., & Mathews, A. (1999). Cognitive
psychology and emotional disorder. **John Wiley & Sons**: New York: 1-404

Zivanovic, O., Nedic, A. (2011). Kraepelin's concept of manic-depressive insanity: One
hundred years later. **Journal of Affective Disorders**, 137,1–3: 15–24.

APPENDICES**APPENDIX 1: Personal Information Form**

1. Ad soyad.....

2. Yaşınız?

.....

3. Cinsiyet

a) Erkek b) Kadın

4. Medeni Durumunuz nedir?

a) Bekar

b) Evli

c) Boşanmış

d) Dul

5. Eğitim düzeyiniz nedir?

a) İlkokul

b) Ortaokul

c) Lise

d) Üniversite

6. Aylık geliriniz nedir?

a) 1000 tl nin altında

b) 1000- 3000 tl arasında

c) 3000-5000 tl arasında

d) 5000-10.000 tl arasında

e)10 bin tl ve üzeri

6.Çocukluğunuzu nerde geçirdiğiniz?

a) Köy

b) İlçe

c) Şehir

d) Metropol

7.Şu anda çalışıyormusunuz?

a)Evet b)Hayır

8.Depresyon tanısını ne zaman aldınız?

9..İlaç tedavisinin yanında terapi tedavisi görüyorsunuz?

a) Evet

b) Hayır

APPENDIX 2: BECK DEPRESSION INVENTORY

AÇIKLAMA: Sayın cevaplayıcı aşağıda gruplar halinde cümleler verilmektedir. Öncelikle her gruptaki cümleleri dikkatle okuyarak, BUGÜN DÂHİL GEÇEN HAFTA içinde kendinizi nasıl hissettiğini en iyi anlatan cümleyi seçiniz. Eğer bir grupta durumunuzu, duygularınızı tarif eden birden fazla cümle varsa her birini daire içine alarak işaretleyiniz.

Soruları vereceğiniz samimi ve dürüst cevaplar araştırmanın bilimsel niteliği açısından son derece önemlidir. Bilimsel katkı ve yardımlarınız için sonsuz teşekkürler.

1- 0. Kendimi üzüntülü ve sıkıntılı hissetmiyorum.

1. Kendimi üzüntülü ve sıkıntılı hissediyorum.
2. Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.
3. O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

2- 0. Gelecek hakkında mutsuz ve karamsar değilim.

1. Gelecek hakkında karamsarım.
2. Gelecekte beklediğim hiçbir şey yok.
3. Geleceğim hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

3- 0. Kendimi başarısız bir insan olarak görmüyorum.

1. Çevremdeki birçok kişiden daha çok başarısızlıklarım olmuş gibi hissediyorum.

2. GemiŖe baktığımda başarısızlıklarla dolu olduğunu görüyorum.

3. Kendimi tümüyle başarısız biri olarak görüyorum.

4- 0. Birok Ŗeyden eskisi kadar zevk alıyorum.

1. Eskiden olduğu gibi her Ŗeyden hoşlanmıyorum.

2. Artık hiçbir Ŗey bana tam anlamıyla zevk vermiyor.

3. Her Ŗeyden sıkılıyorum.

5- 0. Kendimi herhangi bir Ŗekilde suçlu hissetmiyorum.

1. Kendimi zaman zaman suçlu hissediyorum.

2. oęu zaman kendimi suçlu hissediyorum.

3. Kendimi her zaman suçlu hissediyorum.

6- 0. Bana cezalandırılmışım gibi geliyor.

1. Cezalandırılabilceğimi hissediyorum.

2. Cezalandırılmayı bekliyorum.

3. Cezalandırıldığımı hissediyorum.

7- 0. Kendimden memnunum.

1. Kendi kendimden pek memnun değilim.

2. Kendime ok kızıyorum.

3. Kendimden nefret ediyorum.

8- 0. BaŖkalarından daha kötü olduğumu sanmıyorum.

1. Zayıf yanların veya hatalarım için kendi kendimi eleştiririm.

2. Hatalarımdan dolayı ve her zaman kendimi kabahatli bulurum.

3. Her aksilik karşısında kendimi hatalı bulurum.

9- 0. Kendimi öldürmek gibi düşüncelerim yok.

1. Zaman zaman kendimi öldürmeyi düşündüğüm olur. Fakat yapmıyorum.
2. Kendimi öldürmek isterdim.
3. Fırsatını bulsam kendimi öldürürdüm.

10- 0. Her zamankinden fazla içimden ağlamak gelmiyor.

1. Zaman zaman içinden ağlamak geliyor.
2. Çoğu zaman ağlıyorum.
3. Eskiden ağlayabilirdim şimdi istesem de ağlayamıyorum.

11- 0. Şimdi her zaman olduğumdan daha sinirli değilim.

1. Eskisine kıyasla daha kolay kızıyor ya da sinirleniyorum.
2. Şimdi hep sinirliyim.
3. Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

12- 0. Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.

1. Başkaları ile eskiden daha az konuşmak, görüşmek istiyorum.
2. Başkaları ile konuşma ve görüşme isteğimi kaybetmedim.
3. Hiç kimseyle konuşmak görüşmek istemiyorum.

13- 0. Eskiden olduğu gibi kolay karar verebiliyorum.

1. Eskiden olduğu kadar kolay karar veremiyorum.
2. Karar verirken eskisine kıyasla çok güçlük çekiyorum.
3. Artık hiç karar veremiyorum.

14- 0. Aynada kendime baktığımda değişiklik görmüyorum.

1. Daha yaşlanmış ve çirkinleşmişim gibi geliyor.
2. Görünüşümün çok değiştiğini ve çirkinleştiğimi hissediyorum.
3. Kendimi çok çirkin buluyorum.

15- 0. Eskisi kadar iyi çalışabiliyorum.

1. Bir şeyler yapabilmek için gayret göstermem gerekiyor.
2. Herhangi bir şeyi yapabilmek için kendimi çok zorlamam gerekiyor.
3. Hiçbir şey yapamıyorum.

16- 0. Her zamanki gibi iyi uyuyabiliyorum.

1. Eskiden olduğu gibi iyi uyuyamıyorum.
2. Her zamankinden 1-2 saat daha erken uyanıyorum ve tekrar uyuyamıyorum.
3. Her zamankinden çok daha erken uyanıyor ve tekrar uyuyamıyorum.

17- 0. Her zamankinden daha çabuk yorulmuyorum.

1. Her zamankinden daha çabuk yoruluyorum.
2. Yaptığım her şey beni yoruyor.
3. Kendimi hemen hiçbir şey yapamayacak kadar yorgun hissediyorum.

18- 0. İştahım her zamanki gibi.

1. İştahım her zamanki kadar iyi değil.
2. İştahım çok azaldı.
3. Artık hiç iştahım yok.

19- 0. Son zamanlarda kilo vermedim.

1. İki kilodan fazla kilo verdim.
2. Dört kilodan fazla kilo verdim.
3. Altı kilodan fazla kilo vermeye çalışıyorum.

20- 0. Sağlığım beni fazla endişelendirmiyor.

1. Ağrı, sancı, mide bozukluğu veya kabızlık gibi rahatsızlıklar beni endişelendirmiyor.
2. Sağlığım beni endişelendirdiği için başka şeyleri düşünmek zorlaşıyor.
3. Sağlığım hakkında o kadar endişeliyim ki başka hiçbir şey düşünemiyorum.

21- 0. Son zamanlarda cinsel konulara olan ilgimde bir değişme fark etmedim.

1. Cinsel konularla eskisinden daha az ilgiliyim.
2. Cinsel konularla şimdi çok daha az ilgiliyim.
3. Cinsel konular olan ilgimi tamamen kaybettim.

APPENDIX 3

Wiesbaden's Inventory of Positive Psychotherapy and Family Therapy- WIPPF

WIPPF 2.0

Wiesbaden Pozitif Psikoterapi ve Aile Terapisi Envanteri
Uluslararası Versiyon 2.04 – Türkçe

Bu envanterde farklı yaşlardan kadın ve erkek kişilerin çeşitli ifadeleri bulunmaktadır.

Lütfen kendi bakış açınıza göre bu ifadeleri değerlendiriniz. Bu envanterin sonuçları konsültasyon ve tedavi için yararlı olabilmektedir.

Lütfen her ifade için bir cevap işaretleyin. Dört farklı seçenek mevcuttur.

	Evet	Hayır
- “Tamamıyla katılıyorum” için “evet”in altındaki O harfini işaretleyin	X	O O O O
- “Hiç Katılmıyorum” için “hayır”ın altındaki O harfini işaretleyin	O O O O	X
- “Kismen katılıyorum” için “evet”e yakın olan O harfini işaretleyin	O X O O	
- “Kismen katılmıyorum” için “hayır”a yakın olan O harfini işaretleyin	O O X O	

Teşekkürler!

	Hayır	Evet	
1 Yönergeleri okudum ve tüm soruları açıklıkla yanıtlamaya hazır hissediyorum.		O O O O	
2 Öfkeli veya heyecanlı olduğum zaman bunu bütün vücudumda hissederim.		O O O O	20a
3 Çalışma yerimi/ofisimi/evimi her zaman düzenli tutar ve bırakırım.		O O O O	1a
4 Çocukluğumda ebeveynlerimin pek çok sosyal ilişkisin olduğunu gözlemledim.		O O O O	26a
5 Zorluk içinde olduğumda, olabilecek bütün olasılıkları düşünmekten kedimi alamam.		O O O O	23a
6 Güvenirlilik iş hayatında ve toplumda çok önemlidir.		O O O O	7c
7 Bir karar verdiğim zaman her ne olursa olsun onu mutlaka korurum.		O O O O	11a
8 Akrabalarım çok fazla para harcadıkları zaman kedimi irite olmuş hissederim.		O O O O	8b
9 Açıklık ve dürüstlük başkalarına saygılı olmaktan çok daha önemlidir.		O O O O	5c
		4 3 2 1	

WIPPF 2.0

		Agreement		
		Yes	No	
10	Çok ümitsiz görünen durumlarda bile her zaman bir çıkış yolu vardır.	<input type="radio"/>	<input type="radio"/>	16c
11	Ebeveynlerim bir çatışmaya girdiklerinde, her zaman ortak bir çözüm bulmaya çalışırlardı.	<input type="radio"/>	<input type="radio"/>	25a
12	Performans benim için en önemli şeydir, özellikle sorunlarım olduğu zaman.	<input type="radio"/>	<input type="radio"/>	21a
13	İyi davranışlara sahip kişilerle olmayı tercih ederim.	<input type="radio"/>	<input type="radio"/>	4b
14	Ancak tüm vücudumu her gün yıkayabilirsem kendimi iyi ve temiz hissederim	<input type="radio"/>	<input type="radio"/>	2a
15	Her hangi bir şey beni irite etse bile her zaman sabırlı olabilirim.	<input type="radio"/>	<input type="radio"/>	12a
16	Bir patron ya da otoriteye sahip bir kişinin yönlendirmelerini ve tavsiyelerini takip ederim.	<input type="radio"/>	<input type="radio"/>	9a
17	Çok yumşak olmaktan çok hoşlanırım.	<input type="radio"/>	<input type="radio"/>	17a
18	Genellikle ilişki kurma söz konusu olduğunda insanlara güvenirim.	<input type="radio"/>	<input type="radio"/>	15b
19	Çocukken babam bana karşı çok sabırlıydı.	<input type="radio"/>	<input type="radio"/>	24e
20	Zorluk içinde olduğumda genellikle diğerleriyle iletişim kurmayı tercih ederim.	<input type="radio"/>	<input type="radio"/>	22a
21	Yeni insanlarla tanışmak için her zaman zaman ayırırım.	<input type="radio"/>	<input type="radio"/>	13b
22	Yaşam ve ölüm hakkındaki görüşlerimi diğerleriyle paylaşmak benim için çok önemlidir.	<input type="radio"/>	<input type="radio"/>	19b
23	Eğer birisi beni rahatsız ederse her zaman sakın olmayı tercih ederim.	<input type="radio"/>	<input type="radio"/>	12b
24	Kendim ve ailem için iyi bir geleceğin olacağına inanıyorum.	<input type="radio"/>	<input type="radio"/>	16b
25	Çok param olsa bile onu harcamaktan çok hoşlanmam.	<input type="radio"/>	<input type="radio"/>	8a
26	Yaşam felsefesi ve inançlar konusundaki sorularım hakkında ebeveynlerim her zaman benimle konuşurlardı.	<input type="radio"/>	<input type="radio"/>	27a
27	Her koşulda diğerlerine karşı adaletli davranılmalı.	<input type="radio"/>	<input type="radio"/>	10c
28	Her zaman kendime güvenebilirim.	<input type="radio"/>	<input type="radio"/>	15a
29	Tembel olmak genelde kötü sonuçlar doğurur.	<input type="radio"/>	<input type="radio"/>	6c
30	İyi ilişkilere sahip olmak paraya sahip olmaktan çok daha önemlidir.	<input type="radio"/>	<input type="radio"/>	14c
31	Kedimi olduğum gibi kabul edebilirim.	<input type="radio"/>	<input type="radio"/>	18a
32	Ebeveynlerimin birlikteliği bir sevgi birlikteliği idi.	<input type="radio"/>	<input type="radio"/>	25b
33	Zorluk içinde olduğum zaman, bunun hakkında gece gündüz düşünürüm.	<input type="radio"/>	<input type="radio"/>	23b
34	Annem ben çocukken bana karşı çok sabırlıydı.	<input type="radio"/>	<input type="radio"/>	24b
35	Eşimin bana karşı her zaman sadık olmasını beklerim.	<input type="radio"/>	<input type="radio"/>	11b
36	Hayatımın anlamı beni çok ilgilendirir.	<input type="radio"/>	<input type="radio"/>	19a
37	Dakiklik olmadan hayatınızı yönetemezsiniz.	<input type="radio"/>	<input type="radio"/>	3c
		4	3 2 1	

WIPPF 2.0

	Agreement				
	Yes		No		
38 Sabırla her şeye ulaşabilirsiniz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12c
39 Ebeveynlerim diğerlerine karşı her zaman toleranslı ve açık davranırlardı.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26b
40 Eğer her şey bir karışıklık içindeyse çılgına dönebilirim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1b
41 Diğerlerinin fikirlerini önemsemek her zaman önemlidir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4c
42 Tamamıyla güvenemeyeceğiniz bir kişi sizin asla arkadaşınız olamaz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7b
43 Ebeveynlerimin birbirlerine her zaman adaletli davrandıklarını hissediyorum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25c
44 Son derece açık ve direkt bir şekilde fikirlerini açıklayan kişilerden hoşlanırım.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5b
45 Kendimi çok fazla iş ve başarı odaklı görüyorum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6a
46 Çocuklar her zaman ebeveynlerinin söylediklerini umursamalı ve onlara uymalıdır.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9c
47 Beni için bir hayat sözü vardır: Her şeyin zamana ihtiyacı vardır.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13c
48 Beş dakika geç kalmaktansa 10 dakika erken gitmeyi tercih ederim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3a
49 Babam çocukluğumda benim için çok önemli bir modeldi.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24f
50 Ne zaman heyecanlı ya da öfkeli olsam vücudumda gerginlik hissedirim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20b
51 İşimde ya da evimde güçlükler yaşadığım zaman diğer insanların yardımına ihtiyaç duyarım.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22b
52 Problemlerim olduğu zaman daha çok çalışmayı tercih ederim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21b
53 Sağlık/sadakat iyi bir insan karakteri için vazgeçilmezdir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11c
54 Yaşam felsefem yaşantıma yön vermem için çok önemlidir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19c
55 Ebeveynlerimim hayat felsefeleri onlar için güçlü bir taban oluşturmaktaydı.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27b
56 Ancak evimdeki herkes titiz bir şekilde her yeri temiz tutarlarsa kendimi iyi hissedebilirim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2b
57 İnsanlar geç kaldığında bu beni sinirlendirir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3b
58 Zorluk içinde olduğum zamanlarda, hayatın anlamı hakkında oldukça düşünürüm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23c
59 Yumuşaklık ve cinsellik birliktelik için mutlaka olması gereken koşullardır.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17c
60 Ailemde ya da işimde disiplin beklerim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9b
61 Benimkilerden farklı fikirleri olan bir kişi ile birlikteyken de iyi hissedebilirim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18b
62 Sıklıkla misafirlerim olur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14b
63 Toplum yaşamı için güvenilirlik olması gereken bir şeydir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15c
64 Küçükken annemin bana çok zamanı vardı.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24a
65 Bir kişi adil olmadığında buna karşı çok duyarlıyım.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10b
66 Zengin olmanın en iyi yolu biriktirmektir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8c
	4	3	2	1	

WIPPF 2.0

	Agreement				
	Yes			No	
67 Temizlik bir kişinin temiz bir karakteri olduğunu gösterir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2c
68 Her zaman verdiğim sözleri tutarım.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7a
69 Her zaman yaşamım için planlarım vardır.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16a
70 Benim için evet demek hayır demekten daha kolaydır.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4a
71 Çalışırken sorunlarımı unuturum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21c
72 Bir kişi her zaman düzenli görünmeli.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1c
73 İşim yanında hobilerim ve ilgilerim için de yeteri zamanım olur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13a
74 Ebeveynlerim pek çok misafiri olurdu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26c
75 Küçükken babamın benim için zamanı vardı.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24d
76 Her insanın içinde iyi olan bir şey vardır.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18c
77 Sıklıkla vücudumun ilaç almaya ihtiyacı olduğunu hissedirim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20c
78 Kolaylıkla arkadaş edinirim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14a
79 Ebeveynlerim hayatın anlamına çok ilgililerdi.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27c
80 Biri tembel olduğunda kendimi iyi hissetmiyorum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6b
81 Bir kişiyi ancak onun davranışının tüm nedenlerini biliyorsam yargılarım.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10a
82 Özel veya işle ilgili problemlerim olduğu zaman çevremdeki insanların kendi sorunlarını unutmalarına ihtiyaç duyarım.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22c
83 Sevdiğim kişi ile bir an önce yakınlık kurmak isterim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17b
84 Annem benim için bir model olmuştur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24c
85 Fikrimi açıklıkla ifade etmeyi tercih ederim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5a
86 Çocukluğumda sıklıkla bana annem ve babamdan daha çok zaman ayıran biriyle vakit geçirirdim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24g
87 Çocukluğumda bana karşı anne ve babamdan daha fazla sabırlı olan bir kişi vardı.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24h
88 Çocukluğumda benim için anne ve babamdan daha önemli olan bir kişi vardı.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24i
	4	3	2	1	

Ad-Soyad:Doğum Tarihi:Bu günün tarihi:.....

Meslek:Yaşanılan Yer/Şehir :
.....

Ülke:Evli Bir ilişki içinde Yalnız Çocuk:
.....

CURRICULUM VITAE

PERSONAL INFORMATIONS

Name Surname : Öznur Aybüke ARSLAN
 Date of Birth : 12/04/1990
 Place of Birth : İstanbul/ Üsküdar
 Country : Turkey
 Marital Status : Single
 Adress : Eryaman Kaşmir Göl Evleri, Aksu 10 blok no:46, ANKARA
 Mobile Numbers:
 Gsm : 0 (536) 7721691
 Home : 0 (312) 2813168
 e-mail : psk.aybuke@hotmail.com

EDUCATION STATUS

- 2014-2016 : Near East University, Institute of Social Science, Clinical
 Psychology Master Program
- 2009-2014 : Near East University, Faculty of Arts and Social Sciences,
 Psychology Undergraduate Program

WORK EXPERIENCES

- February 2012 : Bakırköy Ruh ve Sinir Hastalıkları Hastanesi, Intern Psychologist
- June 2011, Yakın Doğu Üniversite Hastanesi, Intern Psychologist
- February 2015, Gülhane Askeri Tıp Akademisi, Intern Psychologist
- February 2016, Liv Hospital, Intern Psychologist
- March 2016, Samsun ruh ve sinir hastalıkları hastanesi, Intern Psychologist

FOREIGN LANGUAGES

- English