NEAR EAST UNIVERSITY

GRADUATE SCHOOL OF SOCIAL SCIENCES

APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM

MASTER THESIS

THE COMPARISON OF DEPRESSION, ANXIETY AND LONELINESS LEVELS IN ADOLESCENTS ACCORDING TO THE PARENTAL LOSS

DAMLA ALKAN

20030075

SUPERVISOR: ASSOC. PROF. DR. MEHMET ÇAKICI

NICOSIA

2012

NEAR EAST UNIVERSITY

GRADUATE SCHOOL OF SOCIAL SCIENCES

APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM

MASTER THESIS

The Comparison of Depression, Anxiety and Loneliness Levels ın Adolescents According to the Parental Loss

Prepared by: Damla Alkan

We certify that the thesis is satisfactory for he award of the Degree of Master of Science in Applied (Clinical) Psychology

Examining Committee in Charge

Assoc. Prof. Dr. Ebru ÇAKICI	Chairmen of the committe Psychology Department Near East University
PhD. Deniz KARADEMİR ERGÜN	Psychology Department Near East University
Assoc. Prof. Dr. Mehmet ÇAKICI	Psychology Department Near East University (Supervisor)

Approval of the Graduate School of Social Sciences

Prof. Dr. Aykut POLATOĞLU

ÖZET

Ebeveyn Kaybı Olan ve Olmayan Ergenlerde Depresyon, Kaygı ve Yalnızlık Düzeylerinin Karşılaştırılması

Hazırlayan: **Damla Alkan**

Kasım, 2012

Depresyon, kaygı ve yalnızlık hayatımızın belli dönemlerinde, yaşadığımız olumsuz olaylara bağlı olarak ortaya çıkabilmektedir. Bu araştırmanın amacı ebeveyn kaybı olan ve olmayan ergenlerde depresyon, kaygı ve yalnızlık düzeylerini karşılaştırmaktır.

Bu çalışma Güzelyurt ve Lefkoşa'da bulunan on okulda 2011 yılında yapılmıştır. Bu çalışmada ebeveyn kaybı olan 77 öğrenci ve ebeveyn kaybı olmayan 77 öğrenci olmak üzere toplam 154 katılımcı yer almıştır. Çalışma sırasında Sosyodemografik Bilgi Formu, Çocuklar için Depresyon Ölçeği, Durumluk ve Sürekli Kaygı Envanteri ve Ucla Yalnızlık Ölçeği kullanılmıştır. İstatistiksel analiz için Ki-Kare ve T-Test kullanılmıştır.

Ebevyn kaybı olan ve olmayan ergenlerde depresyon (p= 0,72), durumluk kaygı (p= 0,39) ve sürekli kaygı (p= 1,00) ve yalnızlık (p= 0,11) düzeyleri karşılaştırıldığı zaman istatistiksel olarak anlamlı bir fark olmadığı bulunmuştur. Ayrıca ebeveyn kaybı olan öğrenciler arasında depresyon, sürekli kaygı (r= 0,36; p= 0,00) ve yalnızlık (r= 0,42; p= 0,00) düzeyleri ile ilişkili bulunurken, ebeveyn kaybı olmayan öğrencilerde depresyon, durumluk kaygı (r= -0,31; p= 0,01) ve yalnızlık (r= 0,48; p= 0,00) düzeyleri ile ilişkili bulunmuştur.

Çalışmamızda ebeveyn kaybı olan ve olmayan ergenler, depresyon, kaygı ve yalnızlık düzeyleri bakımından karşılaştırıldığında anlamlı bir farklılık olmadığı bulunmuştur. Ebeveyn ölümü ve bununla ilişkili depresyon, kaygı ve yalnızlık

incelenirken, psikolojik, sosyal ve ekonomik desteğin de depresyon, kaygı ve yalnızlık üzerinde etkili olabileceği göz önünde bulundurulmalıdır.

Anahtar Kelimeler: Ergenlik, Ebeveyn Kaybı, Depresyon, Durumluk Kaygı, Sürekli Kaygı, Yalnızlık.

ABSTRACT

The Comparison of Depressıon, Anxiety and Loneliness Levels in Adolescents According to the Parental Loss

Prepared by**: Damla Alkan**

November, 2012

Depression, anxiety and loneliness can appear after negative events in certain periods of our lives. The aim of the present study is to compare depression, anxiety and loneliness levels of adolescents according to the parental loss.

The study was performed at ten high schools in Nicosia and Güzelyurt in 2011. Totally 154 students were included in the study. 77 of the students had parental loss and 77 of them had not parental loss. Sociodemographic Information Form, Children Depression Inventory, State and Trait Anxiety Inventory, Ucla Loneliness Scale were applied. Chi-square analysis and Student's t-test were used for statistical analysis.

A comparison of depression (p= 0,72) , state anxiety (p= 0,39), trait anxiety (p=1,00) and loneliness (p= 0,11) scores of adolescents according to the parental loss revealed no statistically significant difference. Among students who have parental loss, depression is found to be related with trait anxiety (r= 0,36; p= 0,00) and loneliness (r= 0,42; p: 0,00), whereas among students who do not have parental loss depression is found to be related with state anxiety (r= -0,31; p= 0,01) and loneliness (r= 0,48; p= 0,00).

In our study comparison of depression, state anxiety, trait anxiety and loneliness scores of adolescents according to the parental loss revealed no statistically significant difference.When the parental loss and related factors like depression, anxiety and loneliness are investigated, it should be taken into consideration that

psychological , social and financial support can also effect depression, anxiety and loneliness.

Key Words: Adolescence, Parental Loss, Depression, State Anxiety, Trait Anxiety, Loneliness.

ACKNOWLEDGEMENT

First of all ı would like to thank to my supervisor Assoc. Prof. Dr. Mehmet Çakıcı**,** for his support. Also ı would like to thank my commitee members, Assoc. Prof. Dr. Ebru Tansel Çakıcı and PhD Deniz Karademir Ergün for their help.

Thanks also goes to Msc Utku Beyazit and Assist. Prof. Dr. Zihniye Okray for their helpfull suggestions and finnally, ı would like to thank to my family for their social and financial support.

TABLE OF CONTENTS

THESIS APPROVAL AGE

ÖZET……i

ABSTRACT……...iii

ACKNOWLEDGEMENT……..……v

LIST OF TABLES……..……x

1.INTRODUCTION……...1

1.1 Definition of Adolescence ……1

1.2.The Characteristics of Adolescence Period……2

1.3 Developmental Stages in Adolescence ……..2

1.3.1. Physical Development……2

1.3.2. Social Development……3

1.3.3. Sexual Development……...3

1.3.4. Psychological Development……4

1.4 The Problems of Adolescence Period…….5

1.4.1. The Problems Related with Physical Development ……...5

1.4.2. The Problems Related with Social Development……...6

1.4.3. The Problems Related with Sexual Developments…….7

1.4.4. The Problems Related with Psychological Development…….8

1.4.5. The Problems Related to Thoughts and Desires of Future……9

1.5 The Effect of Family in Adolessence Period……10

1.6.The Effects of Parental Loss in Adolescence……...12

1.7.The Definition of Depression and Theorical Explanations……...15

1.7.1. Definition of Depression……...15

1.7.2 The Theories about Depression……17

1.7.2.1. Psychoanalytic Approach……..…….17

1.7.2.2.Behavioral Approach...……...18

1.7.2.3.Learned Helplesness Approach……...……18

1.7.2.4.Cognitive Approach...……18

1.7.3.Depression in Adolescents……19

1.8.The Definition of Anxiety and Theorical Definitions……...22

1.8.1.Definition of Anxiety……21

1.8.2.The Theories about Anxiety……...……23

1.8.2.1. Psychoanalytic Approach……...23

1.8.2.2. Behavioral Approach……24

1.8.2.3.Cognitive Approach……24

1.8.2.4.Existential Approach……...25

1.8.3 Anxiety of Adolescents……..…25

1.9 The Definition of Loneliness and Theoretical Explanations……27

1.9.1 The Definition of Loneliness……27

1.9.2. The Theories about Loneliness…….……29

1.9.2.1.Psycodynamic Approach ……..……29

1.9.2.2.Existential Approach ……..……30

1.9.2.3.Cognitive Approach ..……..31

1.9.2.3 Loneliness in Adolescents…….31

2. METHOD OF THE STUDY……36

2.1. The Aim of the Study and The Problem Statements of the Study……...36

2.2. Population and Sample……36

2.3.Limitations of the Study……37

2.4. Instruments……...37

2.4.1. Demographic Information Form……..……37

2.4.2.Children's Depression Inventory……...38

2.4.3. State –Trait Anxiety Inventory ……38

2.4.3.1. State Anxiety Scale……39

2.4.3.2. Trait Anxiety Scale……40

2.4.4.UCLA Loneliness Scale……40

2.5. Data Analaysis……..…41

3. RESULTS OF THE STUDY……42

3.1 Tables……42

4. DISCUSSION……54

5. CONCLUSION……59

REFFERENCES……...60

APENDIX……..71

Appendix 1: Socio-demographic Information Form……...71

Appendix 2: Children's Depression Inventory……..76

Appendix 3: Stait Anxiety Inventory……..80

Appendix 4: Trait Anxiety Inventory……81

Appendix 5: Ucla Loneliness Scale……82

Appendix 6: Consent Form 1……..83

Appendix 7: Consent Form 2……..84

LIST OF TABLES

Table 1. The Comparison of Female and Male Participants According to the Parental Loss……...42

Table 2. The Comparison of Ages of Participants According to the Parental Loss…….42

Table 3. The Comparison of Birthplace of Participants According to the Parental Loss..…….....43

Table 4. The Comparison of Classes of Participants According to the Parental Loss…….....43

Table 5. The Comparison of The Longest Living Place of Participants According to the Parental Loss……44

Table 6. The Comparison of Relations Between Participants and Their Sisters or Brothers According to the Parental Loss…….44

Table 7. The Comparison of Relations Between Participants and Their Friends According to the Parental Loss……..45

Table 8. The Comparison of Having Hobbies According to the Parental Loss……...……..45

Table 9. The Comparison of Playing Sports According to the Parental Loss…….46

Table 10. The Comparison of School Success of Participants According to the Parental Loss…….....46

Table 11. The Comparison of Fail's Number of Participants According to the Parental Loss in the High School…….....47

Table 12. The Comparison of Taking Social Support of Participants According to the Parental Loss…….....47

Table 13. The Comparison of Taking Financial Support of Participants According to the Parental Loss…….48

Table 14. The Comparison of Having Medical Ilness of Participants According to the Parental Loss..……...48

Table 15. The Comparison of Working of Participants Except School Time According to the Parental Loss……...49

Table 16. The Comparison of Ciggarette Use in Participants According to the Parental Loss……...49

Table 17. The Comparison of Frequency in Using Ciggarettes of Participants in last 30 days According to the Parental Loss…….....50

Table 18. The Comparison of Alcohol Use in Participants According to the Parental Loss…….....50

Table 19. The Comparison of Frequency in Using Alcohol of Participants in last 30 days According to the Parental Loss…….51

Table 20. Comparison of Depression Level in the Adolescents According to the Parental Loss…….....51

Table 21. Comparison of State Anxiety Level in the Adolescents According to the Parental Loss…….52

Table 22. Comparison of Trait Anxiety Level in the Adolescents According to the Parental Loss…….....52

Table 23. Comparison of Loneliness Level in the Adolescents According to the Parental Loss…….....52

Table 24. Correlations Between Depression, State & Trait Anxiety and Loneliness in Adolescents Who Haven't Parental Loss……53

Table 25. Correlations Between Depression, State & Trait Anxiety and Loneliness in Adolescents Who Have Parntal Loss……...53

1. INTRODUCTION

1.1 Definition of Adolescence

Many descriptions of adolescence has been done. Since G. Stanley Hall, who is known to be the first author using adolescence complication in psychology for the first time, believed that adolescence was the intersection point between primitive and civilized humans he described adolescence as period of storm and stress. According to Freud, adolescence is a period of having temporary role instability, on one hand a resolute independence up to vandalism and on the other hand continuous back and forths of adolescent exhibiting a babyish dependence (Adams, 1995).

Jung described adolescence as " accompany of psychological changes to physical changes" and asserts that the adolescents begin to deal with real life expectations with the ending of childhood period (Gençtan, 2005). According to Erikson adolescence is an identity searching period that is hard to accord to biological and psychological changes occured rapidly (Nicolson, Ayers, 2004, cited by Aşık, 2006). Yörükoğlu described adolescence as "period of development, psychological maturation and preparation for life take part between childhood and adulthood." (Yörükoğlu, 1991)

As a result, the adolescence is a transition period from childhood to adulthood where development and maturation take place in terms of biological, psychological, mental and social. (Yavuzer, 2005).

1.2.The Characteristics of Adolescence Period

World Health Organization accepts the ages between 10-19 as adolescence period (WHO, 2012). United Nations Population Fund (UNFPA) describes the period covering the ages between 10-19 as adolescence period. (UNFPA, 2010) Although, some age restrictions are drawn for adolescence period it is hard to separate this period as a certain age group. The changes providing the development in adolescence period whose initial and final points cannot be drawn with certain borders may differ in each adolescent. Socio- economic conditions, health and nutrition affect the starting age and speed of the adolescence changes. (Yavuzer, 2005)

1.3. Developmental Stages in Adolescence

1.3.1. Physical Development

As girls go into adolescence period 1-2 years earlier than boys, the age restriction of this period differentiates between genders. This period starts in Turkey at 10 to 12 ages in girls and 12-14 ages in boys and conitnues until the age of 20. The changes of sexual organs of girls and boys start in adolescence period. Penis and scrotum get bigger in boys. The color of scrotum is red at first, then it gets bold. The pubis and fossa axillaris become hairy, the existing hairs become thick and bold in girls and boys. The beard and moustache appear in boys. The growth occurs rapidly by starting with arms and legs. First the nose and the chin grow on face. The fatty tissue increases in girls whereas muscular tissue increases in boys. (Yavuzer, 2005)

The breasts and buttocks grow in girls, the shoulders grow in boys. The sensual changes of adolescence period raise to highest level with menarch in girls and sperm production in boys (Yörükoğlu, 1991).

1.3.2. Social Development

The socialization starts with infancy period and continues with childhood also goes on with adolescent's breaking off from home and open themselves to society in adolescence period. Staub states that the most important messenger of positive social behaviour of a child is the existance of a warmhearted, protectional and adoring relationship between parents and the child. The positive social behaviour is the result of previous interiorised values. The process of exhibiting positive social behaviour is disposed to prolong itself as a reinforcer. According to social learning theory, the type of discipline applied by parents during growing stage of child is significant on development of control interiorisation capability (Jersild, 1983; Adams, 1995).

The friendship relations come to the forefront for socialization of adolescent in adolescence period. In this period, the adolescent wants to form his own private friend environment and when he forms his friend environment starts to identify himself against himself and his peer environment. The adolescent proves himself by having positive friendship relations and capabilities and develops his personality. At the same time, the friendship relations gain the capability of being an individual a lone and a member of a society (Bauman, 1998).

1.3.3. Sexual Development

The sexual changes in adolescence period occur in two ways as primary sexual changes and secondary sexual changes. The starting sign of primary sexual changes are the rapid increase in length and increase in weight of adolescent. When these take place, the changes in sexual organs such as in penis and testicles in boys, ovarian, clitoris, vagina and uterus involve the primary changes. The secondary changes involve the visual changes on structure of body such as the change of tone of voice, the increase of acnes, appealing of moustache and beard, pubic hairing, growth of breasts (ARAMM, 2002, cited by Aşık, 2006; Payne and Hahn, 1998; Taşkın, 2003).

Besides the physical changes of sexual development, the sexual identity starts to strengthen and sexual compatibility are fired in adolescence period. For this reason, the adolescent needs the support of his family, friends, school and other social organizations in order to develop a healthy sexual identity. The friendships with opposite sex starts due to increasing sexual drives in this period. The adolescent looks for the approval of opposite sex and wants to attract attention and show interest (Seifert and Hoffnung, 1991).

1.3.4. Psychological Development

The adolescence period named as stormy and stressful period after balanced and long term childhood period is a very harsh process for the adolescent to cope with. The adolescent generally hides his feelings not to be tolerated by the society such as fear, anger and jealousy. Behind the behaviours seen widely in adolescence period such as austerity and rudeness there may be not showing interest to others and only caring his own ideas. The adolescent may have unrealistic expectations about himself and have negative feelings. These emotions may lead the adolescent to be pessimistic. Feeling of disbelief and the desire for gaining appreciation of society cause to examine the behaviours of adolescent. This kind of feeling statement cause the adolescent to be cheerful one day and be sad and shy the other (Yavuzer, 2005; Apuhan, 2005).

The adolescent wants to be accepted and loved by his friends and tries to express this desire in some ways. When his desires and needs are fulfilled as positive he becomes happy. Otherwise he worries, become angry and jealous. Many researchers agreed that the highest level of sensibility is observed during adolescence period. In this period it is observed that the feelings gain violence and becomes effective in whole life of adolescent. The slightest resentment affects the relations in closer surrounding of the adolescent. As a result of exacerbation of feelings, certain habits caused by stress are observed. The most common of these habits is biting nails seen in not orienting oneself. As the stress decreases these habits also decrease obviously (Yavuzer, 2005).

The physical changes in this period cause to lead the adolescents' attention to their body. The first mensturation in girls and first ejaculation in boys cause guiltness and fear. The gender that is not having importance in childhood emerge with physiological changes. The psychological conflict and changing dimensions of sexuality in relation with physical changes lead adolescent to search for identity. Sexual identity starts with the acceptence of manhood or womanhood owned as biologically in terms of psychological mean. Being a woman or a man, developing sexual identity, behaving according to his sex, being attuned to norms determined by the society are included in the reasons of the complications the adolescents have. (Yavuzer, 2005).

1.4 The Problems of Adolescence Period

1.4.1. The Problems Related with Physical Development

The adolescents give different responses against the sensual changes developing rapidly. Some of these changes may be the source of happiness or sadness. The girls may be embarrassed from the growth of their breasts and hide them from others by pressing on them. On the other hand immature breasts may cause some problems for the female adolescents. In the study performed in Turkey revealed that, the female adolescents bandage their breasts, wear loose clothes in order to hide the changes emerged with adolescence (TÜBA, 2004, cited by Aşık, 2006). While some of the adolescents are not happy as they are short and the others complain to be so tall among their friends or disturbed by being the theme of ridicule of their friends. In this context, the physical image and identity feeling of the adolescent can be affected (Yörükoglu, 1991).

The conditions such as being fat or thin may also create some significant problems for the adolescents. The young is affected by the changes in his body in this period, so being fat or thin may affect himself as having eating disorders (Lerner and Steinberg, 2004, cited by Aşık, 2006). The frequently seen eating disorder in this period is anorexia nervosa. Anorexia nervosa emerges frequently in adolescence period and related with body perception and in relation with not eating of oneself to

thread the physical integrity of his body and trying to lose weight. It is widely seen in female adolescents (Aslan, 2004; Tahiroğlu et. al, 2005).

The rapid growth of adolescent, not growing his muscles and bones at the same speed breaks down the physical coordination. This leads to temporary awkwardness and clumsiness. On the other hand, the shyness of the adolescent not attuned to changes in his body may cause awkwardness. The adolescence acnes are one of the problems of physical development in adolescence period. The changes in hormonal and fatty metabolism cause temporary acnes in adolescents. For the adolescents showing so much interest to the changes on his body the acnes may cause problems affecting his relationships (Özcebe et. al, 2002; Yörükoğlu, 1991).

1.4.2. The Problems Related with Social Development

The adolescent worries about the issues like being successful in education life, gaining economic freedom, getting the approval of the society and company among the constant changing and developing social values (Yavuzer, 2005). The adolescent needs support for gaining values to guide his behaviours and to learn his social responsibilities. The social institution fulfilling this need and being efficient in the life of adolescent is the family. The most important function of family is providing the care and education of children. The family is a basic institution to provide positive physical and psychological developments to the adolescent. For these reasons, the communication between the parents and the adolescent is very important. When the communication between adolescent and the parents are broken down, the adolescent may start to think that his parents do not understand him. As a result of this, the adolescent may feel himself unsatisfied and as unwanted person in his relations with his family and he may want to communicate with the members of the family (Temel and Aksoy, 2001; Yavuzer, 2005; Yörükoglu, 1991).

The adolescence period is also described as the period when the independence effort and autonomy desire increase. Many studies state that adolescents having self-determination and his efforts of independence are natural. Sometimes, the generation

conflict between the parents and the adolescent is mentioned (Temel and Aksoy, 2001; Yavuzer, 2005; Yörükoglu, 1991).

The adolescent cannot be socialized without having relationships. That is, the friendship relations lead to social relations. Calling, being liked and getting acrossed by the friends is an important condition of self esteem for the adolescent. The adolescent achieved to make friends and maintain these relations also achieved to develop his social abilities (Yörükoglu, 1991).

1.4.3. The Problems Related with Sexual Developments

The affection for the opposite gender increases in adolescence period. In time, the affection for the friendship groups in opposite genders leaves its place to individual relations to bilateral relations. The adolescent pays attention to his behaviours and physical appearance to arouse the interest of the opposite sex. Although, the friendship of both genders has an universal qualification it differs from society to society in realization aspect. (Yavuzer, 2005)

In the study performed by TÜBA in order to detect the psychological conditions of adolescents in Turkey, it is stated that the most of the adolescents thought that kinds of friendships are normal for them (TÜBA, 2004, cited by Aşık, 2006).

One of the problems of adolescents related to sexual development is the curiosity of what to do with the opposite sex. All of them want to live that experience. However, they also worry about their behaviours. They are afraid of not only getting a friendship offer but also not getting that offer (Yavuzer, 2005).

In this period the adolescents may have may sexual relations, adolescent pregnancies and miscarriages due to this, exposure to sexually transmitted infections as a result of not distinguishing the difference between love and sexual need in connection with the increase of sexual stimulation of the adolescents (Nicolson and Ayers, 2004, cited by Aşık, 2006).

The other activity that the adolescents have in this period is masturbation. Masturbation is seen widely in men. When the girls apply this rarely, they feel themselves guilty after the performance. Masturbation is a normal activity as long as if it is not done frequently and in inconvenient places and not being an autoerotic activity (apply for the methods in order to get the highest joy during the masturbation that may cause deaths). The most of the autoerothic events resulting in death are in adolescence period (Erdemir et. al, 2001).

The adolescents need to get the information related to sexualism from their parents, but the parents are insufficient in this issue. In this perod, friends are the most important sources of information about sexuality. Except these, written documents are also important sources to learn about sexuality (Adams, 1995).

1.4.4. The Problems Related with Psychological Development

When the complicated psychological characteristics of the adolescence period are examined altogether an unbalanced and unhealthy condition emerges. Many characteristics such as to respond instantly, anger blastings, unthoughtful behaviours, being happy and sad rapidly, to go between being introverted and being joyful, egois, worry, distrust, instability are seen especially in this period. Aristotales described adolescence period as being a constant drunkenness and stated that adolescents show the same consistent and well adjusted behaviours like the drunken individuals. The conflicts, imbalance, emotional chaos in adolescence period should be evaluated as insanity instead of illness (Yörükoğlu, 1991).

Physical and sexual development, the intensity in emotions and mental development change the intensity and quality of the thoughts of adolescents. The adolescent reflects his desires to his thoughts by dreaming. The theme of the dream may either be thoughts for future or any desire he wants to be realized. Dreaming is the most important power that is feeding the creative idea. It is useful in this sense. However, if the unrealized desires are dreamed as if they are real, this time it becomes a tool for shelter and retrieval of adolescents. The youngster facing the harsh sides and failures of life may alienate from realities. As this activity is seen mostly in

adolessence period it is called as “day dreaming”. The dreams may increase, the adolescent may day dream while listening to the course in class, walking on the road or talking to someone (ARAMM, 2002, cited by Aşık, 2006).

The other psychological problem seen in adolescence period is the fear. The fear in adolescence period can be examined under three main groups (Yavuzer, 2005):

1. The fears against objects: The fear against objects such as snake, dog, plane, storm, fire (Yavuzer, 2005).

2. The fears in social relations: Meeting other people, to be with derisive people, to speak in front of a community or to participate in groups formed mostly of adults may cause fears in adolescents. This kind of social fears are seen as embarrassment or amazement (Yavuzer, 2005).

3. The fears of the adolescent about himself: Poverty, death, a serious illness in him or someone from a member of his family, failure at school or work may cause fear in adolescents (Yavuzer, 2005).

In the studies of Ertem and Yazıcı, it is stated that, 72.1 % of adolescents have depression in mild level, 7.2% of them have serious depression, female adolescents have mild and medium level of depression whereas male adolescents have serious level of depression (Ertem and Yazıcı, 2006).

1.4.5. The Problems related to Thoughts and Desires of Future

The adolescence period is a critical period when significant decisions affecting the lives are taken such as school, occupation and marriage. Choosing of occupation constitutes the important dimension of adolescence period. It covers investigation of occupation, making decision and provisional years as the most important activities in order to have success and satisfaction in business world. In these years, the parents

influence the choice of occupation of adolescents as a model. The performed investigations detected that the adolescents choose the occupations of their parents. Also, the close relation with the father or the esteemed occupation of the father are criteria in choosing the occupation of father (Temel and Aksoy, 2001).

1.5 The Effect of Family in Adolessence Period

According to Altun (1994), family is a social institution where the generation of humanity continues, the first and effective realisation of preparation for social life, adoring, sincere, reassuring, encouraging relations are established between couples and children, the activities in social level take place and are reflected and are insured by laws (Yıldırım, 2005).

From birth, children, struggle for adaptation to physical and social environment while the parent gives the greatest support to his children in this effort. The child learns to express and govern himself from his family. Especially parents are models of identification in their child's personality formation. Children take a model of self identification patterns and learn by imitating their way of life (Yavuzer, 2011).

The child brought up in compatible relations, in a secure family environment with love and tolerance becomes mature and gains personality. The feeling of trust increases as he is loved, his self respect increases as he is supported. He learns to be tolerant when he sees tolerance, learns to behave independently as he is given responsibility. He gains his sexual identity by taking his parents as a sample. The behaviours that he adopted within family direct him in society. In short, the most important factor assuring his mental health is his childhood taking place in adoring family environment. Therefore, growing up without mother and father or separation from mother or father are the most serious factors that may affect the psychological health of a child (Büyükkaragöz, 1992).

The child needs the support of his parents seriously in the adolescence period when he searches for his personality. The most important natural environment of the individual in adolessence period is his family. The conflicts wthin the family

generally start at the age of 11 and reach the highest level in 15-17 ages, at the end of the period the adolescent starts to have good relations with his surrounding (Yavuzer, 2005; Yavuzer, 2005).

The adolescent needs help for gaining values to guide his behaviours and learning his social responsibilities. The social institution fulfiling this need and being effective in life of adolescent is the family (Yavuzer, 2005). The individual in adolescence period wants to be more indeperndence, more free and wants to make his decisions on his own. The restrictions applied by the family in this period must be logical and the reasons should be explained to the youngster by talking to him. (Yavuzer, 2005; Yavuzer, 2005).

The things he experienced within the family have a big and deep effect on forming the personality structrure of the adolescent becoming mature. The ambient and environment of the family emerged from the relation between the members of the family (Yavuzer, 2005).

The adolessence period is the period when the values of adulthood differ and parents are the role- models of the adolescent. The male adolescent needs a strong father to cope with the difficulties of personality development and conflict, female adolescent needs a successful mother in order to be taken as a successful role-model (Yavuzer, 2005).

According to Werner (1985) the behaviour of the child during growth reflects the quality of the life at his home, a successful consistency depending upon the encouragement level of the family and the trust and interest between the family members. It is also stated that, the reliable and consistent environment conditions are necessary for the development of healthy behaviour models in adolescents; the risk factors around the adolescent break down the normal development of the adolescent (Rutter, 1985). Also, according to Werner (1985) if the children and adolescents receive the required tolerance and encouragement from their families it is stated that they deal esaily with the social disadvantages, family disfunctions, the risks related to parent psychopathology and low economic income level (Savi, 2008).

Emphasized the role of family interaction and behaviour problems in adolescence in the lots of study, important connections were found between the attitude of parents, family environment, family support, family cohesion and relations with different characteristics such as personality traits of the family, anxiety, depression, behaviour disorders, psychological health (Bulut, 2010; Savi, 2008).

According to research about the social development of adolescents, the impact on families continues into adolescence. Also according to Feldman and Wentzel (1990) parental support for the adolescent during the period of early adolescence contributes adolescent to be loved by his friends. During the period of late adolescence, close relationships with parents, increase the adolescent's perception of social sufficiency and sense of satisfaction in the friendship relations (Dekovic and Meeus, 1997). In research expectation of low social perfection in adolescents, depressive symptoms (Payne and Jahoda, 2004) and the level of social anxiety (Kashdan and Roberts, 2004) were found higher.

1.6.The Effects of Parental Loss in Adolescence

According to Weller and Weller (1991) death of a close friend or relative's life is one of the most difficult and stressful events. When a child living mourning due to parental loss, this experience can grow difficult. Children are dependent to their parents emotionally and financially. Emotional and financial difficulties that are experienced at the loss of a parent affect the child's development (Diler and Avcı, 2005).

Adolescents have a soul or ghost-like forms, whether, if any, died, or what physical changes that occur when they start to question, they attribute the gains to a more abstract concept of death (Meb-Unicef, 2001, cited by Sezer and Saya, 2009). The development of abstract thinking to imagine the death, for him to worry about, because it requires complex mental activity to take care of different ways the concept of death in adolescents (Bjorklund, 2000, cited by Sezer and Saya, 2009). Thinking symbolically, creating metaphors and theories, abilities, analying the situation and

develop in adolescents. Adolescents perceive the uncertainty of the concept of death and they start to make religious and philosophical interpretation of this concept, so this concept becomes more and more abstract for them. Thus, the results of the state of death can be grasped better (Gudas et. al, 1991). Elkind (1967), stressed that being of ego-centered of the adolescent also affects the way of view for death. The belief of one's own personal being turns out to be the belief that he will not confront with death. Depending on this, the adolescents having losts may give some emotional responds such as strong denial, anger, being blamed, sadness, loving reunion (suicidal idea). For possible symptoms such as to commit a crime, drug, alcohol use, physical complaints, depression, suicidal behaviour and school failure can be observed (Erden, 2000).

According to Black (1995) In the loss of a parent of an adolescent, depressive symptoms are often seen in adolescents and major depression and suicide attempts occur more often. Adolescents tend to reject the one hand, parental control, on the other hand are dependent on their parents in the identification process. The resulting of adolescent's parental death, the property of independence can be threaten in adolescents (Diler and Avcı, 1997).

Elisabeth Kubler-Ross (1969) defined the stages of grief that someone experiences when a loved one dies. The stages she outlined include: denial, anger, bargaining, depression, and acceptance. Each of these stages has its own individual characteristics. People do not necessarily experience every one of the stages below and sometimes they may go back and forth between them or skip a stage (McLean, 2006).

Denial

The stage that Kubler-Ross asserts comes initially in the grieving process is denial and isolation. The first reaction of many people to the experience of loss is denial. During this stage, the person does not want to admit that this is happening to themselves or to others. The most common reaction to the situation is, "This is not happening to me" (McLean, 2006).

Anger

Anger is the next stage. During this stage of grief, the patient and family experience anger over the situation. They may ask the following question: “Why did this have to happen to me? How dare God do this to me” (McLean, 2006).

Bargaining

In the bargaining stage, people try to bargain with God. They vow to be a better person if God will allow them or their loved one live. The conversation that they have with God may sound something like the following: “Just let me live to see …,” or “I’ll be a beter person if…” (McLean, 2006).

Depression

Depression occurs when the harsh reality and inevitability of death sets in. The person who is grieving feels overwhelmed and experiences hopelessness and defeat. They may Express themselves in a manner similar to: “I can’t bear putting my family through this,” or “I don’t care anymore!” (McLean, 2006).

Acceptance

Acceptance is the final stage of grief. During this stage, the patient comes to realize that death is inevitable. They peacefully accept their mortality and prepare for it. Their response may be: “I am ready, I don’t want to struggle anymore,” or “I’m ready for whatever comes.” (McLean, 2006).

According to Dyregrov some reactions like anxiety, living memories, difficulty in falling asleep, sadness, longing, anger, guilt, self-condemnation, shame, school problems, physical complaints, social isolation, personatity changes, pessimism about the future are seen in grief of children (Dyregrov, 2000). In one study, the children's reactions to the parental death were recorded at one month and thirteen months after the event in a structured interview with the surviving parent. The interview included items of general adaption to the death, school performance, behaviour problems, symptoms relevant to psychopathological manifestations and

general health. The results indicate a significant increase of dysphoria which disappears over time, the persistence of a minor form of depression, an increase in bedwetting, and a significant degree of impairment in school performance (Van Eerdewegh et. al, 1982).

Weller et al. (1991) compared mourning children who are in accordance with depressive findings, normal and depressive control groups. The mourning children having losts recently, indicate more depressive findings when compared to control group. " Disphory" and "loss of interest" are the best findings separating mourning children from normal group. Depressive children indicate more depressive findings when compared to mourning children. Sense of guilt / self-blame and tiredness are less in mourning children as findings of the adults and the findings provide the best separation with depressive childrens. Determination of major depression in 37% of the children, signs of depression was associated with the positive relations with living in the parent is the mother, a psychiatric disorder in addition to that, having a family history of depression and having higher socioeconomic status. Suicidal thoughts in mourning children are seen less according to the depressive children and there isn't any suicide attempt in children. According to Garmezy and Masten (1995) anxiety and depression is more constant in mourning children and anxiety is more frequent than in adults (Diler and Avcı, 2005).

1.7. The Definition of Depression and Theorical Explanations

1.7.1. Definition of Depression

Depression is a syndrome that is seen with deep sad mood or sometimes both deep sad mood and anxious mood. In depression thought, speaking, movement, and physiological functions slow down and sense and thougts like worthlessness, weakness, unwillingless, pessimism are seen (Öztürk and Uluşahin, 2008).

According to Hersen and Turner (1991), the word "depression" is used in everyday life with a connotion of the mood state in which the person feels sad, unhappy and unmotivated to work. However, as a syndrome, it is a constellation of somatic,

cognitive, behavioral and mood symptoms enduring over different periods of time (Zengin, 1999).

Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychologist Association (APA) become the main source in classifying clinical depression. DSM-IV lists nine symptoms of major depression that are seen for at least two weeks and causes a change in normal functionality.

A. At least five of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure (Köroğlu, 2007) .

These are:

1) Depressive mood experienced during almost all day (irritable mood can be found in children and adolescents),
2) Reduced interest in daily activities lasting almost all day,
3) Significant weight loss without dieting or increase in weight; loss or increase in apatite almost every day (there isn't expected gaining of weight in children) ,
4) İnsomnia or hypersomnia almost every day,
5) Psychomotor agitation or retardation almost every day (it must be reported not only by the subject but also by others)
6) Fatigue or loss of energy almost every day,
7) Feelings of worthlessness, or excessive guilt almost every day,
8) Reduced concentration or indecisiveness,
9) Recurrent suicidal ideation, or suicide attempt or having a special plan for suicide.

B. The symptoms do not meet criteria for a mixed episode.
C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

1.7.2 The Theories about Depression

1.7.2.1.Psychoanalytic Approach

In classical psychoanalytic theory depression is viewed as a symptom of neurosis in which the person has decreased interest with the external world and an increase of agression toward self. This agression comes through self-criticism, feelings of guilt and self- punishment activated by a real or imaginary object loss. The person feels her / himself unable to protect against the loss of the love object and that brings a fright response resulting from the sudden loss of control over external or internal reality. To regain control, the lost object is introjected and the patient treats her/himself as if she/he was the lost object. The conflict resulting from anger toward the loss and libidinal cathexis to the loved object creates a tension between the ego and the superego (Öztürk and Uluşahin, 2008; Zengin, 1999; Özmen, 2001).

However, some psychoanalysts argued that there might be other mechanisms in depression. According to Bibring (1953) depression is a state of helplessness of the ego which results from tension in the ego between narcissistic aspirations and its inability to achieve them and according to Jacobson (1972) depression always has a somatic component and depressed people evaluate their love object and self by the infantile values of omnipotence and invulnerability (Zengin, 1999).

1.7.2.2.Behavioral Approach

Behavioral theories use stimulus-response paradigm to explain the psychological process. Depression is also viewed as the result of a reduction in response contingen positive reinforcement. Cognitive features of depression such as guilt, low self-esteem, pessimism are also thought to be the result of the attributions made by the individual about his/her dysphoric mood (Lewinshon,1974, cited by Zengin, 1999).

Total amount of the response-contingent positive reinforcement of an individual is thought to be a function of: 1) the number of events that are potentially reinforcing the person, 2) the number of such events that occur, 3) the degree of the skills possessed by the individual that enables her/him to gain reinforcement from the environment (cited by Zengin,1999).

1.7.2.3. Learned Helplesness Approach

Learned helplessness was initially discovered by Seligman while experimenting with dogs. The ezperiment was repeated on other animals in different forms. Learned helplessness occurs when an animal is repeatedly subjected to an aversive stimulus (electric shock) that is cannot escape. Eventually the animal will stop trying to avoid the pain and behave as if it is utterly helpless to change the situation. Learned helplessness can also apply to many situations involving human beings. When people feel that they have no control over their situation, they are lead into depression and begin to behave in ahelpless manner (Öztürk and Uluşahin, 2008).

1.7.2.4.Cognitive Approach

According to cognitive approach that is developed by A.T. Beck et al., depression isn't a mood disorder, it is a cognitive disorder. Mood disorder occurs after cognitive disorder. There is a negative concepts (negative scheme) against himself, future and

external world. This negative schemes turn into negative judgements, thoughts and attitudes. This thougt are automatic, it comes into memory suddenly. Person doesn't aware of negative automatic thougts. These thougts are not interrograted, they are redistorted, they don't reflect realities exactly and they are preventive. So they cause to continue of depression (Öztürk and Uluşahin, 2008).

Beck (1967) and Beck, Rush, Shaw and Emery (1979) suggested that depression occurs as a result of negatively distorted cognitive judgements about the events and situations the person encounters. These negative distortions reflect an important problem with cognitive schememe which include more stable thoughts, beliefs, attitudes developed in earlier years and which act as a framework in which new situations are evaluated accordingly (Zengin, 1999).

1.7.3. Depression in Adolescents

Depression is one of the most important mental health problem in adolescence (Dopheide, 2006; Hamrin and Pachler, 2005; Eskin et. al, 2008). One of the salient features of depression in adolescence is the presence of irritability and anger. Adolescents', psychosocial, cognitive structures and abilities to cope with their anger is not developed enough to be unjust and even anger can lead to behavior performance of comparison. Adolescents, as of the period in which the emotions, thoughts, make sudden changes in relationships. Adolescents with depression may survive these changes, such as faster, social withdrawal similar to adults, attention and efficiency decrease, deterioration in relations with friends, falling school performance, school and from home to escape, with substance and alcohol abuse tend to show signs of depression such as suicidal thoughts and attempts (Tamar and Özbaran, 2004).

During this period, the incidence of depression has been reported to vary between 5% and 20% (Lewinsohn et al, 2000; Melnyk et al, 2003; Saluja et al, 2004). Although it is seen less in childhood period, the frequency of observation of depression with adolescence also increases. The depression is seen constantly in childhood period in 3% and this period reaches to 14% in adolescence period

(Lewinsohn et. al 1998). Depression in adolescents is also widespread in adolecents (Eskin et. al, 2008).

When the litteratuers are examined it is seen that depression of adolescence period is related with some characteristics of demographic, family and school. The studies showed that depression is widespread among the girls than the boys (Allgood-Merten et. al, 1990; Nolen et. al, 1994; Eskin et. al, 2008). Also depression is associated with parental death or separation (Dopheide, 2006; Denton and Kampfe, 1994 cited by Eskin et. al, 2008), a psychiatric disorder in family members have (Öztürk and Uluşahin, 2008), low parental and friends' support, low grade point average (Eskin et. al, 2008). Adolescents with high self-esteem have shown a lower probability of depression (Yaacob et. al, 2009; Abdullah et. al, 2011).

Eskin et. al had a study about "Prevalence of and Factors Related to Depression in High School Students". 141 students (17.5%) scored on and above the cut-off point on the Children Depression Inventory (CDI). In the first regression analyses low self-esteem, low grade point average (GPA) and low perceived social support from friends in boys, and low self-esteem, low paternal educational level and low social support from friends were the predictors of girls' depression. When self-esteem scores were excluded, low GPA, low perceived social support from friends and family, and inefficient problem solving skills were predictors of depression in boys; low perceived social support from friends and family, low paternal educational level, and inefficient problem solving skills were the independent predictors of depression in girls (Eskin et. al, 2008).

Deniz et. al, had a study on "Sulcides and Suicide Attempts in The Official Records of The Province of Batman During The Period 1995-2000". According to this research the victims were mostly young, majority among 14-30 years. An overwhelming majority of the sexes reported in the documents was female (75%).- Despite the lack of reliable data about the significant cause to lead suicide in the reported documents, psychological and family related disputes were reported for underlying causes frequently (Deniz et. al, 2001)

Fragmented family, death of mother/father, living in crowded family, low socioeconomic status (SES), the usage of addictive substance by himself and/or by a brother are the risk factors for development of depression. In 1980, Lloyd stated that in loss of mother and/or father in childhood period (due to death or divorce) the risk of depression increases 2-3 times (Wells et. al, 1985; Güney, 1998).

Botsis et. al examined the effect of the loss of parents in early period or violence wthin the family, harmful approaches like committing suicide or the aggressive behaviours to the environment. The people between 18-64 ages, having committed suicide, violence or including both of the risk groups, are interviewed and were applied a test battery. As a result of the study, the loss of both parents or one of them are related with the risk of committing suicide and aggressive behaviours (Botsis et. al, 1995).

Maier and Lachman had a research on the family seven years ago in the middle-aged adults who have experienced divorce or the loss of a parent during the period studied the effect of physical and mental health. Divorced men from the less positive family relationships, low self-acceptance, and lower environmental management, and high depression were observed. Family loss of autonomy is higher than for men, women, resulted in a higher level of depression (Maier and Lachman, 2000).

Aysev et. al had a research in order to determine the depression levels of working children and the students. As a result of the study, the depression grade average of the children working in the streets are found meaningfully higher than the ones having education at school. In addition, the depressive findings are higher in working children in the streets, than in those having education at school (Aysev et. al, 2000).

Cheng had a research to examine the relationship among stressful life events, perceived social support, and depression in adolescents. After regression analyses, findings demonstrated that there is a significant interactions of stressful life events, social support on depression (Cheng, 1997).

Ören and Gençdoğan investigated depression levels of high school students were analyzed according to the gender and grade level in this study. Results showed that

114 of 242 students which is 47% of sample have moderate and serious depression scores. There was no significant diffrernce between female amd male depression levels. On the other hand 11th grade students' depression level was found significantly higher than 9th grade and 10th grade sudents (Ören and Gençdoğan, 2007).

1.8.The Definition of Anxiety and Theoretical Definitions

1.8.1.Definition of Anxiety

The word "anxiety" was first used, conceptualized and defined by Freud in psychology field. Freud put forward that anxiety is emerged as a result of the power suppressed, sourced by drive and instinct. Freud later changed his opinion about this and he connected anxiety to a perception of dangerous situation of ego and in order to hide this situation, he accepted that the suppressed system functioned (Köknel, 1987, cited by Duman, 2008).

According to Freud anxiety contributes to individual in alerting individuals, providing the necessary adaptation and contributes in carrying on the survival functions against the dangers that come from the physical or social environment (Gençtan, 2005).

Alfred Adler identified anxiety as an affect that occurs when the people are insufficient in cases and he indicated that anxiety takes place in a sense of inferiority (Gençtan, 2005).

Carl Gustav Jung defined anxiety as an attack of the conscious by irrational fears, pressure, images and designs that come from common subconscious (Köknel, 1984, cited by Duman, 2008).

Otto Rank evaluated anxiety as an affect, as a result of separation and rupture. According to Rank child feels his first anxiety at birth, when he separates from his

mother physically and because of separation, he lives " the fear of death" or in other words he lives rupturing anxiety. For removing the anxiety child forms power that is necessary for his development, maturation and integration. (Köknel, 1987, cited by Duman, 2008).

Karen Horney indicated that anxiety is a result of fear against reactions being under pressure. Anxiety of individuals is based on childhood anxiety. But anxiety is not completely a reaction concerning all the years of childhood (Geçtan, 2005). According to Horney basic anxiety is native. Power of nature and helplessness against death cause anxiety (Horney, 1987, cited by Duman, 2008).

In other ways, Erich Fromm indicated that the source of anxiety is loneliness, helplessness. People feel anxious as a result of loneliness and helplessness (Geçtan, 2005).

According to Spielberger anxiety is in two ways; state anxiety and trait anxiety. State anxiety is an individual's subjective fear because of being in pressured situation. State anxiety doesn't occur in "normal" conditions. It occurs when the ego's self interests are threatened. But it is a state of restlessness, tension, sensitivity, fear or sadness and it dissapears when the state of threat dissapears. So exam anxiety is a state anxiety. Trait anxiety is a state of being more sensitive and being more restless in all conditions (Çavusoglu, 1993, cited by Duman, 2008). According to Köknel (1989), the level of trait anxiety changes according to the perceiving, understanding and interpreting dangerous situations. The change of the level of trait anxiety changes the level of state anxiety (Duman, 2008).

1.8.2.The Theories About Anxiety

1.8.2.1. Psychoanalytic Approach

Anxiety is the production of an intrapsychic conflict on basis. Internal conflict is formed between ego and id or ego and superego. Ego is trying to balance against specific impulses of unconscious that belong to id. When the ego weakens with any

reasons or the power of impulses increase, a conflict arises between the ego and the id. The conflict shows that ego doesn't find a solution and is unable to cope with impulses. This is perceived as a threat. Anxiety is a messenger of danger and a sign of an alarm in ego. When the ego is in case of conflict, it activates defenses against anxiety. According to the psychoanalytic point of view, when the defenses are insufficient, free floating anxiety can be seen. This type of reactions of anxiety have clinically the appearance of generalized anxiety disorder (Öztürk and Uluşahin, 2008).

1.8.2.2 Behavioral Approach

According to behavioral theories when the neutral stimuli are lived with painful stimuli, the sense of anxiety or fear is spread with generalization of stimulus. In other words, anxiety is a learned, conditioned responsive state that occurs with binding together by means of association and reinforcement of stimulus response relationship (Öztürk and Uluşahin, 2008).

1.8.2.3.Cognitive Approach

According to this approach the reason of anxiety is not the concern of the events themselves, but the person's expectations of how to detect and interprete the events. People perceive a specific event as anxious, and as a result of concern that cross your mind with negative thoughts, feelings, and some of the physiological symptoms may occur in the form of a vicious circle. According to Beck (1976), when there is a real danger , "anxiety program" prepares people to fight or flee, and facilitates survival.
In this regard, awareness of the danger and power of reacting is of great importance in living. In the modern world, it is less likely to encounter dangers and there is gradual decrease of the physical defenses. In this direction, anxiety looses its functionality and it damages the individual when there is no real danger and when anxiety is effective because of wrong interpretations. So, anxiety becomes a problem increasingly and it emmerges as a disorder.

1.8.2.4.Existential Approach

The real anxiety is the realization that the existence of the individual will be destroyed, he will lose totally himself and his world and become “nothing”. The anxiety increases when the destruction is felt. According to existential approach basic anxiety is the fear of nihilism. Fear is the reaction against a danger that occurs without existence of the individual and anxiety is directly a threat to the being of the individual. Fear can be examined objectively as other emotional reactions but anxiety is a threat to existence (Öztürk and Uluşahin, 2008).

2.8.3 Anxiety in Adolescents

According to Cüceloğlu (1993) in adolescence period the level of anxiety increases with the beginning of search for identity. Social attraction and independence conflicts in relation with identity search are the normal anxieties seen in adolescents. However, the fear and anxiety are seen in the lowest level in people feeling themselves safe and peaceful in the living environment. Accordingly, When the living environment is reliable and supports decreasing of in coherrent manners is important for this reason.

Studies about anxiety show that the anxiety level is affected by many variables. Age is the most important factor affecting anxiety. At each age the strenght of anxiety or the continuity of the state changes. Anxiety is more intence in the first two yeras and adolescent (Alisinanoğlu and Uluğtaş, 2000).

Differences in the level of anxiety in children, as well as the effect of genes have a significant impact of environmental factors. Especially the family is very effective on anxiety states of children and adolescents. The parents' negative child-rearing attitudes and behaviors may result in a higher level of anxiety in children (Duman, 2008). In children of anxious parents, the probability of seing anxiety is higher (Gregory and Eley, 2007).

Again, the children who experienced deaths have a high state and trait anxiety and there are significant differences between the trait anxiety and depression grade levels of children having death experience and of those not having these experiences; the state and trait anxieties in children who lost their fathers are more than in children who lost their mothers (Aral, 2000; Ehtiyar and Üngüren, 2008). In addition, in families staying altogether, anxiety, is seen less (Ümmet, 2007).

Walters and Inderbitezen had a study about social anxiety and peer relations among adolescents. The results of research indicated that students classified as submissive reported greater social anxiety than those classified as cooperative, friendly dominant and hostile dominant (Walters and Inderbitezen, 1998).

Greca and Lopez had a study about associations between adolescents' social anxiety and their peer relations, friendships and social functioning. According to the results girls reported more social anxiety than boys and social anxiety was more strongly linked to girls' social functioning than boys'. Specially, adolescents with higer levels of social anxiety reported poorer social functioning (less support from classmates, less social acceptance), and girls with higher levels of social anxiety reported fewer friendships, and less intimacy, companionship and support in their close friendships (Greca and Lopez, 1998).

Gunay and et. al had a research that was performed in order to determine the state and trait anxiety levels of the students who attend the last classes of high schools and to determine the effects of some factors on anxiety levels. According to the results both state and trait anxiety levels of female student were higher than the males. Anxiety levels of students who rated their health condition as poor, whose relations with their family members and the friends were not good and those who were hopeless about the future were found higher the other students (Gunay et. al, 2008).

In the research of Duman that is about state and trait axiety of 8th grade of primary school students according to the parental attitudes and it is found that the trait anxiety levels of the students whose parents are separated are higher than the students whose parents are together (Duman, 2008).

In another research is made by Akgün to determine anxiety level of 16-18 Age group adolescents who live in child protection instutution. According to the results, state and trait anxiety levels of adolescents who live in child protection instutution were found moderate. It was also found that adolescents choose to speak with surrounding people and choose to become substance abuse to cope with anxiety (Akgün, 2006).

Savi had a research to examine relationship between psychological maltreatment and neglect with self concept and generalized anxiety of adolescents. According to the findings when adolescents scored relatively high on psychological maltreatment and neglect decreased scores on self concept; however, scores on generalized anxiety increased (Savi, 2006).

Memik and et. al investigated the level of social anxiety in a community sample of Turkish adolescents and the relationship between social anxiety and some sociodemographic parameters. The result of this study showed that social phobic symptoms among Turkish adolescents were more severe in boys. Some factors such as low socioeconomic level, and going to a rural school had impact on the SAS-A scores (Memik et. al, 2010).

1.9 The Definition of Loneliness and Theorical Explanations

1.9.1 The Definition of Loneliness

When the litterature is examined about loneliness is examined, it is seen that there are different descriptions. The descriptions of Peplau and Perlman are widely used in the litterature. According to this description, loneliness is an unpleasent subjective psychological condition emerged as a result of incoherency between the existing social relation of the individual and desired social relation (Özatça, 2009).

According to a similar definition of loneliness is a reaction of a person in the absence of social relationships, or despite different social relations, proximity, sincerity and sendimentality do not exist (Weiss, 1973, cited by Koçak, 2008).

Weiss, divides loneliness into two as emotional and social loneliness: emotional loneliness is when the primary bond breaks down or reduced between spouse, lover, parent or child. It is characterized by anxiety and worry. Social loneliness occurs when the individual's world view and social network of their peers who share interest in connection is cut (Duyan et. al, 2008).

When the descriptions of loneliness are examined, it is seen that there are some common characteristics between them. According to these descriptions, loneliness is identified as a condition felt by the individual when he cannot fulfill the closeness in personal relations (Kılınç, 2005; Koçak, 2008; Turan, 2010).

According to the Larson (1990) ın the presence of social relationships, loneliness may ocur. Because being with others, will not protect the individual from the sense of lonelines at all times. Loneliness may result from small number of social relationships, it may also result if social relations haven't the desired meaning and character. The person's cognitive processes determine the individual's feeling alone or not feeling alone, more than the frequency of communication (Turan,2010).

According to Peplau and Perlman (1982) , there are various personality factors about loneliness. Lonely people are more introverted, shy and more insecure. In some cases, lonely people often have low self-esteem and poor social skills. Loneliness is associated with anxiety and depression. This type of personality factors form the result of loneliness. According to Sears, Freedman and Peplau (1985) entering a new environment, starting school or a new job, separation from friends or loved ones as a result of illness, death, divorce or ending of significant relationship are causes of loneliness (Erözkan, 2004).

1.9.2 The Theories About Loneliness

1.9.2.1.Psychodynamic Theories

Freud emphasized the importance of psychosexual development in the construction of personality. The first periods of infancy and childhood relationships would be a reflection in later life. For example according to him, for a dependent and helpless baby, the mother that covers all kinds of physiological needs, also prepares the ground for a sense of confidence to the outside world. The personality characteristics of individuals that come through the oral period successfully without being dependent or without having the jealous feelings, relying on other people, having warm, loving, and reliable relations of confidence. In anal period, if the child's toilet training is resolved and if the child has compatible relations with the mother, it can choose freely, it can have compatible relations, can maintain its independence, can be in attempts, can cooperate with others and its personality structures develop.In genital period individuals tend to participate in group activities and they are socialized. Freud states that individuals who come successfully through the psychosexual development periods are able to establish meaningful love relationships. A person who fulfills relationships with others doesn't live the internal sense of loneliness (Geçtan, 2005).

According to Erikson, the a sense of loneliness in young adulthood gains importance. During adolescence the adolescent tries to develop his identity. The adolescent who resolves successfully this period, in young adulthood has no fear of losing his own identity. He will be afraid to establish proximity with people. In return the adolescent living in a confusion of roles in young adulthood will be afraid of establishing long-term friendships. The young adult will be introverted and loneliness, the filling of being isolated can reach dangerous levels (Geçtan, 2005).

Fromm states that as the child grows, he becomes more and more individualized and the result of the process of individualization is increasing loneliness. When the fundamental bonds break down, which gives security to a person, he realizes that he is alone and that his existence is different from other people. This situation creates

helplessness and anxiety to the individual. When humans are individualised, they come across with the dangers of the world, so they are drawn into loneliness. To cope with the outer world and avoid loneliness and desperation, the individual, abandons individualization (Geçtan, 2005).

According to Horney (1998) the behavior, in interaction with the environment, as a result of the transformation, consists of developing a pattern of responses. Over time, the expanding boundaries of these reactions take a complex apperance. According to Horney; a child, with its behaviors being in different directions is opposed to people and he approaches or goes away. If he feels loved and accepted, may be alone with him, but does not feel lonely. He knows that he can rely on other people. But ıf he feels rejected, in order to to provide security, he changes the direction and also the quality of his behaviors. Because of lack of confidence to other people and note having support from them he lives alone and helpless (Turan, 2010).

According to Horney (1998), people may want to be alone occasionally. The meaningful sense of loneliness is not neurotic. But to establish a relationship with people and if being with them is accompanied by an umbearable tension. if going away from life, becomes a tool, the desire to be alone becomes an indicator of the joyful neurotic insulation (Turan, 2010).

1.9.2.2.Existential Approach

The existentialists state that loneliness is an universal feeling and nearly every person has this feeling in some parts of his life. According to the existentialists, as the individual is alone as the requirement of his nature he will be alone all along his life. In order for an individual to make himself free and independent he needs to achieve to be separated from the others. For this reason, loneliness is evaluated as a positive way of life (Turan, 2010). According to Yalom, none of the relations can destroy isolation. We are all alone in existence. If we can accept our isolated condition in existence and face with it as determined we can turn to others with love (Pancar, 2009). Accordng to Perlman and Peplau, existentialists do not investigate the origins

of loneliness. They do not deal with increasing or decreasing factors of the loneliness. Because, loneliness is the requirement of existence (Pancar, 2009).

1.9.2.3.Cognitive Approach

Peplau, Perlman, Miceli and Morasch are the pioneers of cognitive approach. The most obvious characteristic of this approach is that it stresses the cognition as a factor between social insufficiency and loneliness. In fact, people's perceptions and evaluations related to the cognitive processes focuse on social relations. From this perspective the perceived dissatisfaction with social relations, result in loneliness. Cognitive, emotional, and behavioral elements of the model do not deny, but focuse on the subjective perceptions and criteria. When two individuals live in similar social relations and one of them feels lonely, the other one can be satisfied. Subjective criteria about relations increase or decrease loneliness. According to the cognitive approach, loneliness is lived when the difference between possesed social relations and desired social relations are perceived. When an individual develops a negative perspective about himself, a decrease in self esteem is caused. Low self-esteem affects the loneliness with 2 different opinions. The first argues that there is low self-esteem because of loneliness. The second argues that low self-esteem is preparing the terms of loneliness. The low self-esteem of the individual to establish satisfying social interactions interferes with attitudes and behaviors that accompany it (Pancar, 2009).

2.9.3.Loneliness in Adolescents

Adolescence is a period in which loneliness is a phenomenon. Many Experienced researchers pointed out that loneliness is more intensive in adolescence rather than in the other developmental stages of life (Kılınç and Sevim, 2005). Most of the adolescents who are isolated from their peers suffer intense loneliness and accordingly demonstrate typical indications of loneliness (Cheng and Furnham, 2002). Researches on adolescents indicated that loneliness is related with depression and low self-esteem (Anubha Dhal et al. 2007; Yaacob et al, 2009). Loneliness is linked with suicide (Eskin, 2001) and is adversely correlated with life satisfaction (Bugay, 2007; Kapıkıran et al, 2012). Adolescents whose parents divorced have less

loneliness and life satisfaction than other adolescents whose parents are together (Çivitci, 2011). According to Russell, Peplau, and Cutrona (1980); Marcoen and Bumagne (1985), loneliness of adolescents is an unpleasant situation and it is connected with a general dissatisfaction, unhappiness, anxiety, shame, and not being obeyed by peer group (cited by Özatça, 2009).

The loneliness of an adolescent accurately, not only the sources of feelings of loneliness, but also the social relations of the families and friends perceived by adolescents are important. In Pancar's research adolescents who are pleased from their family and friends relations, their loneliness level is lower than adolescents who are displeased from their family and friends relations (Pancar, 2009).

In Çivitçi's study was conducted on a total of 398 high school students, 217 of whom were female and 181 were male, research results showed that high level of loneliness express their angers in the school environment in a more destructive way compared to those with low level of loneliness (Çivitçi, 2011).

In a study that is about important predictors of loneliness levels of adolescents according to their sociodemographic characteristics, shyness, social anxiety, and self-esteem level revealed that the gender, age, grade, school type, and socioeconomic status of adolescents have not statistically significant effect on their loneliness levels. On the other hand, findings showed that the shyness, social anxiety, and self-esteem important predictors of loneliness for adolescents (Erözkan, 2009).

According to Weiss (1973), loneliness during adolescence appears when the adolescent tries to be separated from parents in order to be independent. Weiss evaluated emotional lonelinessas a result of lack or loss of close binding relations. During the adolescence period, the adolescent's thought of being separated from his parents and become psychologically independent starts to become more pronounced. Separated from his parents the the adolescents reorganized their relationships with their pers of the same or the opposite sex. An adolescent's regulation on adherence causes deterioration in personal relationships, even in situations where young people can be completely isolated (Özatça,2009).

Quay (1992), in his study, stated that children with single parent have the feeling of loneliness more than the ones having both parents. Either with both parents or single parent these children have the feeling of loneliness less than the children not living with their own parents (cited by Pancar, 2009).

According to the researches, adolescents, are slowly moving away from their family and are approaching to peer groups. Adolescents feel themselves very close to friend groups than to their parents and they need more the friend groups' approval. They want to look like them and behave like them so they spend more time with them. During this period peer groups are extremely important in personality development as well as in establishing healthy relationships. The acceptance of the youngster by his friends affects the acceptance of himself positively. This contributes to trust and respect himself. During this period when the adolescents are excluded by their friends they live lonely and they show typical symptoms of loneliness. (Cheng and Furnham, 2002).

According to a research of Uruk and Demir, about the roles of peers and families on adolescents' levels of loneliness, 34% of peer relations and 14% of family structures affect loneliness (Uruk and Demir, 2003).

In a research, basic findings showed that as to gender, males are more lonely than girls; as to education level of mother, students who have university graduated mothers have less level of loneliness than others; as to education level of father, students who have university graduated fathers have less level of loneliness than others; as to number of siblings, the more number of siblings the more state of loneliness, the more income the more state of loneliness, students who fail in a class feel more loneliness than others. Besides as living a long time in urban places, students who have been living a long time in urban places have less level of loneliness than others (Duyan et. al, 2008).

Some studies which investigated the relationships between loneliness and other variables reported that there are positive relationships between loneliness, depression and anxiety (Özodaşık, 1989 cited by Kılınç and Sevim, 2005).

Studies reported that there are significant relations between sense of loneliness and parental relationships. Adolescents perceiving their parents' attitudes as democratic feel loneliness less than those perceiving their parents' attitudes as authoritarian. Also adolescents perceiving their parents' attitudes as democratic have high social support from friends and family (Çeçen, 2008).

Demir and Tarhan did a research about the relationships of sociometric status, gender and academic achievement to loneliness levels of Turkish adolescents. Results revealed that sociometric status was significantly related to loneliness and social dissatisfaction as a function of peer relations. Memebers of rejected group reported significantly higher levels of loneliness and social dissatisfaction than did members of controversial, popular and neglected groups. The controversial group was also significantly different from the popular group in loneliness level. No significant gender differences were found. Results also revealed a significant negative relationship between achievement scores and loneliness, indicating that as the level of loneliness increased, academic achievement decreased (Demir and Tarhan, 2001).

Gürsoy and Bıçakçı's research results had showed that socioeconomic status, family and friend relationships cause a significant difference in the loneliness levels of adolescents whereas gender does not. it was seen that the loneiness level of male adolescents was lower than that of female adolescents. Families who have lower socio-economic level had lower loneliness level than others. Adolescents whose family do not have enough time for them and who cannot share much with their family have upper level of loneliness than those who say they can only discuss certain issues with family and those who are content with their family relationships. The loneliness point averages of adolescents who do not like to socialize with their peers are is upper than the others (Gürsoy and Bıçakçı, 2006).

Kulaksızoğlu states that those having weak relations with their parents have feelings of loneliness. the loss of one or both parents or the loss of a close relative may cause the feeling of loneliness. Also, those having feelings of loneliness may have some deficiencies in establishing social relations with others (Kulaksızoğlu, 2005).

Moore and Schultz did a research about loneliness, factors related with loneliness and coping styles of loneliness in adolescents. As a result loneliness was positively related to state and trait anxiety, depression, self-consciousness and social anxiety and negatively related to likability, happiness and life satisfaction. Also according to the results lonely adolescents were also less willing to take social risks and adolescents most often attributed loneliness to boredom and coped with loneliness by watching television or listening to music (Moore and Schultz, 1983)

In a research, loneliness levels of the high school students who are 104 students between 13-18 ages and who are living in an Orphanage for Boys and the Orphanage for Girls in Malatya were investigated. Results showed that loneliness levels of adolescents who have parental loss and whose parents divorced are higher than adolescents whose parents were together (Kutlu, 2005).

2.METHOD OF THE STUDY

2.1. The Aim of the Study and The Problem Statements of the Study

The aim of this study is to compare the levels of depression, anxiety and loneliness of adolescents according to the parental loss.

The problem statements of the research can be summarized as follow:

To compare depression levels loss in adolescents according to the parental loss.

To compare state anxiety levels in adolescents according to the parental loss.

To compare trait anxiety levels in adolescents according to the parental loss.

To compare loneliness levels in adolescents according to the parental loss.

To investigate the correlation between depression, state anxiety, trait anxiety and loneliness levels in adolescents.

To investigate the correlation between depression, state anxiety, trait anxiety and loneliness levels in adolescents that have parental loss.

To investigate the correlation between depression, state anxiety, trait anxiety and loneliness levels in adolescents that have not parental loss.

2.2 Population and Sample

The population of the research is composed of secondary schools found in Lefkoşa and Guzelyurt towns. The sample of the research are composed of students at the ages of 14-18 who had education in 9^{th} -12^{th} classes of high schools in 2011-2012 educational year. First of all school counsellor was contacted and adolescents were determined who had parental loss. After adolescents who had parental loss were determined by school counsellor, school counsellor was contacted again and adolescents who had not parental loss were choosen according to the adolescents who had parental loss. Adolescents who had parental loss and who had not parental

loss were chosen from the same class and in the same sex. The sample was composed of 62 (40.3%) male, 92 (59.7%) female totaly 154 students. 77 of sample had parental loss and 77 of sample had not parental loss. The Children's Depression Inventory, State and Trait Anxiety Inventory, UCLA Loneliness Scale were applied to the students in Türk Maarif Koleji, Sedat Simavi Endüstri Meslek Lisesi, Lefkoşa Güzel Sanatlar Anadolu Lisesi, Haydarpaşa Ticaret Lisesi, 20 Temmuz Fen Lisesi, Bülent Ecevit Anadolu Lisesi, Güzelyurt Türk Maarif Koleji, Güzelyurt Kurtuluş Lisesi, Lefkoşa Türk Lisesi..

2.3.Limitations of the Study

1- This study is restricted to the students receiving education at some high schools of "Ministry Of National Education" within the borders of Nicosia and Guzelyurt.

2- Depression, anxiety and loneliness investigated in this study are restricted to the qualifications measured by Children's Depression Inventory, State and Trait Anxiety Inventory, Ucla Loneliness Scale.

2.4. Instruments

2.4.1.Demographic Information Form

Demographic information form is prepared by the researcher in order to determine the socio-demographic characteristics of the adolescents participated in sampling such as age, gender, class level, the number of the brothers, education of parents, marital status.

2.4.2.Children's Depression Inventory

Children's Depression Inventory is the mostly used self-rated, symptom-oriented scale in the researches of depression was developed by Kovacks (1981). The scale is composed of 27 items and can be applied to the children and adolescents at the age of 6-17. Each article is like a symptom and it is scored as "0", "1", "2", according to the strenght of the feelings. B, E, G, H, İ, J, L, N, O, P, Ş, Ü, V items scored adversly. When the total points increse, strength of depression increases. Scoring is between 0- 54 points. Cut point is 19. The validity and reliability of the Turkish version as performed by Öy (1991) in Turkey. To identify reliability of Children's Depression Inventory, scale is applied to 380 students, 2 times and with one week interval. Correlation of Pearson Moment Product is found as $r = .80$, $p< 0.001$. Also the internal consistency coefficient of this inventory was found α: .77. Tto identify validity of Children's Depression Inventory, interview is done with 59 students about depression according to the random sampling and Childhood Depression Rating Scale is applied. Depression diagnosis was on the basis of DSM-III. The sensitivity of scale according to the students who have major depression and depressive symptoms indentified as %60.00 (n=6). The mean score of Children's Depression Inventory was found 18.00 ± 3.41 in group with major depressive disorder and depressive symptoms. The mean score of Children's Depression Inventory was found 9.69 ± 4.66 in non-depressed group. The difference of mean scores of 2 groups were important ($t(57)= 6.5572$, $p< 0.001$). As a result reliability and validity of Children Depression Inventory were high (Öy, 1991).

2.4.3. State –Trait Anxiety Inventory

State –Trait Anxiety Inventory used to measure the anxiety levels of high school students and adults and composed of 40 articles. It is consists of two different scales measuring the two dimensions of the anxiety; State and Trait Anxiety. State –Trait Anxiety Inventory is developed by Spieberger et al (1970). To prepare this scale Cattell and Scheider's Anxiety Scale, Taylor's Manifest Anxiety Scale and Welsh's Anxiety Scale items are used. First of all scale had 124 items. Then it reduced and became 40 items. Both scales are used to 197 university students with 1 hour, 20

days, 104 days intervals. Test-retest stability coefficient and Corelation of Pearson Moments Product were calculated and stability coefficient scores were found .73-.86 for Trait Anxiety Inventory and .16-.54 for State Anxiety Inventory. Kuder-Richardson Reliability stability coefficient scores were found .83-.92 for State Anxiety Inventory and .86-.92 for Trait Anxiety Inventory. Trait Anxiety Validity score was found .52-.80 for female students , .58-.79 for male students and .77-.84 for patient group. For State Anxiety Validity, state anxiety inventory was applid to 977 university students in a normal day and before an exam. Exam condition scores were higher than normal conditions scores (Aydemir and Köroğlu, 2009).

The Turkish adaptation of State –Trait Anxiety Inventory was performed by Le Compte and Öner (1976). Test-retest reliability of Turkish Version of State –Trait Anxiety Inventory stability coefficient scores were found .71-.86 for Trait Anxiety Inventory and .26- and .68 for State Anxiety Inventory. Kuder-Richardson Reliability of Turkish Version of State –Trait Anxiety Inventory stability coefficient scores were found .83-.87 for Trait Anxiety Inventory and .94-.96 for State Anxiety Inventory. When we look to the criter validity of Turkish Version of State –Trait Anxiety Inventory, it was found that psychiatric patients have higher state and trait anxiety level than normal people ($p<.01$). In the comparisons of averages of state and trait anxiety scores, it was found that individuals who have physical illness and individuals who have not physical illness resemble each other and it was determined that this two group took lower scores according to the psychiatric patients. Oner's and Le Compte's studies contributed to the structure validity of Turkish Version of State –Trait Anxiety Inventory. Le Comte and Oner (1975) aplied these scales different in times. They put forth that despite the changing conditions of the rise and fall of state anxiety scores, there wasn't significant changes at trait anxiety scores in the same people. In 1977, Oner found significant correlations between state and trait anxiety scores (Aydemir and Köroğlu, 2009).

2.4.3.1. State Anxiety Scale

It measures the state of the individual, that is the level of anxiety at that moment. The instant tension, anxiety and excitement reactions produced by conditions

increase or decrease by the time. The individuals reply the articles given in the scale according to strenght of the levels of feelings. For example, " I feel myself comfortable". State Anxiety Scale is composed of 20 articles like the one given in the example. The articles in the scale are replied according to the strenght of the feelings (1) Never, (2) a little, (3) pretty, (4) completely. One of the 4 alternatives is marked (Aydemir and Köroğlu, 2009).

2.4.3.2. Trait Anxiety Scale

The Trait Anxiety Scale measures the capacity of threatening and sees the perception and comment of neutral states stressfull, according to objective criteria of the individual. The individuals reply the articles of the scale according to the frequency level of their feelings. For example, " I feel myself sad". There are 20 articles in the trait anxiety scale. The individuals reply the articles according to the frequency levels; (1) Rarely, (2) Sometimes, (3) Often , (4) Always.

There is no time restriction for the replying both of the scales. The samplings reply two scales in 20-25 minutes. The grading is obtained by adding the numeral significance like 1-4 in both of the scales. The value of the total grade changes between 20-80. If the grade is high, then it means the level of anxiety is high. The reassuring and validation works of Turkish STAI were performed and the scales were found as reliable and valid (Aydemir and Köroğlu, 2009).

2.4.4.UCLA Loneliness Scale

UCLA (University of California, Los Angeles) Loneliness Scale was developed by Russell, Peplau ve Ferguson (1978) in order to determine the level of lonelines percepted by the individuals. This scale was reviewed by Russell, Peplau Cutrona again in 1980 and it is edited again and half of the scale became negative direction and half of the scale become positive direction. In the validity study of scale, correlation between UCLA Loneliness Scale and Beck Depression Inventory was found significant (r=.67). UCLA Loneliness Scale's reliability also analyzed and internal consistency coefficient calculated for the reliability of the scale was .94. Scale is applied with an interval of two months ın order to examine the stability of

the scores obtaind by scale. Results showed that test-retest reliability was statistically significant (r=.73) (Demir,1989).

There are 20 items in the scale, 10 are coded normally and the other 10 are coded as reverse and the evaluation is done on a 4-point likert type scale. As the grades for each article are changed between 1 and 4, the least grade to be received from the scale is 20 and the highest is 80. If the scores are high it means that the level of loneliness is high.

The validity and reliability of UCLA Loneliness Scale's Turkish version was performed by Demir (1989). In Demir's study, in order to look reliability of UCLA Loneliness Scale, the internal consistency of the scale out of 72 participants' responses to each item were checked, the internal consistency coefficient was found .96 ($p< 0.001$). Five weeks later, scale was applied again. Correlation coefficient between two aplications was found .94 ($p< 0.001$)(Demir, 1989). Also Demir applied to UCLA Lonelines Scale, Beck Depression Inventory and Social Introversion Sub-Scale to 36 individuals who complained from loneliness and 36 individuals who didn't complain from loneliness. When the participants' average of scores that is obtained by UCLA Loneliness Scale were controlled, it was found that group of patients was higher average of loneliness(47.5 ± 11.5) scores than normal group(26.44 ± 10.8). Also there was a significant difference between two groups (t: 6.29; < 0.001). As a result there was a significant relation (r=.77; $p< 0.001$) between UCLA Loneliness Scale and Beck Depression Inventory. Also there was a significant relation (r: .82; $p< 0.01$) between UCLA Loneliness Scale and Social Introversion Sub-Scale (Demir, 1989).

2.5 Data Analysis

Data of the research was investigated by using chi – square and Student's t-test analysis method. Finding provided were evaluated as meaning at $p\leq0.05$ level. All obtained data in this research process evaluated by using 14^{th} version of Statistically Package for Social Sciences (SPSS).

3. RESULTS OF THE STUDY

Table 1. The Comparison of Female and Male Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Females	92	59.7	46	59,7	46	59,7
Males	62	40,3	31	40,3	31	40,3
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=0,00 p=1,00

The comparison of female and male participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 2. The Comparison of Ages of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
14 years old	36	23,4	19	24,7	17	22,1
15 years old	34	22,1	18	23,4	16	20,08
16 years old	46	29,9	25	32,5	21	27,3
17 years old	32	20,8	13	16,9	19	24,7
18 years old	6	3,9	2	2,6	4	5,2
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2 = 2,37 p= 0,668

The comparison of ages of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 3. The Comparison of Birthplace of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Cyprus	113	73,4	58	75,3	55	71,4
Turkey	33	21,4	15	19,5	18	23,4
England	6	3,9	4	5,2	2	2,6
Other Country	2	1,3	0	0	2	2,6
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

$X^2 = 3,02$ p=0,389

The comparison of birthplace of participants according to the parental Loss by using chi-square method revealed no statistically significant difference.

Table 4. The Comparison of Classes of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
9.Class	47	30,05	24	31,2	23	29,9
10.Class	38	24,7	19	24,7	19	24,7
11.Class	40	26,0	20	26,0	20	26,0
12.Class	29	18,8	14	18,2	15	19,5
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

$X^2 = 0,06$ p=0,997

The comparison of classess of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 5. The Comparison of The Longest Living Place of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Village	60	39,0	23	29,9	37	48,1
Small Town-County	18	11,7	9	11,7	9	11,7
Town	70	45,5	42	54,5	28	36,4
Abroad	6	3,9	3	3,9	3	3,9
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2 =6,07 p=0,108

The comparison of the longest living places of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 6. The Comparison of Relations Between Participants and Their Sisters or Brothers According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Very well	63	40,9	34	44,2	29	37,2
Well	47	30,5	25	32,5	22	28,6
Moderate	18	11,7	8	10,4	10	13,0
Bad	4	2,6	1	1,3	3	3,9
Very Bad	0	0	0	0	0	0
No Answers	22	14,3	9	11,7	13	16,29
Total	154	100	77	100	77	100

X^2=2,59 p=0,638

The comparison of relations between participants and their sisters or brothers according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 7. The Comparison of Relations Between Participants and Their Friends According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Very well	109	70,8	58	75,3	51	66,2
Well	38	24,7	15	19,5	23	29,9
Moderate	7	4,5	4	5,2	3	3,9
Bad	0	0	0	0	0	0
Very Bad	0	0	0	0	0	0
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=2,28 p=0,320

The comparison of relations between participants and their friends according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 8. The Comparison of Having Hobbies According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Having hobbies	142	92,2	71	92,2	71	92,2
Not having hobbies	12	7,8	6	7,8	6	7,8
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=0,00 p= 1,00

The comparison of having hobbies according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 9. The Comparison of Playing Sports According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Playing Sports	108	70,1	57	74,0	51	66,2
Not Playing Sports	47	29,9	20	26,0	26	33,8
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=1,12 p=0,291

The comparison of playing sports according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 10. The Comparison of School Success of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
very good	18	11,6	12	15,6	6	7,8
good	71	46,1	34	44,2	37	48,1
moderate	59	38,3	28	36,4	31	40,3
bad	6	3,9	3	3,9	3	3,9
very bad	0	0	0	0	0	0
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2 =2,28 p=0,516

The comparison of School Success of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 11. The Comparison of the Number of Failing Class of Participants According to the Parental Loss in the High School

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Never	133	86,4	67	87,0	66	85,7
1 time	20	13,0	10	13,0	10	13,0
2 times	0	0	0	0	0	0
3 times	1	0,6	0	0	1	1,3
Above 3 times	0	0	0	0	0	0
No answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=1,01 p=0,604

The comparison of Fail's Number of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 12. The Comparison of Taking Social Support of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Taking social support	103	66,9	54	70,1	49	63,6
Not taking social support	48	31,2	22	28,6	26	33,8
No Answers	3	1,9	1	1,3	2	2,6
Total	154	100	77	100	77	100

X^2=0,91 p=0,635

The comparison of taking social support of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 13. The Comparison of Taking Financial Support of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Taking financial support	111	72,1	59	76,6	52	67,5
Not taking financial support	43	27,9	18	23,4	25	32,5
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=1,58 p=0,209

A comparison of taking financial support of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 14. The Comparison of Having Medical Ilness of Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Having medical illness	9	5,8	5	6,5	4	5,2
Not having medical illness	145	94,2	72	93,5	73	94,8
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=0,12 p=0,731

The comparison of having medical illnesss of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 15. The Comparison of Working of Participants Except School Time According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Working	17	11,0	8	10,4	9	11,7
Not working	137	89	69	89,6	68	88,3
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=0,66 p=0,797

The comparison of working of participants except school time according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 16. The Comparison of Ciggarette Use in Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Using cigarette	24	15,6	10	13,0	14	18,2
Not using cigarette	130	84,4	67	87,0	63	81,8
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=0,79 p=0,374

The comparison of ciggarette use in participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 17. The Comparison of Frequency in Using Ciggarettes of Participants in last 30 days According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Never	0	0	0	0	0	0
Less than once a week	8	5,2	5	6,5	3	3,9
1-5 times in a day	9	5,8	4	5,2	5	6,5
6-10 times in a day	6	3,9	1	1,3	5	6,5
No Answers	131	85,1	67	87,0	64	83,1
Total	154	100	77	100	77	100

X^2=3,35 p=0,341

The comparison of frequency in using ciggarette of participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 18. The Comparison of Alcohol Use in Participants According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Using alcohol	41	26,6	20	26,0	21	27,3
Not using alcohol	113	73,4	57	74,0	56	72,0
No Answers	0	0	0	0	0	0
Total	154	100	77	100	77	100

X^2=003 p=0,855

The comparison of alcohol use in participants according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 19. The Comparison of Frequency in Using Alcohol of Participants in last 30 days According to the Parental Loss

	All		Not Having Parental Loss		Having Parental Loss	
	N	%	N	%	N	%
Never	10	6,5	6	7,8	4	5,2
Once two weeks	19	12,3	8	10,4	11	14,3
Once a week	6	3,9	2	2,6	4	5,2
Twice a week	5	3,2	4	5,2	1	1,3
More than twice a week	2	1,3	1	1,3	1	1,3
No Answers	112	72,7	56	72,7	56	72,7
Total	154	100	77	100	77	100

X^2 =3,34 p=0,648

The comparison of frequency in alcohol use of participants in last 30 days according to the parental loss by using chi-square method revealed no statistically significant difference.

Table 20. Comparison of Depression Level in the Adolescents According to the Parental Loss

	Not Having Parental Loss Mean Std dev.	Having Parental Loss Mean Std. Dev.	p	t
Depression	9,70 ± 5,91 (n: 77)	10,05 ± 6,11 (n:77)	0,72	-0,36

The comparison of depression scores of adolescents according to the parental loss by using Student T-Test revealed no statistically significant difference . (p: 0,72)

Table 21. Comparison of State Anxiety Level in the Adolescents According to the Parental Loss

	Not having parental loss	Having parental loss	p	t
State Anxiety	37,78 ± 6,61 (n: 77)	38,71 ± 6,87 (n:77)	0,39	-0,86

The comparison of Stait Anxiety scores of adolescents according to the parental loss by using Student T-Test revealed no statistically significant difference . (p: 0,39)

Table 22. Comparison of Trait Anxiety Level in the Adolescents According to the Parental Loss

	Not having parental loss	Having parental loss	p	t
Trait Anxiety	45,64 ± 7,37 (n: 77)	45,64 ± 7,25 (n:77)	1,00	0,00

The comparison of Trait Anxiety scores of adolescents according to the parental Loss participants by using Student T-Test revealed no statistically significant difference . (p:1,00)

Table 23. Comparison of Loneliness Level in the Adolescents According to the Parental Loss

	Not having parental loss	Having parental loss	p	t
Loneliness	34,71 ± 10,28 (n:77)	39,71 ± 12,75 (n:77)	0,11	-1,61

A comparison of loneliness scores of adolescents according to the parental loss by using Student T-Test revealed no statistically significant difference. (p: 0,11)

Table 24. Correlations Between Depression, State & Trait Anxiety and Loneliness in Adolescents Who Haven't Parental Loss

	r	P
Depression– State Anxiety	-0,31	0,01*
Depression –Trait Anxiety	0,17	0,15
Depression – Loneliness	0,48	0,00*
State Anxiety–Trait Anxiety	0,32	0,00*
State Anxiety- Loneliness	-0,20	0,08
Trait Anxiety- Loneliness	0,00	0,97

There is negative significance relation between depression and stait anxiety (r: -0.31, p: 0.01) . There is a positive significance relation between depression and loneliness (r: 0.48, p: 0.00). There is a positive significance relation between stait anxiety and trait anxiety (r: 0.32, p: 0.00).

Table 25. Correlations Between Depression, State & Trait Anxiety and Loneliness in Adolescents Who Have Parental Loss

	r	P
Depression– State Anxiety	-0,07	0,55
Depression –Trait Anxiety	0,36	0,00*
Depression – Loneliness	0,42	0,00*
State Anxiety-Trait Anxiety	0,26	0,02*
State Anxiety- Loneliness	-0,10	0,37
Trait Anxiety- Loneliness	0,25	0,03*

There is a positive significance relations between depression and trait anxiety (r: 0.36, p:0,00). There is a positive significance relation between depression and loneliness (r: 0.42, p: 0.00). There is a positive significance relations between state anxiety and trait anxiety (r: 0.26, p: 0,02) . There is a positive significance relation between trait anxiety and lonelinesss (r: 0.25, p: 0,03).

4. DISCUSSION

In our study about comparison of depression, anxiety and loneliness levels in adolescents having and those not having parental loss, there isn't any significant difference in depression, anxiety and loneliness levels. Canetti et. al (2000) put forth that order of daily life is characteristic in creating adverse affects of parental loss. Weller et. al (1996) reported the development of psychopathology after parental loss is not only due to loss but also lifestyle changes are effective. According to the Dyregov (2000) the death of a parent affects children. The reason of this is not the loss of the loved object or loss of a person that satisfies daily needs of children. The reason of affecting the child is the impairment of balance and disturbance of daily life. Studies show that social support is high in T.R.N.C. and also the support of family, relatives and friends has an important role (Rüstemli et. al, 2000). In our study ıt was seen that adolescents who lost their parent and who didn't lose their parent have good sister/brother and friend relations. Also it was determined that adolescents who lost their parent and who didn't lose their parent have similar social and financial support. Friends' and relatives' relationships are more powerfull and effective because T.R.N.C. is a small country. People who develop close relationships with each other give social and financial support to each other. Because of these instead of mother or father, friends and relatives support cause lower depression, anxiety and loneliness levels in adolescents whose parents died.

There is a positive correlation between depression and trait anxiety levels in adolescens who have parental loss. In studies of adolescents there is a positive correlation between depression and both state and trait anxiety levels (Deniz et. al,2009; Karakaya et. al,2004; Toros and Tataroğlu, 2002). In Duman's study (2008), in students whose father and mother were separate, trait anxiety scores were found more than in students whose father and mother were together. Garmezy and Masten (1995), reported that anxiety and depression are more often seen in children who live mourning (cited by Diler and Avcı)**.** In a study on a parental loss in children there is a significant positive correlation between depression and trait anxiety (Aral, 2000). Being an egocentric adolescent in adolescent period affect the point of view of adolescents on death. The belief of an adolescent on their uniquess, he will feel as if he will never die. So when the adolescent has parental loss, he can give emotional expressions like deny, blame, sadness, anger (Erden, 2000). Also an adolescent who has parental loss can lose the sence of basic trust about protecting and being claimed financially and morally. When the adolescent loses the sence of basic trust, depression and anxiety can be seen (Aral, 2000). When the adolescent encounters an unexpected event like death and he thinks that he will not see any more his parent and the acceptance of this will take time, the loss of a parent can affect the adolescents emotionally, financially so, these are thougth that adolescent can live anxiety in long terms. These difficulties don't depend on short- term and temporary condition and becuse of the threat (parental death) that isn't lost (parent who dies doesn't come back) adolescents can live trait anxiety after parental loss. In our study, findings make think that adolescents who have parental loss and low financial and social support can live depression and also they may live anxiety due to this situation.

There is a positive correlation between depression and loneliness of adolescents who have parental loss and of those who have not parental loss. Depressed people can almost everyday decrease in interest in all activities, or can enjoy them as no longer being used. Also some symptoms can be seen like tiredness and loss of energy almost every day in depressed people (Köroğlu,2007). This causes to withdrawl of an adolescent to his own world and to cut relationship between his social environment. So it makes think that this causes an adolescent to feel lonely. In studies there is a positve correlation between loneliness and depression (Moore and Schultz, 1983; Hudson et. al, 2000; Yaacob et. al, 2009). In adolescent period adolescent's idea about seperation from his parent and having psychological indepedence against his parent becomes more evident. Adolescents go away from their parent and draw near to their pers (Kulaksızoğlu, 2005; Yavuzer, 2005). In this period the adolescents who excluded by friends (Cheng and Furnham, 2002), who can't establish close relations (Özatça, 2009) and who haven't social support (Duyan et al,2008) can live loneliness. Also in adolescent period physical changes, identity and personality development and important events are lived. Especially as a result physical changes, adolescents want to be alone (Kılınç, 2005).

Lonliness can be observed in adolescents who have parental loss. According to the Kulaksızoğlu (2005), loss of one of the parents or loss of both or loss of a lovd one can expose th sense of loneliness (cited by Pancar, 2009). In Quay's study (1992) children who have a single parent live more the sense of loneliness than those who have both parents. However children who have a single paren tor both parents feel themselves more lonely than children who don't live with their own parents (cited by Pancar, 2009). Some adolescents want to avoid questions asked by their friends about death. Because they fear from crying at school or being a shamed because of

uncontrolled emotions. To protect themselves from these ,they move away from their environments (Dyregov, 2000). In our study, findings make think that family, friend, low financial support are effective on depression and this also affects loneliness levels of adolescents.

Adolescents who have parental loss or who has not parental loss have positive correlation between state and trait anxiety levels. State and Trait anxiety affect each other. (Tovilovic et. al, 2009). Change in Trait anxiety level alter the state anxiety level (Köknel, 1989). Studies show that there is a positive correlation between state and trait anxiety. (Ehtiyar and Üngören, 2008; Canbaz et. al, 2005; Miral et. al, 1998). In our study findings make think that trait anxiety levels affect adolescents' state anxiety levels.

In our study there is a positive correlation between loneliness and trait anxiety in adolescents who have parental loss. Wayne and Schulttz (1983) have a study about loneliness and related factors in adolescents and how adolescents cope with loneliness. In this study there is a positive correlation between loneliness and state/ trait anxiety. When the adolescent has parental loss, adolescents can remain alone in holding himself apart from other people. Because he thinks that he will not control his emotions when the people ask him some questions about parental loss (Dyregrow, 2000). People feel anxious as a result of loneliness and helplessness (Gençtan, 2005). In our study findings make think that adolescents who have parental loss and who have not financial and social support can live both loneliness and trait anxiety.

Among students who have parental loss, depression is found to be related with trait anxiety and loneliness, whereas among student who do not have a parental loss depression is found to be related with state anxiety and loneliness.

5. CONCLUSION

Contrary to studies that show depression, anxiety and loneliness in adolescents who have parental loss, in our study when we compare the depression, anxiety and loneliness levels of adolescents who have parental loss and who have not parental loss, there isn't significant difference. When the parental loss or related factors like depression, anxiety and loneliness are investigated, only death musn't be taken into consideration, also psychological, social, and financial factors must be taken into consideration in about depression, anxiety and loneliness. Also when the adolescents show symptoms of depression, anxiety and loneliness they need to take psychological support from mental health experts and mental health experts need to instruct and awareness to school trainers about topics related to parental loss. This study is a pioneering work in determining how death affects depression, anxiety and loneliness levels in adolescents. So evaluating of this study's results in a larger sample again and questioning of anxiety and loneliness levels in adolescents who have depression and who have parental loss will provide us more information.

REFERENCES

Adams, J. F. 1995. **Ergenliği Anlamak.** 1th edition. Ankara: İmge Kitabevi.

Abdullah, S. Salleh, A. Mahmud, Z. Ahmad, J. Ghani, S. A. 2011. Cognitive Distortion, Depresssion and Self –Esteem among Adolescents Rape Victims. **World Applied Science Journal**. v. 14: 67-73.

Akgün, Ş. 2006. Yetiştirme Yurdunda Kalan 16-18 Yaş Grubu Arasındaki Adölesanların Anksiyete Düzeylerinin Belirlenmesi**.** Unpublished Master Thesis. HU Institute of Health Sciences.

Alisinaoğlu, F. Uluğtaş, İ. 2000. Çocuklarda Kaygı ve Bunu Etkileyen Etmenler. **Milli Eğitim.** [27.08.2010]. http://dhgm.meb.gov.tr/yayimlar/dergiler/Milli_Egitim_Dergisi/145/ alisinanoglu.htm.

Allgood-Merten, B. Lewinsohn, P. M. Hops, H. 1990. Sex Differences and Adolescent Depression. **Journal of Abnormal Psychology.** v. 99. i.1: 55-63.

Apuhan, R. Ş. 2005. **Ergenlerle İletişim**. 1th edition. İstanbul: Timaş Yayınları.

Aral, N. 2000. Ailede Ölüm Olayını Yaşayan ve Yaşamayan Çocukların Kaygı ve Depresyon Düzeylerinin İncelenmesi. **Çağdaş Eğitim**. v. 271: 23-32.

Aslan, D. 2004. Beden Algısı ile ilgili Sorunların Yaratabileceği Beslenme Sorunları. **Sted**. v.13. i.9: 326-329.

Aşık, E. 2006. Yetiştirme Yurdunda Kalan Gençlerin Ergenlik Sorunları ve Başetmeleri. Unpublished Master Thesis. AIBU Institute of Health Sciences.

Aydemir, Ö. Köroğlu, E. 2009. **Psikiyatride Kullanılan Klinik Ölçekler**. 4th edition. Ankara: Hekimler Yayın Birliği.

Aysev, A. Ulukol, B. Ceyhun, G. 2000. Çalışan ve Okuyan Çocukların Çocuklar için Depresyon Ölçeği ile Değerlendirilmesi. **AÜ Tıp Fakültesi Mecmuası.** v. l53. i. 1: 27-30.

Bauman, L. 1998. **Çocuğunuz Ergenlik Çağında**. çev. Banu Mahir. İstanbul: Boyner Holding Yayınları.

Botsis, A. J. Plutchik, R. Kotler, M. Van Praag, H. M. 1995. Parental Loss and Family Violence as Correlates of Suicide and Violence Risk. **Suicide & Life Threatening Behavior**, v. 25. i. 2*:* 253–260.

Bugay, A. 2007. [10.02.2012]. Loneliness and Life Satisfaction of Turkish University Students. http://www.iscet.pt/sites/default/files/obsolidao/Artigos/Loneliness%20and%20Life%20Satisfaction%20on%20Turkish%20University%20Students.pdf.

Bulut, F. 2010. Ergenlerde Görülen Kural Dışı Davranışların Aile İşlevselliği, Aile Risk Faktörü ve Yaşam Kalitesi Açısından İncelenmesi**.** Unpublished Master Thesis **.** ÇÜ Institute of Social Sciences.

Büyükkaragöz, S. 1992. Aile İçi Demokrasi ve Eğitim. **Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi.** i. 1; 143- 152.

Canbaz, S. Sünter, T. Pekşen, Y. 2005. Samsun Çıraklık Eğitim Merkezi'ne Devam Eden Çırakların Durumluk-Sürekli Kaygı Düzeylerinin Değerlendirilmesi. **Türk Tabipleri Birliği Mesleki Sağlık ve Güvenlik Dergisi.** 16-20.

Ceylan, A. Özen, Ş. Palancı, Y. Saka, G. Aydın, Y. E. Kıvrak, Y. Tangolar, Ö. 2003. Lise Son Sınıflarda Anksiyete-Depresyon Düzeyleri ve Zararlı Alışkanlıklar: Mardin Çalışması. **Anadolu Psikiyatri Dergisi**. i. 4: 144-14.

Cheng, C. 1997. Role of Perceived Social Support on Depression in Chinese Adolescents: A Prospective Study Examining the Buffering Model. **Journal of Applied Social Psychology**. v. 27. i. 9: 800-820.

Cheng, H. ve Furnham, A. 2002. Personality, Peer Relations, and Self Confidence as Predictors of Happiness and Loneliness. **Journal of Adolescence.** i. 25: 327-339.

Çeçen, A. R. 2008. Üniversite Öğrencilerinin Cinsiyetlerine ve Ana Baba Tutum Algılarına Göre Yalnızlık ve Algılanan Sosyal Destek Düzeylerinin İncelenmesi. **Türk Eğitim Bilimleri Dergisi**. v. 6. i. 3: 415-431.

Çivitçi, N. 2011. Lise Öğrencilerinde Okul Öfkesi ve Yalnızlık. **Türk Psikolojik Danışma ve Rehberlik Dergisi**. v. 4. i. 35: 18-29.

Dekovic, M. ve Meeus, W. 1997. Peer Relations in Adolescence: Effects of Parenting and Adolescents' Self-Concept. **Journal of Adolescence**. v. 20. i.2: 163-176.

Demir, A. 1989. Ucla Yalnızlık Ölçeğinin Geçerlik ve Güvenirliği. **Psikoloji Dergisi**.v. 7. i. 23: 14-18.

Demir, A. Tarhan, N. 2001. Loneliness and Social Dissatisfaction in Turkish Adolescents. **Journal of Psychology**. v. 135. i.1: 113-124.

Deniz, İ. Ersöz, A. G. İldeş, N. Türkarslan, N. 2001. 1995-2000 Yılları Resmi Kayıtlarından Batman'da Gerçekleşen İntihar ve İntihar Girişimleri Üzerine Bir İnceleme. **Aile ve Toplum.** v. 1. i. 4: 27-49.

Deniz, M. E. Yorgancı, Zahide. Özyeşil, Z. 2009. Öğrenme Güçlüğü Görülen Çocukların Sürekli Kaygı ve Depresyon Düzeylerinin İncelenmesi Üzerine Bir Araştırma. **İköğretim Online. v**. 8. i. 3: 694-708.

Dhal, A. Bhatia, S. Sharma, V. Gupta, P. 2007. Adolescent Self-Esteem, Attachment and Loneliness. **Journal of Indian Association for Child and Adolescent Mental Health** v. 3. i. 3: 61-63.

Diler, R. S. Avcı, A. 1997. Çocuk ve Yas: Bir Gözden Geçirme. **3 P Dergisi**, i.4: 283-291.

Dopheide, J. A. 2006. Recognizing and Treating Depression in Children and Adolescents. **American Journal of Health System Pharmacy**. v. 63: 233-243.

Duman, G. K. 2008. İlköğretim 8.Sınıf Öğrencilerinin Durumluk Sürekli Kaygı Düzeyleri ile Sınav Kaygısı Düzeyleri ve Ana-Baba Tutumları Arasındaki İlişkinin İncelenmesi. Unpublished Master Thesis. DEÜ İnstitude of Social Sciences.

Duyan, V. Duyan, G. Ç. Çifçi, E. Ç. Sevin, Ç. Erbay, E. İkizoğlu, M. 2008. Lisede Okuyan Öğrencilerin Yalnızlık Durumlarına Etki Eden Değişkenlerin İncelenmesi. **Eğitim ve Bilim.** v. 33. i. 150: 28-41.

Dyregrov, A. 2000. **Çocuk, Kayıplar ve Yas: Yetişkinler İçin El Kitabı. trans**: Gülden Güvenç. 1th edition. İstanbul: Türk Psikologlar Derneği Yayınları.

Ehtiyar, R. Üngüren, E. 2008. Lise ve Üniversite Turizm Eğitimi Alan Öğrencilerin Demografik Değişkenlerinin Umutsuzluk ve Kaygı Düzeylerine Etkilerinin Araştırılması. **Gazi Üniversitesi Ticaret ve Turizm Fakültesi Dergisi.** i. 2: 34-51.

Elkind, D. 1967. Egocentrism in Adolescence. **Child Development.** v**.** 38. i. 4: 1025-1034.

Erdemir, F. Hancı, İ. H. Özdemir, Ç. 2001. Otoerotik Asfiksi. **Sted**. v. 10. i. 8: 309-310.

Erden, G. 2000. Çocuklarda Yas ve Acıyla Baş Etmede Yardım. **Türk Psikoloji Bülteni**. v. 6. i. 16: 73-76.

Erözkan, A. 2004. Lise Öğrencilerinin Bağlanma Stilleri ve Yalnızlık Düzeylerinin Bazı Değişkenlere Göre İncelenmesi. **Sosyal Bilimler Enstitüsü Dergisi. v**. 4. i. 2: 155-175.

Erözkan, A. 2009. Ergenlerde Yalnızlığın Yordayıcıları. İlköğretim Online. v. 8. i. 3: 809-819.

Ertem, Ü. Yazıcı, S. 2006. Ergenlik Döneminde Psiko-Sosyal Sorunlar ve Depresyon. **Aile ve Toplum Dergisi.** v. 3. i. 9: 7-12.

Eskin, M. 2001. Ergenlikte Yalnızlık, Başetme Yöntemleri ve Yalnızlığın İntihar Davranışı ile İlişkisi. **Klinik Psikiyatri**. i.4. : 5-11.

Eskin, M. Ertekin, K. Harlak, H. ve Dereboy, Ç. 2008. Lise Öğrencisi Ergenlerde Depresyonun Yaygınlığı ve İlişkili Olduğu Etmenler. **Türk Psikiyatri Dergisi.** v.19. i.4: 382-389.

Gençtan, E. 2005. **Psikanaliz ve Sonrası.** 11th edition. İstanbul: Metis Yayınları.

Greca, A. M. L. Lopez, N. 1998. Social Anxiety Among Adolescents: Linkages with Peer Relations and Friendships. **Journal of Abnormal Child Psychology.** v. 26. i. 2: 83-94.

Gregory, A. M. Eley, T. C. 2007. Genetic Influences on Anxiety in Children: What We've Learned and Where We're Heading. **Clinical Child and Family Psychology.** v. 10. i. 3: 199-212.

Gudas, L. J. Koocher, G. P. and Wypij, D. 1991. Perceptions of Medical Compliance in Children and Adolescents with Cystic Fibrosis. **Journal of Developmental Behavior Pediatry**. v. 12. i. 4: 236-242.

Günay, O. Öncel, Ü. N. Erdoğan, Ü. Güneri, E. Tendoğan, M. Uğur, A. Başaran, O. U. 2008. Lise Son Sınıf Öğrencilerinde Durumluk ve Sürekli Anksiyete Düzeyini Etkileyen Faktörler. **Sağlık Bilimleri Dergisi. v**. 17. i. 2: 77-85.

Güney, M. 1998. Ergenlik Dönemi Depresyonları. **Psikiyatri Dünyası. v**. 2: 41-44.

Gürsoy, F. Bıçakçı, M.B. 2006. A Study of Loneliness Level of Adolescents. **Journal of Quafgaz University**. i. 18: 140-146.

Hamrin, V. Pachler, M. C. 2005. Child and Adolescent Depression : reviev of the latest evidence-based treatments. **Journal of Psychosocial Nursing and Mental Haelth Service.** v.43. i.1: 6-7.

Hudson, D. B. Elek, S. M. Campbell-Grossman, C. 2000. Depression, Self-Esteem, Loneliness, and Social Support Among Adolescent Mothers Participating in The New Parents Project. **Adolescence.** v. 35. i.139: 445-453.

Jersild, T. A. 1983. **Çocuk Psikolojisi**. 4th edition. trans. Gülseren Günçe. Ankara: Ankara Üniversitesi Eğitim Araştırmaları Merkezi Yayınları.

Julie, A. D. 2006. Recognizing and Threating Depression in Children and Adolescents. **American Journal of Health System Pharmacy**. v.63: 233-243.

Kapıkıran, Ş. Yağcı, U. 2012. Ergenlerin Yalnızlık ve Yaşam Doyumu: Çalgı Çalma ve Müzik Topluluğuna Katılmanın Aracı ve Farklılaştırıcı Rolü. **İlköğretim Online**. v. 11. i. 3: 738-747.

Karakaya, I. Ağaoğlu, B. Coşkun, A. Şişmanlar, Ş. G. Öc, Ö. Y. 2004. Marmara Depreminden Üç Buçuk Yıl Sonra Ergenlerde TSSB, Depresyon ve Anksiyete Belirtileri **Türk Psikiyatri Dergisi.** c. 15. s. 4: 257-263.

Kashdan, T. B. ve Roberts, J. E. 2004. Social Anxiety's Impact on Effect, Curiosity, and Social Self-Efficacy During a High Self-Focus Social Threat Situation. **Cognitive Therapy and Research**. v. 28. i. 1: 119-141.

Kılınç, H. 2005. Ergenlerin Yalnızlık Düzeyleri ve Kişilerarası İlişkilerle İlgili Bilişsel Çarpıtmaları Arasındaki İlişkinin İncelenmesi. Unpublished Master Thesis. AÜ Institute of Educational Sciences.

Kılınç, H. Sevim, S. A. 2005. Ergenlerde Yalnızlık ve Bilişsel Çarpıtmalar. **Ankara Üniversitesi Eğitim Bilimleri Fakültesi Dergisi**. v. 38. i. 2: 67-98.

Kim, Y. H. 2003. Correlation of Mental Health Problems with Psychological Constructs in Adolescence: Final Results From a 2-Year Study**. The International Journal of Nursing Studies**. v. 40. i. 2: 115-124.

Koçak, E. 2008. Ergenlerde Yalnızlığın Yordayıcısı Olarak Benlik Saygısı ve Sürekli Öfke ve Öfke İfade Tarzlarının İncelenmesi**.** Unpublished Master Thesis. ÇÜ Institute of Social Sciences.

Köroğlu, E. 2007. DSM-IV **Ruhsal Bozukluklar Tanı Ölçütleri Başvuru El Kitabı.** 4th edition. Ankara: Hekimler Yayın Birliği.

Kulaksızoğlu, A. 2005. **Ergenlik Psikolojisi**. 7th edition. İstanbul: Remzi Kitabevi.

Kutlu, M. 2005. Yetiştirme Yurdu Yaşantısı Geçiren Lise Öğrencilerinin Yalnızlık Düzeyleri. **Türk Psikolojik Danışma ve Rehberlik Dergisi**. v. 3. i. 24: 89-109.

Lewinson, P. M. Rohde, P. Seeley, J. R. 1998. Major Depressive Disorder in Older Adolescents: Prevalance, Risk Factors and Clinical İmplications. **Clinical Psychology Review.** v. 18. i. 7: 765-794.

Lewinsohn, P. M. Rohde, P. Seeley, J. R. Klein, D. N. Gotlib, I. H. 2000. Natural Course of Adolescent Major Depressive Disorder in a Community Sample: Predictors of Recurrence in Young Adults. **The American Journal of Psychiatry**. v.157, i.10: 1584-1591.

Maier, E. H. Lachman, M. E. 2000. Consequences of Early Parental Loss and Separation for Health and Well-Being in Midlife. **International Journal of Behavioral Development**. v. 24. i. 2: 183-189.

McLean, W. 2006. [15.02.2012]. Counseling Adolescents Dealing with Grief and Loss. http://c.ymcdn.com/sites/www.myprevention.org/resource/collection/246ADC1F-6ACD-403B-A496-9A0D7045E1C3/AdolescentsGriefAndLoss.pdf

Melnyk BM, Brown HE, Jones DC, Kreipe R, Novak J. 2003. Improving the mental/psychosocial health of US children and adolescents: outcomes and implementation strategies from the national KySS Summit. **Journal of Pediatric Health Care**. v. 17. i. 6: 1–24.

Memik, N. C. Sismanlar, S. G. Yildiz, Ö. Karakaya, I. Isik, C., Ağaoglu, B. 2010. Social Anxiety Level in Turkish Adolescents. **Eur Child Adolesc Psychiatry**. i.19: 765–772.

Moore, J. D. W. and Schultz, N. R. 1983. Loneliness at Adolescence: Correlates, Attributions, and Coping**. Journal of Youth and Adolescence**, v. 12. i. 2: 95-100.

Nolen-Hoeksama, S. Girgus, J. S. 1994. The Emergence of Gender Differences in Depression During Adolescence**. Psychological Bulletin**. v. 115. i.3: 424-443.

Ören, N. Gençdoğan, B. 2007. Lise Öğrencilerinin Depresyon Düzeylerinin Bazı Değişkenlere Göre İncelenmesi. **Kastamonu Eğitim Dergisi.** v. 15. i. 1: 85-92.

Öy, B. 1991. Çocuklar için Depresyon Ölçeği: Geçerlik ve Güvenirlik Çalışması. **Türk Psikiyatri Dergisi**. v. 2. i. 2: 132-136.

Özatça, A. 2009. Ergenlerde Sosyal ve Duygusal Yalnızlığın Yordayıcısı Olarak Aile İşlevleri. Unpublished Master Thesis. ÇÜ Institude of Social Sciences.

Özcebe, H. Sönmez, R. Akıncı, Ö. Baycu, Ş. Karaçay, D. Kargın, S. Öncül, M. Öz, Ö. O. 2002. Adölesanlar ve Anneleri Arasındaki İletişim. **Hacettepe Toplum Hekimliği Bülteni**. v. 23. i. 3.

Özmen, M. 2001. Depresyonda Dinamik Nedenler**. Duygudurum Dizisi.** v. 6: 283-287.

Öztürk, O. Aylin Uluşahin. 2008. **Ruh Sağlığı ve Bozuklukları.** 11th edition. Ankara: Nobel Tıp Kitapevi.

Özyürek, A. Demiray, K. 2010. Yurtta ve Ailesi Yanında Kalan Orta Öğretim Öğrencilerinin Kaygı Düzeylerinin Karşılaştırılması. **Doğuş Üniversitesi Dergisi. v**. 11. i. 2: 247-256

Pancar, A. 2009. Parçalanmış ve Tam Aileye Sahip Ergenlerin Yalnızlık Düzeylerinin Çeşitli Değişkenler Açısından İncelenmesi. Unpublished Master Thesis. ÇÜ Institude of Social Sciences.

Payne, R. ve Jahoda, A. 2004. The Glasgow Social Self-Efficacy Scale- A New Scale for Measuring Social Self-Efficacy in People with Intellectual Disability. **Clinical Psychology and Psychotherapy.** v. 11. i. 4: 265-274.

Payne, W. A. Hahn, D. B. 1998. **Understanding Your Health**. 5th edition. Boston: Wcb McGraw-Hill Press.

Rutter, M. 1985. Family and School Influences on Behavioral Development. **Journal of Child and Adolescent Psychology**, v. 26. i. 3: 349-368.

Saluja, G. Iachan, R. Scheit, P. C. Overpeck, M. D. Sun, W. Giedd, J. N. 2004. Prevelance of and Risk Factors for Depressive Symptoms among Young Adolescents. **Archieves of Pediatrics and Adolescent Medicine. v**. 158. i. 8: 760-765.

Savi, F. 2006. Ergenlerde Duygusal İstismar ve İhmal ile Benlik Algısı ve Genel Kaygı Düzeyi Arasındaki İlişkinin İncelenmesi. **Çağdaş Eğitim Dergisi**. v. 31. i .329: 17-22.

Savi, F. 2008. 12-15 Yaş Arası İlköğretim Öğrencilerinin Davranış Sorunları ile Aile İşlevleri ve Anne-Baba Kişilik Özellikleri Arasındaki İlişkinin İncelenmesi. Unpublished Master Thesis. DEÜ Institute of Educational Sciences.

Seifert, K. L. Hoffnung, R. J. 1991. **Child and Adolescent Development**. 2th edition. USA: Houghton Mifflin Company.

Sezer, S. Saya, P. 2009. Gelişimsel Açıdan Ölüm Kavramı. **Dicle Üniversitesi Ziya Gökalp Eğitim Fakültesi Dergisi**. v. 13: 151-165.

Tamar, M. Özbaran, B. 2004. Çocuk ve Ergenlerde Depresyon. **Klinik Psikiyatri**. v. 2: 84-92.

Tahiroğlu, A. Y. Fırat, S. Diler, R. S. Avcı, A. 2005. Erkek Çocuklarda Yeme Bozuklukları: Bir Anoreksiya Nevroza Vakası. **Çocuk Sağlığı ve Hastalıkları Dergisi.** v.48. i.2: 151-157.

Taşkın, L. 2003. **Doğum ve Kadın Sağlığı Hemşireliği**. 6th edition. Ankara: Sistem Ofset Matbaacılık.

Temel, F. Aksoy, A. B. 2001. **Ergen ve Gelişimi**. 1th edition, Ankara: Nobel Yayınları.

Turan, A. F. 2010**.** Üniversite Öğrencilerinin İlişkilerle İlgili Bilişsel Çarpıtmalarını Yordamada Yalnızlık, Benlik Saygısı, Yaş, Cinsiyet ve Romantik İlişki Yaşama Durumunun Rolü**.** Unpublished Master Thesis**.** EAÜ Institute of Educational Sciences..

UNFPA. 2010. [10.05.2012] Annual Report. http://www.unfpa.org/webdav/ site/global/ shared/documents/publications/2011/AR_2010.pdf.

Uruk, A. Demir, A. 2003. The Role of Peers and Families in Predicting the Loneliness Level of Adolescents. **The Journal of Psychology**. v.137. i. 2: 179-193.

Ümmet, D. 2007. Üniversite Öğrencilerinde Sosyal Kaygının Cinsiyet Rolleri ve Aile Ortamı Bağlamında İncelenmesi. Unpublished Master Thesis. MÜ Institude of Educational Sciences.

Van Eerdewegh, M. M. Bieri, M. D. Parrilla, R. H. Clayton, P. J. 1982. The Bereaved Child. **The British Journal of Psychiatry**. v. 140: 23-29.

Walters, K. S. Inderbitzen, H. M. 1998. Social Anxiety and Peer Relations Among Adolescents: Testing a Psychobiological Model. **Journal of Anxiety Disorders.** v. 12. i. 3: 183-198.

Wells, V. E. Deykin, E. Y. Klerman, G. L. 1985. Risk Factors for Depression in Adolescence**. Psychiatric Development**. v. 3. i. 1: 83-108.

WHO. 2012. [10.05.2012] The Adolescent Health. http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health/adolescent-health.

Yaacob, S. N. Juhari, R. Talib, M. A. Uba, I. 2009. Loneliness, Stress, Self Esteen and Depression Among Malaysian Adolescents. **Journal Kemanusiaan**. v. 14: 85-95.

Yavuzer, H. 2005. **Ana-Baba ve Çocuk.** 18th edition. İstanbul: Remzi Kitapevi.

Yavuzer, H. 2005. **Çocuk Psikolojisi.** 28th edition. İstanbul: Remzi Kitapevi.

Yavuzer, H. 2011. **Ana-Baba Okulu**. 15th edition. İstanbul: Remzi Kitapevi.

Yıldırım, A. 2005. Kurum Bakımında Olan ve Ailesi ile Birlikte Kalan 13-18 Yaş arası Çocuklarda Sürekli Öfke ve Depresyon Düzeyleri Arasındaki İlişkinin İncelenmesi. Unpublished Master Thesis. FÜ Institude of Health Sciences.

Yörükoğlu, A. 1991. **Çocuk Ruh Sağlığı**. 16th edition. İstanbul: Özgür Yayın.

Zengin, F. 1999. Psychometric Investigation of Two Turkish Adaptations and Short Form of the Beck Depression Inventory. Unpublished Master Thesis. BU Institude of Educational Sciences.

APPENDIX-1

KİŞİSEL BİLGİ FORMU

1) Okulunuzun adı:.....
2) Kaçıncı sınıftasıınız:.....
3) Cinsiyetiniz : a)Kız b) Erkek
4) Doğum tarihiniz(ay ve yıl olarak):.....
5) Nerede doğdunuz?

a) Kıbrıs b)Türkiye c) İngiltere d)Diğer

6) Yaşamınızı en uzun süre geçirdiğiniz yer aşağıdakilerden hangisidir?

a) Köy b) Kasaba-ilçe c) Şehir-il d). Yurtdışı

7) Kaç kardeşiniz var?

a) Yok b)1 c)2 d)3 e) 4 veya üstü

8) Eğer kardeşiniz varsa baştan kaçıncı çocuksunuz?

a) 1. b) 2. C) 3. D)4. veya üstü

9) Eğer kardeşiniz varsa kardeşinizle veya kardeşlerinizle ilişkileriniz nasıl?

a) İyi b) çok iyi c) orta d) kötü e) çok kötü

10) Yakın arkadaş sayınız nedir?

a) Hiç yok b)1-3 arası c)4-6 arası d)7-9 arası e)10 ve üstü

11) Arkadaşlarınızla ilişkileriniz nasıl?

a) İyi b) çok iyi c) orta d) kötü e) çok kötü

12) Hobileriniz var mı?

a) Evet b) Hayır

13) Spor yapıyor musunuz?

a) Evet b) Hayır

14) Okul başarınız nasıl?

a) İyi b) çok iyi c) orta d) kötü e) çok kötü

15) Lisede okurken sınıfta kaç kez kaldınız?

a) Hiç b) 1kez c)2 kez d) 3kez e) 3kez üstü

16) Şeker , tansiyon, kolesterol, gibi tıbbi rahatsızlığınız var mı?(evet ise lütfen evetin yanına rahatsızlığınızı belirtiniz.)

a) Evet..... b) Hayır

17) Anneniz, babanız veya başka biri tarafından sosyal destek alıyor musunuz?

a) Evet b) Hayır

18) Anneniz, babanız veya başka biri tarafından maddi destek alıyor musunuz?

a) Evet b) Hayır

19) Okul saatleri dışında bir yerde para kazanmak için çalışıyor musunuz?

a) Evet b) Hayır

20) Sigara kullanımınız var mı?

a) Evet b) Hayır

21) **Sigara kullanımınız varsa** son 30 gün içinde ne sıklıkta sigara içtiniz?

a) Hiç içmedim b)haftada 1 sigaradan az c) günde 1-5 sigara d) günde 6-10 sigara e) günde 20 sigaradan fazla

21) Alkol kullanımınız var mı?

a) Evet b) Hayır

22) Alkol kullanımınız varsa son 30 gün içinde alkol kullanma sıklığınız ne kadardı?

a) Hiç b) 2 haftada 1 c) haftada 1 kez **d)** haftada 2 kez e) haftada 2den fazla g) günde 1 kez

23) Esrar eroin, kokain, amfetamin ,ecstasy, uçucu madde gibi uyuşturucu madde kullanımınız var mı?

a) Evet b) Hayır

24) Şimdiye dek (hayatınız boyunca) kaç kez esrar eroin, kokain, amfetamin ,ecstasy, uçucu madde gibi uyuşturucu madde kullandınız?

a) 0 b) 1-2 c) 3-5 d) 6-9 e) 10-19 f) 20-39 g) 40 veya daha fazla

25) Yakın zamanda ailenizde ölen biri oldu mu? Cevabınız evet ise ölen kişi ile yakınlık derecenizi belirtiniz.(hala ,enişte, yeğenim vb.)

a) evet ..... b) hayır

26) Anne ve babanızla ilgili olan seçeneklerden sizin için uygun olanı işaretleyiniz.

a) Annem ve babam sağ b)Annem sağ, babam ölü c)Babam sağ, annem ölü

d)Anne ve babam ölü

27) 26. Soruda "annem ve babam sağ" seçeneği dışındaki şıkları işaretlediyseniz aşağıdaki soruda size uygun olanı işaretleyin. Eğer diğer seçeneklerden birini işaretlediyseniz aşağıdaki soruyu boş bırakın.

a)Anne ve babam birlikteler b) Anne ve babam boşandılar c) Anne ve babam ayrı yaşıyorlar

e)Diğer.....

28) Anne ve babanız arasındaki ilişki nasıl?

a) İyi b) çok iyi c) orta d) kötü e) çok kötü

29)Annenizle aranızdaki ilişki nasıl?

a) İyi b) çok iyi c) orta d) kötü e) çok kötü

30) Babanızla aranızdaki ilişki nasıl?

a) İyi b) çok iyi c) orta d) kötü e) çok kötü

31) **26. soruda** "annem babam sağ" şeçeneği **dışındaki** şılardan birini işaretlediyseniz annenizi veya babanızı kaybedeli kaç yıl oldu?

a) 1 yıldan az b) 1-3 yıl c) 3-5 yıl d)5 yıl ve üstü

32) Annenizin doğum yeri neresidir?

a) Kıbrıs b) Türkiye c) İngiltere d) Diğer..... e) Bilmiyorum

33) Babanızın doğum yeri neresidir?

a) Kıbrıs b)Türkiye c) İngiltere d)Diğer..... e)Bilmiyorum

34) Annenizin öğrenim durumu nedir veya ne idi?

a)Okur yazar değil b) Okur yazar c) İlkokul mezunu d) Orta okul mezunu

e)Lise mezunu f) yüksekokul mezunu

35) Annenizin mesleği nedir veya ne idi?

a)Ev hanımı b) Memur c) Öğretmen d)Serbest meslek e)Diğer

36) Babanızın öğrenim durumu nedir veya ne idi?

a)Okur yazar değil b)Okur yazar c)İlkokul mezunu d)Orta okul mezunu e)Lise mezunu

f)Yüksekokul mezunu

37)Babanızın mesleği nedir veya ne idi?

a) Çalışmıyor b) Memur c)Öğretmen d)Serbest meslek e)Diğer

38)Kiminle birlikte yaşıyorsunuz?

a) Ailemle birlikte (anne-baba)
b) Annemle birlikte
c) Babamla birlikte
d) Yakın akrabalarımla(dede,teyze amca gibi)
e) Sosyal Hizmetler ve Çocuk Esirgeme kurumuna bağlı bir yurtta
f) Diğer

39) 38. Soruda cevabınız "Sosyal Hizmetler ve Çocuk Esirgeme kurumuna bağlı bir yurtta" değil ise eve giren toplam ortalama aylık gelir nedir?

a) 1000 TL ALTI b) 1000TL -2000 TL c)2000TL-4000TL d)4000TL VE ÜSTÜ
e) BİLMİYORUM

40)Yaşadığınız yerde şiddet var mı?

a) Evet b) Hayır

38.soruda cevabınız "Sosyal Hizmetler ve Çocuk Esirgeme kurumuna bağlı bir yurtta" ise lütfen 41,42,43,44. soruları yanıtlayınız..

41) Kaç yıldır ailenizdenden ayrı olarak Sosyal Hizmetler ve Çocuk Esirgeme kurumuna bağlı bir yurtta kalıyorsun?

a) 1yıldan az b)1- 3 yıl yıldır c)3-5 yıldır d)5 yıl ve üstü

42)Sosyal Hizmetler ve Çocuk Esirgeme kurumuna bağlı bir yurtta kalıyorsanız ziyeretinize gelen herhangi bir akrabanız ya da arkadaşınız var mı?

a) Evet b) Hayır

43) **42. Soruda yanıtınız evet ise** ziyaretinize gelen kişi/kişiler neyiniz oluyor?

(.....)

44) **42. Soruda yanıtınız evet ise** ziyaretinize gelen kişi/kişiler hangi sıklıkla sizi ziyaret etmekteler?

a) Hergün b)Haftada birkaç kez c)Ayda birkaç kez d)Yılda birkaç kez

APPENDIX-2

ÇOCUKLAR İÇİN DEPRESYON ÖLÇEĞİ (ÇDÖ)

Aşağıda gruplar halinde bazı cümleler yazılıdır. Her gruptaki cümleleri dikkatlice okuyunuz. Her grup içinden, bugün de dahil olmak üzere, son iki haftadır yaşadıklarınızı en iyi şekilde tanımlayan cümleyi seçip, yanındaki numarayı daire içine alınız.

A- 0. Kendimi arada sırada üzgün hissederim.
1. Kendimi sık sık üzgün hissederim.
2. Kendimi her zaman üzgün hissederim.

B- 0. İşlerim hiçbir zaman yolunda gitmeyecek.
1. İşlerimin yolunda gidip gitmeyeceğinden emin değilim.
2. İşlerim yolunda gidecek.

C- 0. İşlerimin çoğunu doğru yaparım.
1. İşlerimin çoğunu yanlış yaparım.
2. Her şeyi yanlış yaparım.

D- 0. Birçok şeyden hoşlanırım.
1: Bazı şeylerden hoşlanırım.
2. Hiçbir şeyden hoşlanmam.

E- 0. Her zaman kötü bir çocuğum.
1. Çoğu zaman kötü bir çocuğum.
2. Arada sırada kötü bir çocuğum.

F- 0. Arada sırada başıma kötü bir şeylerin geleceğini düşünürüm.
1. Sık sık başıma kötü şeylerin geleceğinden endişelenirim.
2. Başıma çok kötü şeylerin geleceğinden eminim.

G- 0. Kendimden nefret ederim.
1. Kendimi beğenmem.
2. Kendimi beğenirim.

H- 0. Bütün kötü şeyler benim hatam.
1. Kötü şeylerin bazıları benim hatam.
2. Kötü şeyler genellikle benim hatam değil.

I- 0. Kendimi öldürmeyi düşünmem.
1. Kendimi öldürmeyi düşünürüm ama yapamam.
2. Kendimi öldürmeyi düşünürüm.

İ- 0. Her gün içimden ağlamak gelir.
1. Birçok günler içimden ağlamak gelir.
2. Arada sırada içimden ağlamak gelir.

J- 0. Her şey her zaman beni sıkar.
1. Her şey sık sık beni sıkar.
2. Her şey arada sırada beni sıkar.

K- 0. İnsanlarla beraber olmaktan hoşlanırım.
1. Çoğu zaman insanlarla beraber olmaktan hoşlanmam.
2. Hiçbir zaman insanlarla beraber olmaktan hoşlanmam.

L- 0. Herhangi bir şey hakkında karar veremem.
1. Herhangi bir şey hakkında karar vermek zor gelir.
2. Herhangi bir şey hakkında kolayca karar veririm.

M- 0. Güzel, yakışıklı sayılırım.
1. Güzel, yakışıklı olmayan yanlarım var.
2. Çirkinim.

N- 0. Okul ödevlerimi yapmak için her zaman kendimi zorlarım.
1. Okul ödevlerimi yapmak için çoğu zaman kendimi zorlarım.
2. Okul ödevlerimi yapmak sorun değil.

O- 0. Her gece uyumakta zorluk çekerim.
1. Birçok gece uyumakta zorluk çekerim.
2. Oldukça iyi uyurum.

Ö- 0. Arada sırada kendimi yorgun hissederim.
1. Birçok gün kendimi yorgun hissederim.
2. Her zaman kendimi yorgun hissederim.

P- 0. Hemen her gün canım yemek yemek istemez.
1. Çoğu gün canım yemek yemek istemez.
2. Oldukça iyi yemek yerim.

R- 0. Ağrı ve sızılardan endişe etmem.
1. Çoğu zaman ağrı ve sızılardan endişe ederim.
2. Her zaman ağrı ve sızılardan endişe ederim.

S- 0. Kendimi yalnız hissetmem.
1. Çoğu zaman kendimi yalnız hissederim.
2. Her zaman kendimi yalnız hissederim.

Ş- 0. Okuldan hiç hoşlanmam.
1. Arada sırada okuldan hoşlanırım.
2. Çoğu zaman okuldan hoşlanırım.

T- 0. Birçok arkadaşım var.
1. Birkaç arkadaşım var ama daha fazla olmasını isterdim.
2. Hiç arkadaşım yok.

U- 0. Okul başarım iyi.
1. Okul başarım eskisi kadar iyi değil.
2. Eskiden iyi olduğum derslerden çok başarısızım.

Ü- 0. Hiçbir zaman diğer çocuklar kadar iyi olamıyorum.
1. Eğer istersem diğer çocuklar kadar iyi olurum.
2. Diğer çocuklar kadar iyiyim.

V- 0. Kimse beni sevmez.
1. Beni seven insanların olup olmadığından emin değilim.
2. Beni seven insanların olduğundan eminim.

Y- 0. Bana söyleneni genellikle yaparım.
1. Bana söyleneni çoğu zaman yaparım.
2. Bana söyleneni hiçbir zaman yapmam.

Z- 0. İnsanlarla iyi geçinirim.
1. İnsanlarla sık sık kavga ederim.
2. İnsanlarla her zaman kavga ederim.

APPENDIX-3

DURUMLUK KAYGI ÖLÇEĞİ

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları birtakım ifadeler verilmiştir. Her ifadeyi okuyun, sonra da nasıl hissettiğinizi sağ taraftaki parantezlerden uygun olanını karalamak suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin anında nasıl hissettiğinizi gösteren cevabı işaretleyin.

		HİÇ	BİRAZ	ÇOK	TAMAMİYLE
1.	Şu anda sakinim	(1)	(2)	(3)	(4)
2.	Kendimi emniyette hissediyorum	(1)	(2)	(3)	(4)
3	Su anda sinirlerim gergin	(1)	(2)	(3)	(4)
4	Pişmanlık duygusu içindeyim	(1)	(2)	(3)	(4)
5.	Şu anda huzur içindeyim	(1)	(2)	(3)	(4)
6	Şu anda hiç keyfim yok	(1)	(2)	(3)	(4)
7	Başıma geleceklerden endişe ediyorum	(1)	(2)	(3)	(4)
8.	Kendimi dinlenmiş hissediyorum	(1)	(2)	(3)	(4)
9	Şu anda kaygılıyım	(1)	(2)	(3)	(4)
10.	Kendimi rahat hissediyorum	(1)	(2)	(3)	(4)
11.	Kendime güvenim var	(1)	(2)	(3)	(4)
12	Şu anda asabım bozuk	(1)	(2)	(3)	(4)
13	Çok sinirliyim	(1)	(2)	(3)	(4)
14	Sinirlerimin çok gergin olduğunu hissediyorum	(1)	(2)	(3)	(4)
15.	Kendimi rahatlamış hissediyorum	(1)	(2)	(3)	(4)
16.	Şu anda halimden memnunum	(1)	(2)	(3)	(4)
17	Şu anda endişeliyim	(1)	(2)	(3)	(4)
18	Heyecandan kendimi şaşkına dönmüş hissediyorum	(1)	(2)	(3)	(4)
19.	Şu anda sevinçliyim	(1)	(2)	(3)	(4)
20.	Şu anda keyfim yerinde.	(1)	(2)	(3)	(4)

APPENDIX-4

SÜREKLİ KAYGI ÖLÇEĞİ

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları birtakım ifadeler verilmiştir. Her ifadeyi okuyun, sonra da nasıl hissettiğinizi sağ taraftaki parantezlerden uygun olanını karalamak suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin anında nasıl hissettiğinizi gösteren cevabı işaretleyin.

		Hemen hemen hiçbir zaman	Bazen	Çok zaman	Hemen her zaman
1.	Genellikle keyfim yerindedir	(1)	(2)	(3)	(4)
2	Genellikle çabuk yorulurum	(1)	(2)	(3)	(4)
3	Genellikle kolay ağlarım	(1)	(2)	(3)	(4)
4	Başkaları kadar mutlu olmak isterim	(1)	(2)	(3)	(4)
5	Çabuk karar veremediğim için fırsatları kaçırırım	(1)	(2)	(3)	(4)
6.	Kendimi dinlenmiş hissediyorum	(1)	(2)	(3)	(4)
7.	Genellikle sakin, kendine hakim ve soğukkanlıyım	(1)	(2)	(3)	(4)
8	Güçlüklerin yenemeyeceğim kadar biriktiğini hissederim	(1)	(2)	(3)	(4)
9	Önemsiz şeyler hakkında endişelenirim	(1)	(2)	(3)	(4)
10.	Genellikle mutluyum	(1)	(2)	(3)	(4)
11.	Herşeyi ciddiye alır ve endişelenirim	(1)	(2)	(3)	(4)
12	Genellikle kendime güvenim yoktur	(1)	(2)	(3)	(4)
13.	Genellikle kendimi emniyette hissederim	(1)	(2)	(3)	(4)
14.	Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım	(1)	(2)	(3)	(4)
15.	Genellikle kendimi hüzünlü hissederim	(1)	(2)	(3)	(4)
16.	Genellikle hayatımdan memnunum	(1)	(2)	(3)	(4)
17.	Olur olmaz düşünceler beni rahatsız eder	(1)	(2)	(3)	(4)
18.	Hayal kırıklıklarını öylesine ciddiye alırım ki hiç unutamam	(1)	(2)	(3)	(4)
19.	Aklı başında ve kararlı bir insanım	(1)	(2)	(3)	(4)
20.	Son zamanlarda kafama takılan konular beni tedirgin ediyor	(1)	(2)	(3)	(4)

APPENDIX-5

UCLA-LS

Aşağıda çeşitli duygu ve düşünceleri içeren ifadeler verilmektedir. Sizden istene her ifadede tanımlanan duygu ve düşünceyi ne sıklıkta hisssettiğinizi ve düşündüğünüzü her biri için tek bir rakamı daire içine alarak belirtmenizdir.

	Ben bu durumu HİÇ yaşamam	Ben bu durumu NADİREN yaşarım	Ben bu durumu BAZEN yaşarım	Ben bu durumu SIK SIK yaşarım
1. Kendimi çevremdeki insanlarla uyum içinde hissediyorum.	1	2	3	4
2. Arkadaşım yok.	1	2	3	4
3. Başvurabileceğim hiçkimsem yok.	1	2	3	4
4. Kendimi tek başınaymış gibi hissediyorum.	1	2	3	4
5. Kendimi bir arkadaş grubunun bir parçası olarak hissediyorum.	1	2	3	4
6. Çevremdeki insanlarla birçok ortak yönüm var.	1	2	3	4
7. Artık hiç kimseyle samimi değilim.	1	2	3	4
8. İlgilerim ve fikirlerim çevremdekilerce paylaşılıyor.	1	2	3	4
9. Dışa dönük bir insanım.	1	2	3	4
10. Kendimi yakın hissettiğim insanlar var.	1	2	3	4
11. Kendimi grubun dışında itilmiş hissediyorum.	1	2	3	4
12. Sosyal ilişkilerim yüzeyseldir.	1	2	3	4
13. Hiç kimse beni gerçekten iyi tanımıyor.	1	2	3	4
14. Kendimi diğer insanlardan soyutlanmış hissediyorum.	1	2	3	4
15. İstediğim zaman arkadaş bulabilirim.	1	2	3	4
16. Beni gerçekten anlayan insanlar var.	1	2	3	4
17. Bu derece içime kapanmış olmaktan dolayı mutsuzum.	1	2	3	4
18. Çevremde insanlar var ama benimle değiller.	1	2	3	4
19. Konuşabileceğim insanlar var.	1	2	3	4
20. Derdimi anlatabileceğim insanlar var.	1	2	3	4

APPENDIX-6

KUZEY KIBRIS TÜRK CUMHURİYETİ
MİLLİ EĞİTİM, GENÇLİK VE SPOR BAKANLIĞI
GENEL ORTAÖĞRETİM DAİRESİ MÜDÜRLÜĞÜ

Sayı: GOÖ.0.00.35/11/12/A-4904 **08.12.2011**

Sayın Damla Alkan,

İlgi: 28.10.2011 tarihli başvurunuz.

Talim ve Terbiye Dairesi Müdürlüğü'nün TTD.0.00.03-12-11/1382 sayı ve 07.12.2011 tarihli yazısı uyarınca ilgi başvurunuz incelenmiş olup müdürlüğümüze bağlı liselerde öğrenim gören öğrencilere yönelik hazırlanan **"Anne/Babası Olan ve Olmayan Ergenlerde Depresyon, Anksiyete ve Yalnızlık Düzeylerinin Karşılaştırılması"** konulu anketin uygulanması müdürlüğümüzce uygun görülmüştür.

Ancak anket uygulanmadan önce anketin uygulanacağı okulların bağlı bulunduğu müdürlükle istişarede bulunulup anketin hangi okulda ne zaman uygulanacağı birlikte saptanmalıdır.

Anket uygulandıktan sonra sonuçlarının Talim ve Terbiye Dairesi Müdürlüğüne ulaştırılması gerekmektedir.

Bilgilerinize saygı ile rica ederim.

Mehmet S. Kortay
Müdür

EU/FA

Tel (90) (392) 228 3136 – 228 8187
Fax (90) (392) 227 8639
E-mail meb@mebnet.net
Lefkoşa-KIBRIS

APPENDIX-7

KUZEY KIBRIS TÜRK CUMHURİYETİ
MİLLİ EĞİTİM, GENÇLİK VE SPOR BAKANLIĞI
MESLEKİ TEKNİK ÖĞRETİM DAİRESİ MÜDÜRLÜĞÜ

Sayı:MTÖ.0.00-13-11/ 2967 **29 Aralık 2011**

Sayın Damla Alkan
Hasta Danışmanı
Yakın Doğu Üniversitesi
Lefkoşa.

İlgi yazınızda, müdürlüğümüze bağlı okullarda öğrenim gören tüm öğrencilere yönelik olarak **"Ebeveyn Kaybı Olan ve Olmayan Ergenlerde Deprasyon, Kaygı ve Yalnızlık Düzeylerinin Karşılaştırılması"** konulu anket uygulama istemiyle izin talebinde bulundunuz.

Talebinizle ilgili olarak Talim ve Terbiye Dairesi Müdürlüğü'nce yapılan incelemede, anketi uygulamanız uygun görülmüştür. Ancak sözkonusu anket yapılmadan önce ilgili okul müdürlükleri ile istişarede bulunup anketin ne zaman uygulanacağı birlikte saptanmalıdır. Keza, anket uygulama çalışmasından sonra da sonuçlarının Talim ve Terbiye Dairesi Müdürlüğü'ne de ulaştırılması gerekmektedir.

Bilgi edinmenizi ve gereğini saygı ile rica ederim.

Metin Gültekin
Müdür

Dağıtım:
-Tüm Okullar

AŞ/NK

Tel (90) (392) 228 3136 – 22 82257
Fax (90) (392) 227 8727
E-mail meb@mebnet.net
Lefkoşa-KIBRIS