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**WHAT THEY SEE, WHAT THEY SAY: A MIX-METHOD STUDY OF
DEPRESSION IN TURKISH CHILDREN**

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What They See, What They Say: A Mix-Method Study Of Depression In Turkish Children

Ne Görüyorlar, Ne Söylüyorlar: Türk Çocuklardaki Depresyonun Karma Method
Çalışması

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ABSTRACT

The purpose of this study has been to explore the differences in the narratives of school age children that have shown symptoms of low and high depression. The depression level of the children were measured using the Children's Depression Inventory. The differences in the narratives of the children were explored by the newly developed projective test named the Children's Life Changes Scale. The study groups were controlled in terms of gender, word usage and age. The narratives were analyzed using content analysis and thematic analysis. Seven main themes have emerged: *The Ending of the Story*, *The Feelings*, *The Family*, *The Perception of the External World*, *The School*, *The Friend* and *The Being in Action*. The group with the high depression level, compared to the low depression level group had encountered more negative endings in their stories and overall used more negative feelings. This difference was not apparent in the cards with the family figures. The two groups were also different in relation to their perception of the external world and internalized parental figures. The group with high depression level had more negative parental figures and their perception of the external world was more freedom limiting and harmful compared to the other group. Findings were discussed in the light of existing literature and recommendations were made for clinical implications and future research.

Key Words: child depression, emotions, perception of the external world, parent child relationship, projective testing, narrative ending.

ÖZET

Bu çalışmanın amacı, düşük ve yüksek depresyon belirtilerine sahip okul çağı çocuklarının hikayelerindeki farklılıkları araştırmaktır. Çocukların depresyon seviyeleri Çocuklar için Depresyon Ölçeği kullanılarak ölçülmüştür. Çocukların hikayelerindeki farklılıklar yeni geliştirilen bir projektif test olan Çocukların Yaşam Değişimleri Ölçeği ile incelenmiştir. İki grup cinsiyet özellikleri, kullandıkları ortalama kelime sayısı, ve yaşları açısından eşitlenmiştir. Hikayeler içerik analizi ve tematik analiz yöntemleri kullanılarak analiz edilmiştir. Yedi tema çıkarılmıştır: Hikayenin Sonlanması, Duygular, Aile, Dış Dünya Algısı, Okul, Arkadaş ve Hareket Halinde Olmak. Yüksek depresyon skoruna sahip olan grup düşük depresyon skoruna sahip gruba kıyasla hikayelerini daha fazla kez olumsuz sonlandırmış ve daha fazla olumsuz duygu kullanmıştır. Bu fark aile figürleri içeren kartlarda görülmemiştir. İki grup dış dünyayı algılamaları ve içselleştirilmiş ebeveyn figürleri bakımından da farklılık göstermiştir. Yüksek depresyon skoruna sahip olan grup diğer gruba kıyasla daha fazla olumsuz ebeveyn figürleri kullanmıştır ve dış dünya algıları daha özgürlüklerini kısıtlayıcı ve zararlıdır. Sonuçlar mevcut literatür doğrultusunda tartışılmış ve klinik uygulamalar ve gelecek araştırmalar için öneriler sunulmuştur.

Anahtar Kelimeler: çocuklarda depresyon, duygular, dış dünya algısı, ebeveyn çocuk ilişkisi, projektif test, hikayenin sonlanması.

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CHAPTER 1

INTRODUCTION

Mental health plays a central role in the development of children, yet this aspect is often overlooked and understudied in Children's Mental Health Studies (Stagman & Cooper, 2010). Within the many mental health problems encountered, depression is one of the predominantly seen psychological problems in children and adolescents (Cash, 2003). It was the wide belief, until the last century, that children cannot be diagnosed with depressive disorders and they do not have enough cognitive maturity for experiencing depressive symptoms (Jha et al., 2017). Depression continues to be still one of the under-recognized mental health problems despite the fact this belief has been disproved with vast research. The prevalence of depression among pre-pubertal children is around 2% (Son & Kirchner, 2000); and among adolescents is approximately 4-8% worldwide (Garmy, Berg, & Clausson, 2015). There is no difference of prevalence in terms of gender until puberty. After puberty, depression is more prevalent in girls than among boys. The percentage of depression among adolescents, however, can be misleading due to the diagnostic thresholds, false attributions for the depressive symptoms and lack of seeking professional help (Garmy et al., 2015)

The research indicates that 60% of adolescents have recurrent episodes of depression in the adulthood (Clark, Jansen, & Anthony Cloy, 2012). Untreated or unrecognized depression can negatively affect the social, cognitive and emotional growth of children (Kovacs, M., 1996; Lima et al., 2013). Depression in children has been indicated to affect the academic performance, social interactions, and beliefs about the self, and to increase risk-taking behaviors that can end up with suicidal attempts (Sun, Chen, & Chan, 2015). Over the course of life, undiagnosed and untreated depression can affect the occurrence of relevant psychopathologies in adulthood.

1.1.LITERATURE

1.1.1 Depression

The World Health Organization (WHO) has ranked depression as the single leading cause of disability around the world (7.5% of all people lived with disability in 2015), as well as 800,000 completed suicides have been linked to depression every year. According to 2015 reports of the WHO, the number of people diagnosed with depression is more than 300 million, which equals to 4.4% of the world's total population. The prevalence of depression has been on the rise over the years, especially among countries with lower gross domestic product. Poverty, unemployment and negative life events such as loss of a beloved one, problems in intimate relationships, and physical illnesses are among some of the risk factors that can lead one to suffer from depression.

In the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5; American Psychiatric Association, 2013), the main symptoms of depression are described as being in a depressed mood for most of the day; loss of interest and diminished pleasure in all or almost all activities; eating problems like weight gain or weight loss when not dieting; sleeping problems like too much sleep or deprivation of sleep; difficulties to concentrate or thinking processes; negative thoughts about self and thoughts of death; and psychomotor agitation. The individual loses his interest in things that he used to enjoy before. This situation is also called anhedonia. Appetite may also change, leading to an increase or decrease in eating. The weight changes would occur involuntarily. As well as appetite changes, quality of sleep and duration of sleep would be affected. The individual might encounter sleep problems. The cognitive abilities of the individual might be also affected. Cognitive functioning, such as concentration, sustaining attention, recalling and decision making processes would be impaired. Recurring thoughts and negative attributions towards self and the world may also increase. The individual might have thoughts about death, may try to hurt himself or attempt suicide. Feelings of worthlessness and guilt might accompany to these and cause him to lose sight of positive features of self or the world around himself.

In literature, there exists many different theories on depression, its roots and causes. Among the primary and dominant theories, there is the psychoanalytic theory of depression. According to Freud (1917), depression is the outcome of internally directed aggression. It is the result of loss or rejection in the valuable relationship. The person identifies himself with the lost object and feels angry about the rejection or loss. In turn, aggression towards the lost person is projected to self, which leaves the person unguarded for depression. Klein (1935), on the other hand, explains depression as the result of deprivation in the parent child relationship especially in the first years of life. Bowlby (1988) states that continual disruption of attachment between the caregiver and the child results with serious negative mental health consequences for the child.

Behavioral theories of depression indicates the effect of maladaptive actions on learning and conditioning in the onset of depression. According to Skinner's behavioral theory (1953), depression is a learned thing as much as other behaviors and comes with the loss of positively reinforced behavior. Peter Lewinsohn (1985) explains that depression occurs when the individual does not have enough skills to cope with environmental stressors. After facing a stressor, the individual gets low positive reinforcement that makes him feel depressed. If the person gets positive reinforcement from his environment due to his depressive symptoms, it may cause him to repeat them, reinforcing maladaptive behavior. The behavioral theory of depression thus seeks to explain the depression as a response to environmental factors. It fails to explain all kinds of depression like endogenous depression and the effect of cognition on depressive states.

Cognitive theories of depression emphasize that the negative events in childhood can increase the vulnerability to depression. According to Beck (1967), experiencing stressful life events can cause the person with dysfunctional attitudes to show depressive symptoms. Due to the negative experiences, the individual develops negative thoughts about self, the world and the future; a process Beck (1967) has named as "cognitive triad." People with negative thoughts exaggerate negative experiences, overgeneralize them, and are inclined to polarize thinking. This minimizes the good experiences which leads to depression. Beck states that

sadness “is evoked when there is a perception of loss” and “the usual consequence is to withdraw.” (Beck, 1985, p. 191).

The biopsychosocial model examines depression in relation to genetic, social and cognitive variables. Biological factors like genes, temperament, neurotransmitter system of the person; social factors like life events and people they interacted with; and cognitive variables like patterns of thinking and coping skills influence each other in the occurrence of depression. Kendler (2005) found that there is a relation between genes and depression but the relation is weak. He states that none of the genes studied for depression has strong association with depression compared to negative life events. Researchers assume that some genetic traits like low frustration tolerance and being impulsive make people more inclined to face many more negative events, which leads them to be vulnerable to depression (Kendler, Neale, Kessler, Heath, & Eaves, 1993).

Apart from these theories, most theories of depression mention the negative events’ contribution to the individual’s mental health and the factors that lead to the possibility of being depressed.

1.1.2. Depression in Childhood

Until late 1960’s, depression was mostly acknowledged as an adult mental health disorder (Giroux, 2008). Children were thought as not having sufficient cognitive development to experience depressive symptoms (Jha et al., 2017). The changes to this view, according to the general assumption, can be tracked to the moment when research findings were presented in Fourth Congress of the Union of European Pedopsychiatrists held in 1970 in Stockholm, with the theme Depressive States in Childhood and Adolescence (Tamar & Özbaran, 2004). The Child Depression has been accepted with the outcomes of many recent scientific researches and become an important problem in Children’s Mental Health.

The signs and symptoms of depression in children are similar to adult depression signs and symptoms. In the DSM-5, in addition to aforementioned

symptoms, they include that depressed mood can be manifested as getting easily angry in children. Adults on the other hand, may feel sad, empty or hopeless. For the symptom of weight change, it is stated that children might not gain enough weight. For the adults, they may gain or lose weight even when not dieting. For the preschool age children, the symptoms can show up as sad affect, sleep problems, night fears, appetite changes or eating problems (Garfinkel & Weller, 1990).

The prevalence of depression among pre-pubertal children is around 2% (Son & Kirchner, 2000); and among adolescents is approximately 4-8% worldwide (Garmy, Berg, & Clausson, 2015). In an epidemiological study, the prevalence rate of depression in Turkish children and adolescents were found as 4.2% of 1482 children (Demir, Karacetin, Demir, & Uysal, 2011). This study has found a positive correlation between depression scores of these children and several factors, such as increasing age, maternal working, low maternal education, negative relationship with the father and low socio-economic situation.

There are many different opinions regarding the clinical picture of depression in childhood. Some researches support the idea that the symptoms and characteristics of childhood depression are different from those exhibited by the adult population; whereas some researchers claim adult and childhood depression share common features (Cantwell, & Carlson, 1979; Bodur & Uneri, 2008). Many of the researchers also upheld the idea that childhood depression was “masked” by other signs like aggression, anxiety, enuresis and so on; recent research has proved the similarities between the adult and child depression (Love & Swearer, 2010).

Depressed mood is a common psychological issue in adolescence and important concept in terms of understanding childhood depression. “Depressive mood primarily consists of the following 4 groups of characteristics: pessimism, sadness, disappointment, helplessness, indifference, or despair; negative self-concept and self-evaluation, reduced self-confidence, a sense of that one is useless and inferior, self-guilt, and suicidal ideation; sleep disturbances, hypo activity in appetite, sex, and interest; and decreased activity levels and withdrawal from social interaction.” (Yue, Dajun, Yinghao, & Tianqiang, 2016).

In pre-adolescence stage, children become more capable of talking about their feelings. Therefore, individual interviews can be helpful to detect depressive symptoms. When depressed, children might become irritable, may be uninterested with social interaction, prove inattentive in school and show certain somatic symptoms like a headache and stomachache (Tamar & Ozbaran, 2004). According to Psychodynamic Diagnostic Manual – Second Edition (PDM – 2; Lingardi, McWilliams, Bornstein, Gazzillo, & Gordon, 2015) depressed children have been found to be sensitive, lacking in stamina, and may be not be able to indulge with their siblings, teachers, and peers compared to others which cause them to “feel assaulted by environmental demands, unsupported, misunderstood, and victimized” (Lingardi & McWilliams, 2015).

In adolescents, depression may have the following effects: they may withdraw from social relations, become more anxious, hyperactive or aggressive; they may have difficulty completing their duties and taking care of personal hygiene; alcohol and drug use may occur; flat affect, and unreasonable responses to daily events may be observed (Hoerman, 2014). Depressed teens are more sensitive and fragile; leading them to fear losing the approval of people they care about (Lingardi & McWilliams, 2015). The depressive feelings, low self-esteem, and self-criticism makes them also vulnerable to constantly thinking about death and may result in attempts of self-harm or suicide.

The research indicates that familial and environmental factors, adverse experiences in childhood, and general cognitive style are the different aspects of risk factors for the occurrence of depression in children (Lima et al., 2013). In relation to familial factors, the risk factors are poor parent-child relationship, conflicts between parents, divorce or separation, parental psychopathology and child abuse. If these risk factors coexist, the likelihood of having depression increases by that extent (Love & Swearer, 2010). Adverse childhood experiences such as physical, sexual and emotional abuse or growing up with a mentally ill caregiver are associated with lifetime increased risk of depression (Chapman et al., 2004). In terms of having general negative cognitive style, this increases the possibility of occurrence of depression when faced with a stressful stimulus

compared to children with no negative cognitive style. Depression has incredible impact on how the person sees daily life and interprets it. It has effect on how people think, feel and communicate with their surroundings. Moreover, there is research about how depression can alter the written and spoken language of the person (Bernard, Baddeley, Rodriguez, & Burke, 2016). Bernard and his colleagues (2016) investigated depression and temporary affective state on written language of the individuals. They found that “depression and temporary negative moods both affect pronoun use, but depression influences use of first-person pronouns, whereas negative affect influences use of third-person pronouns.” (p.1). These findings are consistent with Beck’s cognitive model and with Pyczsinski and Greenberg's self-focus model of depression in terms of being self-focused and negative emotion usage (Rude, Gortner, & Pennebaker, 2004). The interaction between depression and language usage is explained with cognitive mechanisms through that depression makes people exhibit more negative thinking and be more self-focused (Clark & Beck, 1999; Bernard et al., 2016). Certain other studies reveal that depressive people use more negative emotions and first-person singular pronouns in their writings (Baddeley, Daniel, & Pennebaker, 2011; Fernandez-Cabana, Garcia-Caballero, Alves-Perez, Garcia- Garcia, & Mateos, 2013).

In a study done by Stirman and Pennebaker (2001), they examined 9 suicidal and 9 non-suicidal poets’ poems to determine the differences in their word usage by using a computer text analysis program. They found that the poets who committed suicide used more words about self and less words about collective self and communication. This supported the idea that people who committed suicide are more engaged in self and are isolated from others. These findings are important in relation to understanding and preventing suicidal behaviors by analyzing texts. Baddeley and her colleagues (2011) did an interesting research about language usage of a surveyor named Henry Hellyer who committed suicide. They analyzed and determined changes in his letters, publications and notes during the last 7 years of his life. Within those years, it was recognized that he increased the usage of the “I” word and negative emotion words, decreasing the usage of the “our” word.

Rude and his colleagues (2010) also investigated the word usage of depressed and undepressed college students with a text analysis program. They analyzed essays of the two groups of students. They found that formerly depressed students used the “I” word more often and used more negative emotion words compared to students who were never depressed before.

In a recent study of doctoral dissertation, child depression was examined with projective and cognitive scales. Alsancak (2011) used Rorschach, CAT, TAT and WISC-R tests and compared the results of 30 depressed and 30 undepressed children. According to the projective test results, depressed children had shown low thinking speed, self-confidence, social adaptation and trust towards the world compared to undepressed peers. They displayed their need to get the acceptance and approval of people around them. The results of cognitive assessment with WISC-R stated that they also had difficulties in verbal expression; the difference between verbal and performance scores were higher than their undepressed peers.

Negative life events and depression are associated with each other. Stressful life events like separation, economical changes, bullying, illnesses, and migration can increase the possibility of developing lifetime and recent depressive disorders (Dube, Anda, Felitti, Edwards, & Williamson, 2002). Adolescence is a period with lots of stress sources like school transitions, identity development, peer relationships, puberty and so on. As a result of these events, adolescents are more prone to developing depressive disorders in consequence of negative life events. It is hard for the individual to cope with strong feelings coming with the negative life events, resulting with depression becoming the mostly seen psychological problem among these individuals.

1.1.3. Depression and Negative Life Events

Life changes are known as life events that have effect on people's mental health (Holmes & Rahe, 1967). Theories related to negative life events indicates that both negative and positive events can cause stress in people. As research progressed, it has been understood that there were specific qualities of events that induce stress in humans. In order for an event to induce stress in someone, it should threaten the person's security, self-esteem and the person should have limited resources to cope with it. It was mistakenly perceived that only negative events have an impact on mental health (Liyun & Zuoyong, 2000).

To classify, the researchers cover the life events in two broad categories (Yue et al., 2016). One is the classification of life events as negative and positive. Negative life events like the death of a loved one, illness, and problems in relationships can be considered as events that have negative impact on our psychological and physical health. Whereas positive life events like getting a promotion, marriage with a loved one can be considered as events that raise positive emotions within an individual. Another classification of life events is defined as major events and daily life events, respectively. Major life events, mostly the traumatic ones are considered as sudden and incontrollable. In the daily life events, the individual is exposed towards the stressor over a long period of time, so they are more durable and predictable. Daily events, while creating less stress than traumatic events, can still have negative effect on the psychological and physical health of the person.

Family environment and parental characteristics are important concepts for understanding the effects of daily events on children's mental health. Children want to be protected and feel safe again after a negative event takes place. Parent's ability of establishing a warm, safe and containing relationship with their children through their parental practices to enhance children's resilience to the negative events. Bowlby (1969) used the term of "internal working models" to explain the effects of early relationship with the mother or caregiver on later relationships with others. This is the internal working model, or as psychoanalysts call the 'internal world' known as the copy of the external world, as Freud mentioned (as cited in Bretherton, 1990). The early relationship with the caregiver and the internal

working model of the child influences the perception of the external world. If the infant experiences harm, abandonment or neglect by the caregiver, he or she may develop the 'self' as vulnerable to these factors later in life.

Mary Ainsworth (1978) examined the mothers' sensitivity or insensitivity and its effect on the mother-child relationship. She found if mothers provided care when their child needs; these children cried less, were obedient and enjoyed bodily contact compared to other infants. Ainsworth (1978) came up with three attachment styles named secure, anxious resistant and avoidant attachment styles towards the end of her Strange Situation Study. Bretherton and her colleagues (1990) conducted a research about preschool children's reaction to an attachment story completion task in relation to their attachment styles. The children who made positive resolutions to the attachment stories had secure attachment styles. Literature proves that depressed children's parents were more hostile and less nurturing and warm compared to the parents of non-depressed children (Puig-Antich, et al., 1985; Goodyer, Germany, Gowrusankur, & Altham, 1991). In the light of these findings and theories, the early relationship with the caregiver is crucial in children's perception of the external world, perception of the self, being harmed, psychological conditions and communication with other people.

Mental health of people is affected and somewhat shaped by daily events. However, children are less cared when life events are experienced by families. Changing economic situation of the family, losing a loved one, having an illness, natural disasters, migration, accidents, a divorce between parents, school changes or even a relocation can negatively affect children's mental health. There are numerous research in literature indicating the fact that negative life events are significantly associated with mental and physical health of children and adolescents (Hudgens, 1974; Fergusson et al., 1985; Ge et al., 1994; Aggarwal et al., 2007; Mayer et al., 2009; Boe et al., 2017; Ozdemir & Budak, 2017).

In a recent study done by Nishikawa and her colleagues (2018), they investigated the relation of negative life events, trait resilience and developing depressive disorder by studying with 1,038 high school students. They collected data about the timing and type of negative life events, depressive and traumatic

symptoms the students' have and post-traumatic growth. They found that early experiences of negative life events cause more negative outcomes. The intensity of the negative event was also associated with having post-traumatic growth and depression symptoms. Another conclusion was that trait resilience defined as a skill to adjust changes and stress, directly and indirectly has impact on current depression symptoms of adolescence. In another study, Stikkelbroek and his colleagues (2016) examined the mediating role of cognitive emotion regulation on depression and negative life events in adolescence. They found that maladaptive strategies like self-blame, catastrophizing and rumination while coping with negative life events lead to more depressive symptoms. More adaptive strategies to cope with negative life events also lead to less depressive symptoms.

In respect to this study, it is important to understand the role of cognitive processes in dealing with negative life events in onset of depressive symptoms. Cognitive theories of depression have an important role in understanding the etiology of depression as discussed earlier. Beck's cognitive theory of depression works with negative schemas and dysfunctional attitudes that cause individuals to have biases for people and social information (Beck AT., 1987). Hopelessness theory of depression is another cognitive theory that highlights the effect of negative cognitive styles in terms of interpreting events occurred around the individual and their responses to those events (Abramson, Metalsky & Alloy, 1989). Response styles theory is also one of the prominent cognitive theories which emphasizes that ruminations of the individual about their depressive symptoms, causes and how the consequences of them influence durations of the symptoms (Nolen-Hoeksema, 1991). These theories emphasize that individuals vulnerable to depression have some biases towards people and events, and have different cognitive styles regarding interpreting, remembering, and making inferences about them (Hankin, et al., 2009).

The cognitive vulnerability and negative cognitive styles about self and the world are related with the lifetime history of depression. Research supports that negative life events in childhood are associated with depressive symptoms in adulthood (Chapman, et al., 2004; Korkeila, et al., 2010; Spinhoven et al., 2010;

Merrick et al., 2017). The study of Merrick et al. (2017) collected data from 7,465 adult participants. They concluded that the number of adverse childhood events is highly associated with alcohol and drug use, depressive mood and suicidal behaviors in adulthood. In another 7-year longitudinal study done with 16,877 adult participants, childhood adversities were related with high possibility of experiencing more life events in adulthood and burdensomeness felt towards these (Korkeila et al., 2010).

Migration is an important concept regarding life events. Both local and international migration has effect on human psychology and can be addressed as life events. When it comes to domestic movements, people move from rural areas to cities for mostly economic reasons, move from one city to another for job changes or to provide better life situations. Relocations can be often be related to low economic status, instability in terms of economic situation and towards family problems. In some cases, the families may relocate their houses within the same city for personal reasons. When these changes occur, most of the time children have to change their schools, social environments, like friends and neighbors, and sometimes their cultural values. When family's stress is also added to these present changes, children's mental health is affected negatively and they have externalizing and internalizing problems like aggression and depression (DeWit, Offord, & Braun, 1998; Rumbold, et al., 2012; Sun, Chen, & Chan, 2015).

In the case of international movements, both the family and the child goes through more difficult times in terms of migration process, cultural adaptation, language problems, education problems and economic conditions. If there is forced migration due to political conflict or war, the experience may be more detrimental than the movement itself. Research indicates that immigrant children may have psychological problems including depression, post-traumatic stress disorder and anxiety disorders (Heptinstall, Sethna, & Taylor, 2003; Fox, Burns, Popovich, Belknap, & Frank-Stromborg, 2004; Pumariega, Rothe, & Pumariega, 2005; Ellis, MacDonald, Lincoln, & Cabral, 2008; Bronstein & Montgomery, 2011) and they may experience other symptoms like sleep problems, somatic complaints, irritability, and conduct disorders (Lustig, et al., 2004).

When negative life events are considered, stress and traumatic conditions include different but overlapping concepts. If the person inadequately copes with the situation this may trigger traumatic symptoms, anxiety or depression (Webb, 2007). The study emphasizes that depressed children have twice the number of lifetime stressful events than the undepressed children which shows the striking effect of negative life events on human psychology (Mayer et al., 2009). With the exposure of traumatic events like sexual abuse, violence, injury, war and life threatening events, children may develop some traumatic symptoms (Saxe, et al., 2005; Webb, 2007). Rumbold and her colleagues (2012) found that if a child experiences two or more relocations before the age of two, this was associated with increased internalizing behaviors at the age of nine. According to a meta-analysis conducted among children migrated from rural to urban areas, it was found that they had more psychological problems besides difficulties in academic performance and relationships in daily life (Sun, Chen, & Chan, 2015). In a study done by Dong and her colleagues (2005) with 8,116 adults, they investigated the association of health problems like depressed symptoms, suicide, alcoholism, smoking and early sexual initiation with childhood residential mobility and adverse life events like abuse, neglect and household dysfunction. They concluded that there was a strong association between adverse childhood experiences and the number of relocations. As the number of adverse childhood experiences increased, residential mobility was also increased. In their multivariate models, the risks for health problems of adverse experience stayed strong whereas risks for health problems of relocation diminished.

Research also indicates that children of parents experienced negative life events in their lives would also have psychological difficulties and physical health problems (Ge, Conger, Lorenz, & Simons, 1994). Depressed mood of the parents may also cause children to exhibit depressed symptoms and adverse developmental outcomes. A conclusion can be drawn by stating that various negative life events have been linked to poorer parenting and in the case of negative child parent relationship (Leinonen, Solantus, & Punamaki, 2002). The attachment theory further states that the incapability of the parents' to secure relations with

their child can be the reason of intergenerational transmission of insecure attachment that they had with their own parents. Thus, evaluating the effect of negative events on children, parental mental health, life changes and attachment styles should also be considered.

In literature, the effect of negative life events in childhood and its effects in later life is widely researched and supported subject with various studies. In a 21-year longitudinal study done with 1,265 children, Fergusson and his colleagues (2000) investigated the risk factors for suicidal behaviors in adulthood. Besides socio-economic problems, poor parent child attachment and mental health problems, being exposed to negative life events was also highly associated with suicidal behaviors. In another study done with 2,288 participants, Spinhoven and his colleagues (2010) specified the childhood adversities and the effect of negative life events on adulthood in terms of developing anxiety and depressive disorders. They specified negative childhood life events such as illness or injury, losing a close one, abuse, divorce of parents, and being raised in a foster family. They found that emotional neglect and sexual abuse in childhood are more likely to trigger a lifetime affective disorder.

1.1.4. Depression and Emotion

Emotion is a quite subjective process present in daily life elicited by internal or external stimuli and has relation with the individual's physiology, behavior, cognition and expression. It gives information about that person's inner world. The origin of emotion comes from the Latin word "ēmovēre" means "move, motion". There are many different theories for emotions to address the definition, the development and its relationship with cognition, motivation and biology. Some of the theories of emotion are phenomenological theory, social theory, cognitive theory, physiological theory and developmental theory.

Plutchik, who is the developer of psycho-evolutionary theory of emotion, defines emotion as "an inferred, complex sequence of reactions, including cognitive evaluation, subjective change and autonomic and neural arousal impulses

to action.” (Strongman, 2003). From phenomenological theory researcher Hillman’s perspective, emotion is a total pattern of the psyche, synthesis of expression and inner states (Strongman, 2003). Izard (1991) makes this statement on emotion: “A complex definition of emotion must take into account physiological, expressive, and experiential components. The emotions occur as a result of changes in the nervous system and these changes can be brought about by either internal or external events. When emotions become linked to mental image, symbol, or thought, the result is a thought-feeling bond, or an affective–cognitive structure. Affective–cognitive structures can also involve drive–cognition or drive–emotion–cognition combinations.” (p. 24).

Harkness and Tucker also examined neural mechanisms of depression in terms of self-organization. They mention that neglect, deficits in arousal or traumatic events in the early childhood make changes in the cortical and limbic areas of the brain that causes the individual to be more vulnerable to these events in the future (Lewis & Grani, 2002). They state that “First, adverse early experiences, because they are emotionally charged, may constrain plasticity, leading to the early formation of a relatively stable depressogenic schema. Second, in the process of self-organization, learning on the basis of future experiences may be interpreted in the context of the existing neuropsychological representation. The existing network of associations sensitizes the person to similar future events, increasing the likelihood of reacting to these events with episodes of major depression.” (Lewis & Granic, 2002).

Like the definition of emotion, there are different approaches in classification of emotions as well. Some of the researchers state that emotions cannot be classified and measured due to their subjectivity. Others claim that they can be classified and measured because of their biological nature; adding some emotions are universal, not subjective or culture related. Paul Ekman made many studies to understand the expression of emotions and classify them with people in different cultures. Ekman (1971) identified six basic emotions which are happiness, sadness, fear, disgust, anger and surprise. He even worked with some individuals from tribes in New Guinea that have no contact with the rest of the world. In his

research, he described a few situations and asked people to choose a facial expression that they think it fits to. He also showed some facial images and wanted people to identify the emotion. The answers of the people were similar in all cultures. He concluded with the idea of the universality of these emotions.

The simple categorization of emotions was done by Plutchik (1980) as positive or negative, activated or deactivated, pleasant or unpleasant, etc. Robert Plutchik also extended the work of Ekman and gave rise to a different classification of emotions. He theorized that some emotions can merge with each other and create entirely new emotions and he named this classification as “wheel of emotions”. He stated eight basic bipolar emotions as joy versus sorrow, acceptance versus disgust, anger versus fear, and surprise versus expectancy (Plutchik, 1991) and created a diagram of emotions in relation to their intensities. By the time, in the 1990s, Ekman (1999) extended the six emotions he found with guilt, amusement, excitement, relief, shame, contentment, satisfaction, sensory pleasure, contempt, embarrassment and pride in achievement. Unlike the other six basic emotions, he added that it is not possible to encode all of these emotions with facial expressions.

Parrot’s (2001) classification of emotions comes next in the history. He classified emotion into three categories with a tree structured list. In the primary emotion group, there are love, joy, surprise, sadness, anger and fear. Within these six emotions, there are secondary emotions consisting of 25 different emotions like affection, irritation, suffering, neglect and etc. Tertiary emotions, on the other hand, are a much broader grouping which includes more than one hundred different emotions like arousal, relief, depression, shock and pleasure.

Literature of emotion mostly takes the approach of *negative* and *positive emotions* in terms of categorization (An, Ji, Marks, & Zhang, 2017). *Positive emotions* are pleasant emotions like love, gratitude, joy and satisfaction. With the increased popularity of positive psychology, researchers also showed interest towards the effect of positive emotions and characteristics of individuals on their mental and physical health (Seligman, Rashid, & Parks, 2006). Wood and Joseph (2010) investigated the lack of positive psychological wellbeing in relation to having depression. They studied with 5,566 people over the course of a ten-year

period. They found that people with low positive wellbeing were 7.16 times more prone to depression at the end of the study. It can be concluded that having positive psychology and positive emotions are protective factors for depressive symptoms. They also emphasize that people with positive emotions have more positive relationships and longer life expectancy.

Negative emotions are unpleasant emotions like sadness, fear, anger, hate, guilt, depression, grief, shame and jealousy. Like having positive emotions, negative emotions are also natural and are to be felt in the right context. Negative emotions have an impact on how individuals understand the world, interpret the events they experience or how they remember the things that are seen or read. If present, the negative emotions will cause an individual to miss the excitement around them and focus more on the negative things. In a study done with college students, the association of their peer relationships, psychological distress and negative life events were investigated (Jackson & Finney, 2002). The research found that their negative experiences in peer relations were predictive of their distress. Younger students were different from older students in terms of displaying angry/hostile emotions to negative life events.

Negative emotions, as well as *positive emotions*, are related with the individual's mental health. Depression is an important psychological condition that causes people to feel more negative emotions. These *negative emotions* can be sadness, anxiety, anger, guilt, fear, disappointment and helplessness (Hoerman, 2014; Yue et al., 2016).

Psychological distress has an impact on how people use language (Tausczik & Pennebaker, 2010). *Negative emotions* can be expressed by mimics and gestures, tone of voice, posture of the body, behaviors and eye movements. They can be also expressed by the individuals' written or spoken words. It is known that life events have effect on a person's personal narratives and how they use the language to express themselves (Fivush and Haden, 1997, Fivush et al, 2007).

Tausczik and Pennebaker (2010) investigated the power of words in relation to understanding social relationships, emotional stages, attentional focus, thinking styles of individuals and so on. In a study done with traumatized children,

it was found that stress symptoms are positively related with the children's *negative emotion usage*. Other studies done with depressed adults also indicate that depressive symptoms are positively correlated with *negative emotion usage* (Rodriguez et al., 2010; Baddeley et al., 2011). In a study with 1,065 adolescents, researchers investigated the association between negative life events, rumination and depressive and anxiety symptoms (Michl, L. C., McLaughlin, K. A., Shepherd, K., & Nolen-Hoeksema, S., 2013). They found that depressive symptoms were related with negative life events, and self-reported negative life events were associated with rumination. Rumination also mediated the longitudinal relation of anxiety and negative life events.

1.1.5. Assessment of Depression

Psychological testing is broadly used to assess different domains of the individual's functioning. It helps to understand the diagnostic features, current behaviors, personality characteristics, and intellectual functioning of the person. Psychological tests should be consistent, they should be valid by being able to measure what they intend to measure, and should be standardized and comparable with others. In psychological research, there are different types of personality assessment. Two main types of this assessment are *objective* and *projective personality testing*. In the *objective personality testing*, psychologists use tests that can be objectively scored, standardized and independent from external factors (Cattell, 1968). These tests are structured with items that include questions and answers, where the person is asked to choose the appropriate one. Scoring is also done through standardized procedures and can be comparable with scores of other participants. *Projective personality testing* however gives freedom of response to the participant due to its not-structured or semi-structured construction compared to objective tests. They contain open-ended questions, ambiguous stimulus, and relatively unstructured answers. They are thus more intended to measure internal dynamics, personality characteristics and unconscious emotional issues through indirect tools. Scoring of the projective tests is also aimed to be standardized. The

tester should be aware of the attitude and mood of the participant and also his or her own mood and judgement, which in turn may affect the results.

Objective Assessment of Depression

The scales are also widely used in the objective assessment of depression. The Minnesota Multiphasic Personality Inventory is one of the psychometric scale for examining adult personality and mental health which was developed by Hathaway and McKinley in 1943. An adolescent version of the inventory published in 1992. In 1961, Beck published The Beck Depression Inventory and it is the most popular measure to screen depressive symptoms in young adults and adult population. The Symptom Check-List-90 (Derogatis, 1977) and the short version of it named The Brief Symptom Inventory (Derogatis, 1993), the short version, are also commonly used to detect depression. The Children's Depression Inventory was developed by Kovacs in 1981. It was adapted from the Beck Depression Inventory and became the first scale to detect depressive symptoms in children. It can be used with children aged 7 to 17.

The Child Behavior Checklist (CBCL) and The Conners Comprehensive Behavior Rating Scales are the other two popular screening tools that are widely used in the emotional and behavior problems of children. The CBCL is designed for assessing externalizing and internalizing behavioral problems in children, including depression. It was developed by Thomas Achenbach in 1966. This scale has two versions filled by the parent that are for pre-school and school age children with age range of 6 to 18. The Youth Self-Report Form and The Teacher Report Form are also available for gaining information about the child from different perspectives. The items such as "there is very little he/she enjoys", "refuses to talk", "too shy or timid", "feels worthless or inferior", "feels too guilty", "feels hurt when criticized" and "talks about killing self" (Achenbach, 2001) are some of the depressed items in the teacher report which are important in terms of understanding outcomes of depression in school environment. The Conners Comprehensive Behavior Rating Scales are also used in the assessment of behavioral, emotional, academic and social problems in children aged 6 to 18 (Conners, 2008). It measures clinical areas such as disruptive behavior, mood,

anxiety, learning and language disorders as well as attention deficit and hyperactivity disorder. Similar to the CBCL, it has different forms filled by the parent, teacher and the child himself.

Projective Assessment of Depression

The Rorschach and the Thematic Apperception Test are well-known and popular projective tests, mostly applied to adult population. The Thematic Apperception Test, the Children's Apperception Test, the Roberts Apperception Test for Children, The Draw a Person-Family-Tree Tests and The Sentence Completion tests are mostly used measures to assess children's psychological functioning. In the projective tests, children are asked to tell stories about the shown picture cards. By telling stories related with these situations in cards, children give information about their perception of life, social interactions, thoughts, emotions, drives, defenses and conflicts. In literature, projective tests are widely used in qualitative research to understand the inner mechanisms of children.

The Roberts Apperception Test for Children is one of the measures widely used for understanding adaptive and maladaptive social perception of children (Flanagan, 2008). It consists of 16 picture cards presented for boy and girl participants differently. The picture cards were designed to elicit potential concerns about social situations if the child has any. They are asked to tell stories about each card. Themes of the cards are about social interactions such as parent child relationship, sibling issues, aggression, school environment and peer relationships. Scoring of the stories involves certain areas like theme overview, resolution, emotion and outcome. Children are evaluated by their stories in relation to these specific criteria. In literature, the Roberts Apperception Test for Children is used to make psychological evaluations for therapy and interventions and effect of negative life events like chronic illnesses or sexual abuse. In one study, Friedrich and his colleagues (1998) worked with sexually abused and non-abused children. The participants were evaluated with the Roberts Apperception Test for Children, the Rorschach and a trauma scale. They found that children with sexual abuse history

used more sexual content in their narratives compared to children with no sexual abuse history. Storytelling or writing and drawing are important tools in the assessment of children. According to Anna Freud (1964) and Melanie Klein (1973), stories give insight to the internal world of children (as cited in Flynn & Stirtzinger, 2001). Words create, as Winnicott says, an intermediate space between inner mechanisms and external objects. They come together and help the child to make sense of his experiences. Thus, words reveal some information about the individual's depression, life stressors, deception and demographics (Niederhoffer & Pennebaker, 2009).

Based on the research it can be stated that writing or telling has a strong power on making sense of our experiences. In one of the doctoral dissertation, Maclean (2013) stated the effect of therapeutic story writing on depressed children's emotional and academic outcomes. She found significant improvements in cognition, coping strategies and working memory of children. She also found significant changes in children's usage of emotions and causal words. Specifically, children who gained the most academic writing achievements wrote more positive endings and had more helpful secondary characteristics. In another study, Farver and Frosch (1996) investigated the narratives written by pre-school children after the Los Angeles riots in 1992. They compared story narratives of two groups of children were exposed to these events and those not directly exposed. The research examined the narratives in relation to their length, overall thematic content, number of aggressive words and outcome of the story. Besides other assessments, the researchers found that children who exposed to riots had more aggressive stories in terms of content and used more aggressive words compared to the indirectly exposed peers.

1.1.6. The Current Study

Literature states that childhood depression has tremendous effect on both current development of the children and future mental health. Children with depressive symptoms are more likely to have decreased social interactions, self-

confidence, self-worth and academic performance. Many of the symptoms have been unnoticed or misinterpreted by the adults near them. With that respect, in the current study, we explored the narrative of children in the Children's Life Changes Scale (CLCS), a scale that has been especially developed to understand the effect of life events on children who are moving from one place to another. It was aimed to explore that whether or not the CLCS narratives of children with high level of depressive scores and low level of depressive scores are different in relation to their usage of positive and negative themes and emotions. In addition, it was aimed to understand the children's major themes of live events. The research questions of the study were as follows:

- 1- What are the major themes of life events in the CLCS?
- 2- What are the differences in the narratives between depressed and non-depressed children on the CLCS?

CHAPTER 2

2.1.METHOD

2.1.1. Data

This study is a part of the main project that was designed to develop a new projective scale called The Children's Life Changes Scale (CLCS). The main project was carried out with total 239 children in eight elementary schools and secondary schools in Eyup district of Istanbul, Turkey with the permission of Eyup District National Education Directorate. The normative sample data was collected from 8 to 14 years of aged children whose parents gave permission for the study. For the current study, children were grouped in terms of their depression scores such as very elevated and low/not depressed. Analysis of the descriptive measures and depression level of children were done with quantitative analysis. The written stories of children were analyzed through content and thematic analyses.

2.1.2. Participants

The sample of the current study has been collected from a middle income population which is comprised of children living in Istanbul's Eyup district. The Turkish Statistical Institute 2016 reported that the 55% of the population living in this district had primary school degree or lower education, 10% had secondary school degree, 21% had high school degree and 14% had university degree or higher education. In a study done with 428 middle school students in this district, it has been stated that 322 (75%) of the mothers were unemployed and fathers' professions were listed as: 274 (64%) tradesmen and artisans, 70 (16,5%) civil servants, and 55 (13%) workers (Ozkan, 2015). This part of the city is an important immigration-receiving district. According to the 2017 report of Istanbul Provincial Directorate of Migration Management, the number of Syrian refugees living and who are under temporary protection was 12.206 (Korkmaz, 2018).

In the main project, 239 Turkish children aged 8 to 14 participated in the study. Participants of the current study were gathered from the data of the main project. In order to understand how the CLCS depict depressive symptoms in terms of narrative generation, we chose children with $17 \geq$ score of CDI-2 which was grouped as “very elevated” and children with ≤ 10 scores of CDI-2 which was grouped as “lower”. By creating different levels of depression in the groups, we wanted to investigate the difference between the stories of children with high and low depressive symptoms.

The cut off points of high and low CDI-2 scores were gathered from CDI – 2 scoring manual. (Kovacs, M. &MHS Staff, 2011). Using that filtering and data cleaning, 106 students remained (See Figure 2.1). To make equitable comparison between two groups in relation to language development, the children’s total words were counted and two outliers were removed from the sample. Total mean of words of 104 participants was 186 with 76 of SD. We took children means with 1 SD above and under 186 which was 70 children in total. Mean of the words in 70 children was 183 with 40 of SD. We took children means with 1 SD above and under 183 which were 43 children in total. The remaining 43 children were grouped in terms of their high or low depressive levels. Owing to the fact that expression of self and the usage of written language can also change in respect to age and gender, two groups were equalized regard to these variables. After these

adjustments, the sample of 11 students in both groups were gathered. Figure 2.1 summarizes the selection of the study sample from the main data.

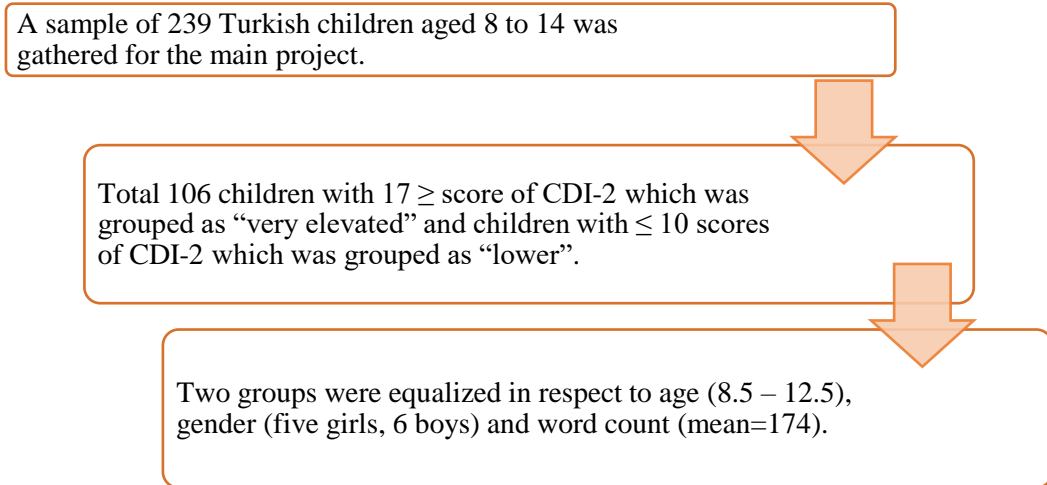


Figure 2. 1 *The selection of the study sample from the main data*

The girl and boy distribution was equal as five girls and six boys in both groups. Parents of the children were alive and all were married. Twelve of the families did not report any moves in the last five years; six of the families reported that they moved only once; one family moved twice; and one family moved three times. The eight of these moves were within the same district; one family moved from one city to another.

Parental education in the low depression group

The parental education in the group with high depression was as follows: five parents were primary school graduates, one was a secondary school graduate, two of the parents were high school graduates and three parents had university degrees. Household incomes of the low depression group was: six of the families had an income between 1000 and 2500 TL, and five of the families were earning between 2500 and 4500 TL. For the high depression group, five of the families were earning between 1000 and 2500 TL, four of them were earning between 2500 and 4500 TL, and two of the families were earning between 4500 and 9000 TL. The descriptive features were as follows:

Table 2. 1. *Descriptive Statistics of Children with High Depression (N=11) and Low Depression (N=11)*

	Children with ≤ 10 CDI 2 score				Children with $17 \geq$ CDI 2 score			
	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Child's age in months	123,5	15,1	103	147	124,2	17,3	103	149
Socioeconomic status								
Parent Education	3,36	0,8	2	4	3,27	1,3	2	5
Family income	3,36	1,1	2	5	4	1,7	2	8
Child's total CDI 2 score	8	2,3	3	10	19,9	3,2	17	28
Negative mood /physical symptoms subscale – CDI 2	2,2	1,6	0	5	6,3	2,2	3	9
Negative self-esteem subscale – CDI 2	1,3	1,1	0	3	4,5	1,7	3	9
Ineffectiveness subscale – CDI 2	2,4	1,7	0	5	5,9	2,4	2	9
Interpersonal problems subscale – CDI 2	0,4	0,5	0	1	2,3	1,5	0	5
Total word count	174	24,5	144	222	176,4	23,2	146	216

2.1.3. Procedure

The participants of the study were recruited from elementary schools in Eyup, Istanbul after ethical approval was taken from Istanbul Bilgi University. The parents who gave informed consent filled the demographic forms. The children were assessed in groups in the classrooms. For the reliability of the CLCS, fifteen to twenty days after the first application, the scales were re-administered. For the current study, the results of first administration were used.

2.1.4. Measures

2.1.4.1. The Demographic Form

The demographic includes information about age, gender, sibling number, birth order, and school information of the children. Status of parents (deceased or alive), education level of the caregiver, monthly income of the family, number of people living in the house and marital status of these people were asked. We also gathered information about how many years they were living in their current houses, number and characteristics of moves family had for the last 5 years. If a move occurred, origin and destination (like city to town, city to city and etc.) and the reason of the move were asked (See Appendix 2).

2.1.4.2. The Children's Life Changes Scale (CLCS)

The CLCS was designed as a culturally appropriate projective scale. This new scale consists of 11 black and white pictures that are expected to evoke specific life changes scenes in children. Every picture has a multiple-choice question that asks the emotion of the person in the picture. The first 6 of the pictures have a narrative part in which children are asked to write a story about the picture. All pictures were designed to be neutral in terms of events and emotional expressions of people. Backgrounds of the pictures were made as vague and non-intrusive as possible. The current study investigated the stories of children with high

and low depression levels, and understand their perceptions about the life events. The pictures were designed to represent a migration process, however, they can also be seen as representatives of scenes from daily events. The pictures start with a child and a father figure walking in a vague, empty street. The second picture contains a boy and a girl standing side by side with suitcases full of belongings. A fence picture without any human comes next to represent the moving. After that, a tent image with a group of children playing together was designed considering they could pass through a camp place in migration process. In that picture one of the children sits aside and does not participate to the play. A classroom picture with students which can evoke discrimination or friendship follows next. In that picture, one of the students sits alone, and one whispers in the other's ear. The final picture of the story writing part is a family consisting of two children and two adults holding hands and hugging each other. That picture was designed to elicit more positive memories if the child has one.

All the children took standard administration. At the beginning of the CLCS, a short instruction was given to children. In that instruction, it was emphasized that they can use their imagination to write their stories and there is no true or false answer in this activity. With all these pictures, it was expected that children who have emotional difficulties would express themselves differently than children with low level of depression symptoms in terms of using negative emotions and negative themes in their stories. Only the first 6 of the pictures have story parts, so the narrative data of these six pictures was used in the current study (See Appendix 3).

2.1.4.3. The Children's Depression Inventory – 2

In the present study The Children's Depression Inventory – 2 was used to assess children's depressive symptoms. The CDI is a self-rated and the symptom-oriented measure developed by Kovacs (1981) to evaluate depressive symptoms in children and adolescents aged 7 to 17. It was modified in 2009 and renamed as CDI-2 with 28 items. Therefore, three new items were different from the first version of

CDI scale that were about excessive sleep, excessive appetite and difficulty in memory were added (Kovacs & Staff, 2011). The CDI – 2 contains four factors that are negative mood (9 items), negative self-esteem (6 items), ineffectiveness (8 items) and interpersonal problems (5 items). The range of scores for the scale is 0 to 56. Raw data are converted to T-scores for classification. Turkish adaptation of the CDI-2 has not been done yet. The new items in the scale were thus translated to Turkish and then translated back to English by researchers. Controls were done by the two academicians in Istanbul Bilgi University. Internal consistency of the adapted version of CDI-2 was calculated with the total score of 223 students ($\alpha = .74$).

2.1.5. Data Analysis

In the current study there were both qualitative and quantitative data gathered from the children and their families who participated in the study. The quantitative data consisted of demographic forms filled by the parents, and The Children’s Depression Inventory filled by the children themselves. These data were entered, and descriptive statistics were performed in IBM SPSS Statistics 23.

The qualitative data consisted of narratives from The CLCS. Thematic analysis and content analysis were done to analyze children’s stories by using MAXQDA.18. “Thematic analysis is a method to identify, analyze, and report patterns (themes) within data.” (Braun & Clarke, 2006, p. 6). Similar to thematic analysis, content analysis is a qualitative method that is used to indicate the frequency of words or themes within texts (Stemler, 2001). According to thematic analysis method, important and repetitive themes are identified and interpreted. Analysis begins by getting familiar to the data set as it was done in the current study by transferring the children’s stories into an electronic environment and reading the stories of children. The interesting and important parts of the data are then selected and coded. In the current study, this step was done by producing initial codes for every story for every child. Recurring and common codes were then brought together and organized under a broader concept for all six story cards of the CLCS

and themes were developed. A theme is described as “captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set.” (Braun & Clarke, 2006, p. 10). The frequencies and percentages of children’s usage of specific words in their stories were calculated and reported by using MAXQDA.18.

2.1.6. Trustworthiness

Trustworthiness is the quality in the research that refers to validity, reliability and generalizability of the qualitative research. Other than the quantitative research, qualitative research gives more subjective information about the situation that sometimes makes it difficult to establish trustworthiness. Lincoln and Guba (1985) summarized the trustworthiness criteria’s as credibility, transferability, dependability and conformability (Loh, 2013). In the current study, data was collected with a standard procedure and the study sample was recruited with nonbiased methods from the main data. In order to ensure trustworthiness and have clear findings, the current writer, one doctoral student and the first advisor of the thesis had background of thematic analysis method worked together in the whole analysis process. In order to increase the reliability, they analyzed some of the data alone and then back together. All subthemes and main themes were decided together.

2.1.7. Reflexivity

Reflexivity stands for “analytic attention to the researcher’s role in qualitative research” (Gouldner, 1971, as cited in Palaganas, Sanchez, Molintas, & Caricativo, 2017). It is more like being conscious about how the researcher’s background, cognition and assumptions would affect his or her research. It is stated as “The researcher’s positionality/ies does not exist independently of the research process nor does it completely determine the latter. Instead, this must be seen as a dialogue – challenging perspectives and assumptions both about the social world

and of the researcher him/herself.” (Palaganas et al., 2017, p. 427). The current writer and clinical psychology student of Istanbul Bilgi University graduated from the department of psychology at Koc University. Within her master education years, she worked with children, adolescents and their families in relation to their psychological problems. Self-experiences in those years made her become more cautious for internalizing problems in children. She and her thesis advisor desired to form a method for screening students with emotional problems with the help of teachers in the schools. In the current study, she chose to investigate children’s depressive characteristics by identifying the differences of narratives in newly developed projective test named CLCS.

CHAPTER 3

3.1. RESULT

The stories of the students were analyzed by using the thematic analysis approach. The intention was to reveal and identify themes in the written stories that are important. Seven main themes have emerged from the analysis process; *The Ending of The Story*, *The Feelings*, *The Family*, *The Perception of The External World*, *The School*, *The Friend*, and *The Being in Action*. It was thought that emergence of these themes was affected by the themes in the cards of the CLCS. Table 3.1 demonstrates the main themes. These themes and their subthemes are discussed below.

Table 3. 1. *The Themes Emerged from the Students' Stories*

Analysis of the Twenty-Two Students' Stories
Theme 1: The Ending of the Story
Theme 2: The Feelings
Theme 3: The Family
Theme 4: The Perception of the External World
Theme 5: The School
Theme 6: The Friend
Theme 7: Being in Action

3.1.1. Theme 1: The Ending of the Story

Stories written by the students were different from each other in terms of their endings. Three subthemes arose from *The Ending of the Story* theme; positive ending, negative ending and neutral ending. Table 3.2 summarizes the subthemes.

Table 3. 2. *The Subthemes of the Theme 1*

Theme 1: The Ending of the Story	Low Dep.	High Dep.	Total
Subtheme 1: The Positive Ending	45	29	74
Subtheme 2: The Negative Ending	11	27	38
Subtheme 3: The Neutral Ending	10	10	20

3.1.1.1. Subtheme 1: The Positive Ending

The students with low depression level wrote more positive ending stories compared to high-level depression group. The distribution of the positive ending stories in relation to cards of the CLCS was summarized in Figure 3.1.

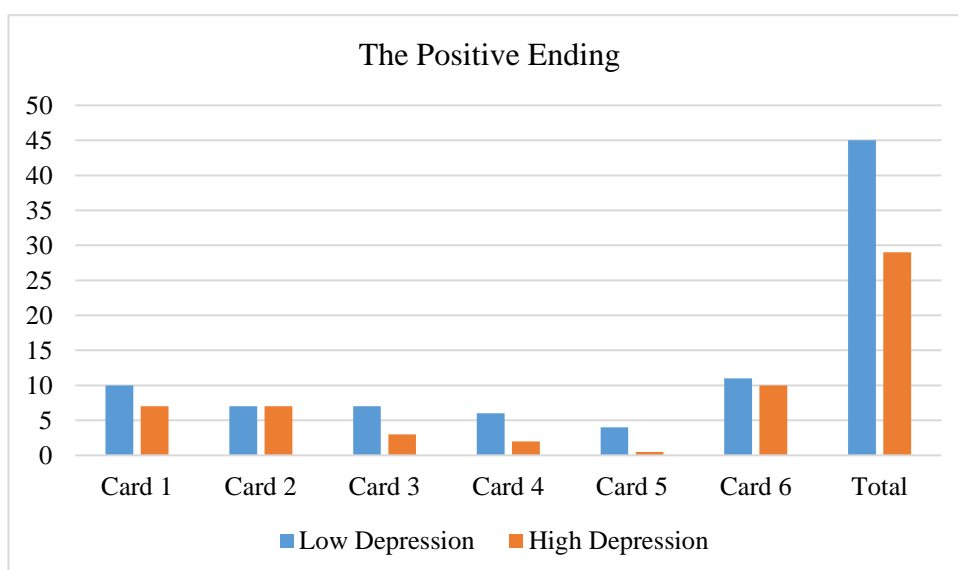


Figure 3. 1 *The Positive Ending*

As the table summarizes, there was no important difference between two groups in relation to their positive ending in the first, second and sixth cards. Most of the positive endings were written about these three cards. First card contains a father figure with a child. The second card contains two children with a suitcase, and a family picture in the wall. The sixth card contains a family. When these three cards are considered together, the family figures could be the reason of

the positive endings. In the remaining cards, the group with the low depression level wrote more positive endings compared to the high-level group. One of the students with low depression level wrote this story:

“Esma and Mete were preparing their luggage. Why is that? Because they were going to a vacation. Their mom, Fatma hanim, was tidying up the room and their father Ali was putting stuff to the trunk. Kids were also so excited. After a while their mom called out to them: let’s go! They got into the car immediately. After 3 hours of a trip they have arrived. It was so beautiful. They went up to their room with their mother and father, and they wore their clothes and went to the sea. After a long time of swimming, they got back to their room and dried themselves. Later, they ate their food and, of course, they have also deserved a good sleep.”

3.1.1.2. Subtheme 2: The Negative Ending

The negative ending was another subtheme in the stories of the students. In all of the cards except the sixth one, high depression group wrote more negative endings in their stories than the low depression group. Figure 3.2 summarizes the distribution of the negative endings in relation to cards of the CLCS.

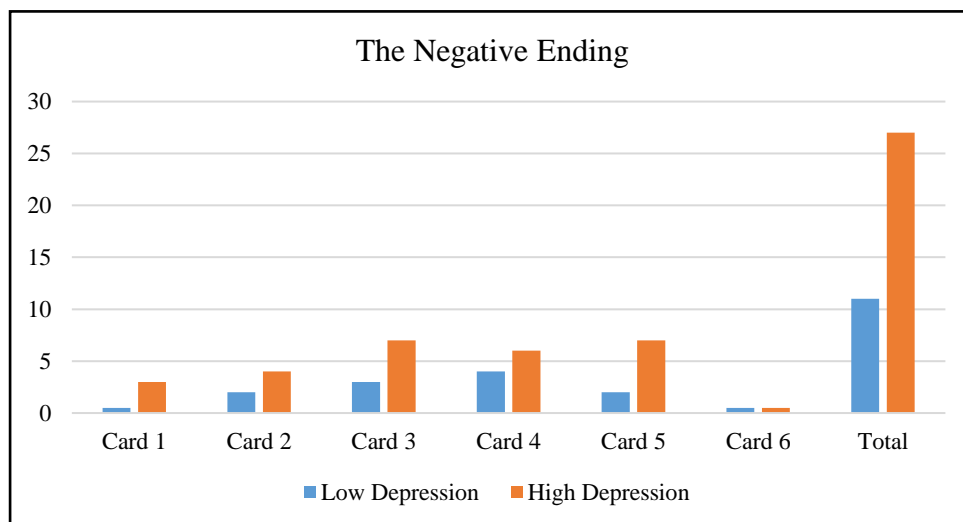


Figure 3. 2 *The Negative Ending*

The difference between the two groups was higher in the first, third and fifth cards. In the first card, only three stories written by the high depression group had the negative ending. In those stories, the main child characters were afraid and unprotected despite the existence of an adult figure. In the third card, which is a fence picture, again the high depression group wrote more negative endings. In those stories, the main child characters were harmed, limited in terms of freedom or open to danger. The fifth card, that contains a classroom environment, was another card having more negative endings written by the high depression group. In those stories, teacher characters punished, hurt or got angry towards the main child characters in the stories because they talked or cheated in the classroom. One of the stories written by a student with high depression level was:

“Ali, was sitting next to Merve. While Ali was whispering to Merve’s ear, teacher came and teacher got mad at Merve. Merve went outside, crying.”

3.1.1.3. Subtheme 3: The Neutral Ending

The neutral ending, which is neither positive nor negative was the last subtheme of *The Ending of The Story* Theme. There was no difference in terms of total number of the neutral ending stories between two groups. However, on a card basis, there was a difference between two groups in the second and fourth card of the CLCS. Figure 3.3 summarizes the distribution of the neutral endings in relation to cards of the CLCS.

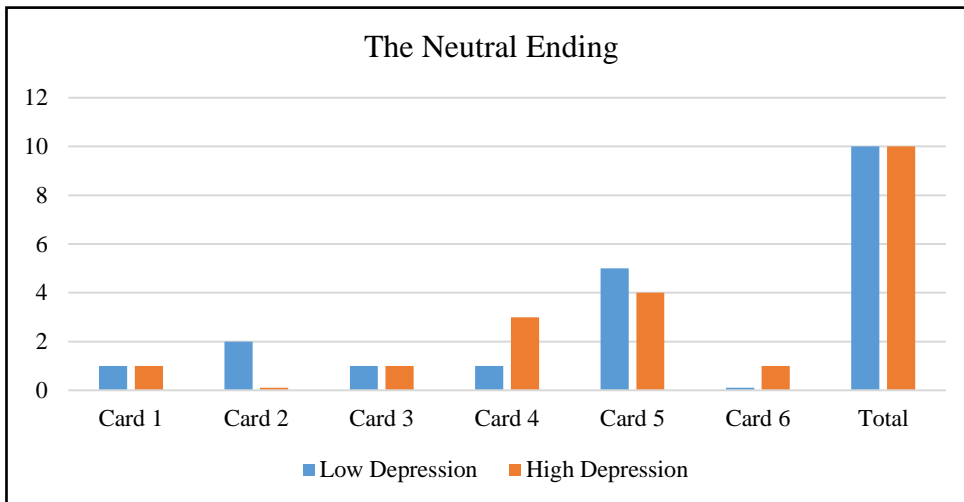


Figure 3.3 *The Neutral Ending*

In the second card, which has two children with a suitcase, low depression group wrote more neutral endings in their stories. In the fourth card, which is the tent card, high depression group wrote endings that are more neutral. One of the students with low depression level wrote:

“Three kids got together and decided to make a camp. After 10 minutes they’ve decided to play football, but one kid didn’t want to play.”

3.1.2. Theme 2: The Feelings

The Feelings was the another mostly seen theme in the stories of the students. In the CLCS, children are asked to write some stories about the pictures shown and then they are asked to circle the emotion of the person in the picture. Due to this part of the scale, the students also used feeling words in their stories. The positive and the negative feelings were the subthemes of *The Feelings* theme. Table 3.3 summarizes the subthemes.

Table 3.3. *The Subthemes of the Theme 2*

Theme 2: The Feelings	Low Dep.	High Dep.	Total
Subtheme 1: Positive feelings	55	40	95
Subtheme 2: Negative feelings	24	46	70

3.1.2.1. Subtheme 1: The Positive Feelings

Positive feelings emerged in the stories of the students. Three mostly used positive feelings were happy, safe and having fun. The low depression group used more positive feelings compared to the other group. Figure 3.4 summarizes the distribution of the positive feelings in relation to cards of the CLCS.

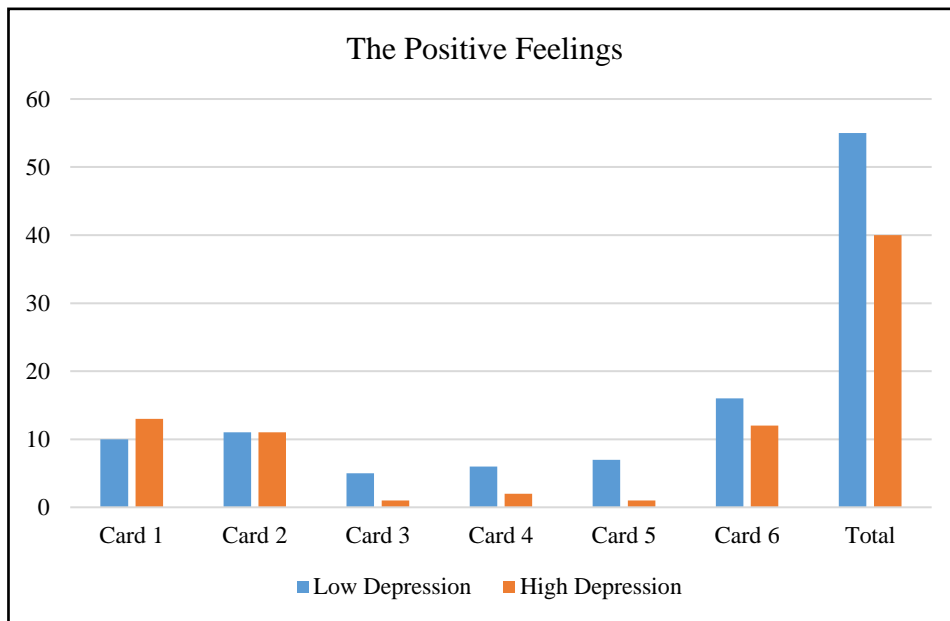


Figure 3. 4 *The Positive Feelings*

Similar to the positive endings subtheme, the positive feelings were encountered more written in the first, second and sixth cards of the CLCS. Again, the family related figures in those three cards could be the reason the usage of the positive feelings. Most of the students wrote themes like feeling happy with the family, feeling safe around the father, or having fun related with the family activities. One of the stories written by a student with high depression level was:

“Brothers, who went out to spend some time with their family, had so much fun. They were so happy by being with them.”

In the analysis of the stories, it was also found that some of the stories written by the high depression level children involved wishful and exaggerated sentences. Some of the group of words were *“they lived happily after”*, *“never separated again”*, and *“always together”*. These groups of words were used in the

first, second and the sixth cards of the CLCS that contains family related figures. The students with high-level depression used these words ten times in their stories. Whereas, this kind of wishful thinking was used only once by a student with low depression level. One of the stories written by a high depression level student was:

“This child always feels safe around his father. He never leaves from his father’s side. One day his father took him out. He wore the same clothes because he loves his father so much. That day the child who felt more connected to his father, never left his father.”

Another story written by a high depression level student was:

“There was a child who was so happy and at the same time felt so safe and the reason was his family was always there for him and in every hardship, they helped and supported him.”

3.1.2.2. Subtheme 2: The Negative Feelings

The negative feelings was another mostly seen subtheme in the stories related feelings theme. Three mostly used negative feelings were fear, worry and anger. The high depression level group used more negative feelings compared to the other group. Figure 3.5 summarizes the distribution of negative feelings in relation to cards of the CLCS.

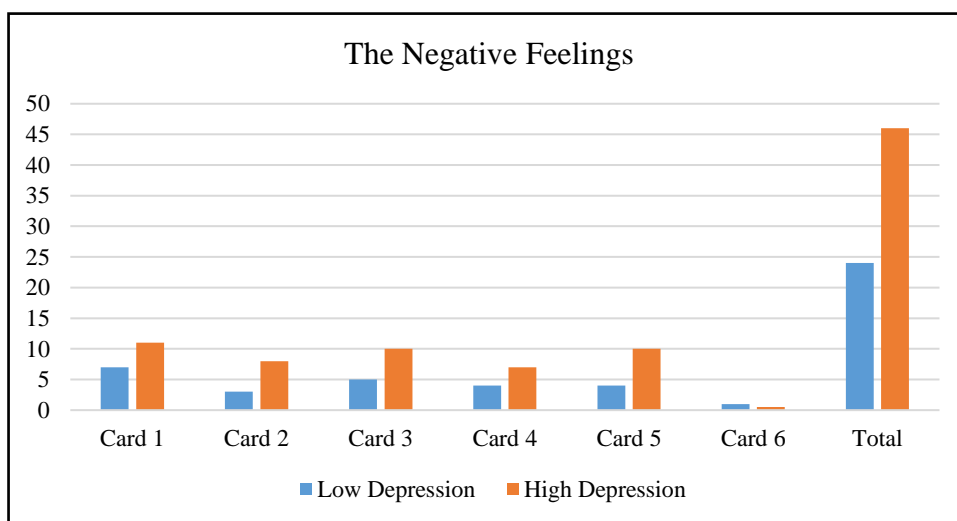


Figure 3. 5 *The Negative Feelings*

Although most of the positive feelings were used in the first picture, the number of negative feelings used in the first picture was also high. Four times the low depression group, eight times the high depression group used “fear” feeling in their stories of the first card. After the first card, the third and the fifth cards had more negative feelings. One of the stories written by a student with low depression level was:

“One day, to not let thieves break in to the house, a guy built a wall because one time a thief broke in, but he couldn’t touch anything. But still the guy was scared, and he built the walls.”

One story written by a student with high depression level included aggressive themes more than any other stories. He wrote this story about the third card of the CLCS:

“One day, a child used a slang word to me. To take revenge on him I went to the house and took the gun. When I see the child, I would kill him and I saw him in the park. I shot three times. The child was lying down in the floor and I escaped from there. Two months later the door was knocked, and it was a police officer. My mom came into the door and cried. They handcuffed me and put in these gratings of jail.”

3.1.3. Theme 3: The Family

One of the themes arose from the stories of the students’ was *The Family*. All of the students mentioned somewhere in their stories about this main theme. The relationship with the father, the relationship with the mother, the relationship with the sibling and the family related activities are the four subthemes of *The Family* theme. Table 3.4 shows the subthemes of this main theme.

Table 3. 4 *The Subthemes of the Theme 3*

Theme 3: Family	Low Dep.	High Dep.	Total
Subtheme 1: The relationship with the father	9	17	26
Subtheme 2: The relationship with the mother	3	3	6
Subtheme 3: The relationship with the sibling	3	2	5
Subtheme 4: The family related activities	9	8	17

3.1.3.1. Subtheme 1: The Relationship with the Father

The students wrote stories about the relationship with their fathers. In the first picture, a child and a father figure walking in a vague, empty street 21 of the students interpreted the man figure as a father. Other than the first card, a few father themes were apparent in the remaining cards. Most of the stories related with the father figure had positive relations and positive memories. The students wrote stories about spending time with the father. They mentioned walking streets, discovering new places with the father based on the first card. One of the students wrote this story about the relationship with the father:

“Hello I’m Fatih. Today, my father and I are going out. My father is taking me to the historical streets of the Istanbul. Streets were so beautiful. On the way back, my father bought me ice-cream. After I ate my ice-cream, I told my mom about those nice places. Because my mother likes those places so much, one day we went there as a family. And when we went all of us were so happy.”

Other than spending time with the father, feeling safe was another frequently seen content in the students’ stories. Most of the students made a relation with the father figure and feeling safe around him. One of the students with low depression level wrote this story about feeling safe around father:

“We were in a place that I have never known or seen before. At the beginning it seemed so scary but later I realized there was no need to be scared. My fear was decreasing, there were ruins of the buildings. There was a soft light coming but when I looked behind I saw myself

and my father. But there was no need to be scared, I was safe because my hero father was with me.”

There were both positive and negative relations with the father figure.

Figure 3.6 summarizes them for the two groups.

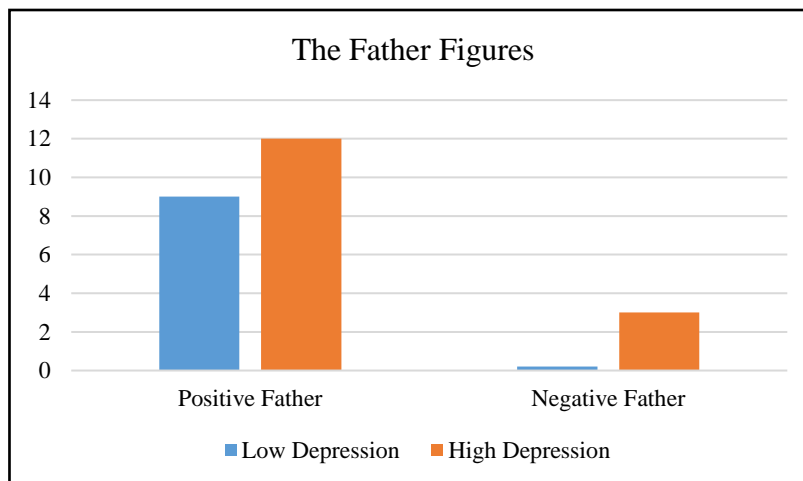


Figure 3. 6 *The Father Figures*

Positive relation with the father figure was apparent independent of the depression level of the students. The low-level depression group mentioned a positive father figure 9 times, whereas the high-level group mentioned about it 12 times. The negative father figure arose only three times, and all of them were written by high-level depression students. These father figures were aggressive, unthoughtful or feared in the stories. One of the students with high depression level wrote this story about the first picture:

“One man loved a girl so much, they wanted to get married. One day, girl’s father didn’t want her daughter to get married with that man but girl wanted to and, girl and man made a decision, because girl’s father didn’t let her, they wanted to run away secretly and then they did. Because the man wanted to take his daughter away, her father got so mad, and he took his men and begun to follow them to catch and he saw they got married and he got so mad.”

3.1.3.2. Subtheme 2: The Relationship with the Mother

Along with the father figure, the students also wrote stories including a mother figure. Figure 3.7 summarizes the mother figures of the two groups.

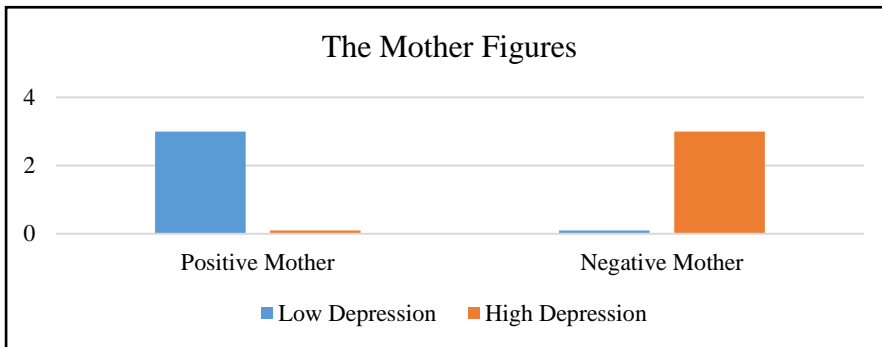


Figure 3.7 *The Mother Figures*

Three of the stories including the mother figure was showing inadequate mother figures whereas three of the stories were including positive mother figures. There was no specific card found especially related with the mother figure. The high-level depression group wrote all three stories including inadequate mother figure. These mothers were crying, depressive or dead. An example of inadequate mother figure written by a student with high depression level was this one:

“Once upon a time, there were two children whose names were Ali and Ayşe. These kids had lost their mother. And after that they wanted to go to another country, then they took their luggage and they got on the road to the England and they have died on the road.”

All three of the positive mother figures were showing closeness in the stories by hugging, talking or caring their children. These stories were written by the low-level depression group. One of the students with low depression level wrote this story about the mother figure:

“I played for a long time. I was so tired in the evening. Later, suddenly I found myself behind the fences. It was very strange. I was scared. Immediately after I got close. I found myself in the face of a big monster.

I escaped. I got rid of it. I began to walk slowly. There was something in front of me. I passed inside of it and I realized that everything was a dream. I felt relieved. And I went to my mother and hugged her.”

3.1.3.3. Subtheme 3: The Relationship with the Sibling

The sibling relationship came into view five times in the stories. The stories included both negative and positive relations with the siblings. There was no specific card found especially related with the sibling. Three of them were including themes about getting along well with the sibling. The type of relation with the sibling was independent from the depression level of the students meaning that both low and high depression groups wrote negative and positive themes about the sibling relationship. One of the stories written by a student with high depression level was:

“There was a girl. This girl was waiting for her sibling. This girl’s sibling was an astronaut. Because of that the girl missed her sister so much. When the train stopped she hugged Çiçek. She took her sister. And they lived happy forever.”

3.1.3.4. Subtheme 4: The Family Related Activities

The family related activities were the fourth subtheme of *The Family* theme. Most of the stories about the family related activities were in the sixth picture that contains a four-member family holding their hands and hugging each other. Students mostly wrote about visiting a place together, hugging each other, or feeling happy when they are with family in their stories. Both groups wrote stories about these themes independent from their depression level. One of the stories written by a student with low depression level was:

“One day a family went to a trip altogether. And they were so happy and later they had taken a picture by a photographer and went back to their house.”

3.1.4. Theme 4: The Perception of the External World

The Perception of The External World was another theme in the stories of the students. This main theme had three subthemes; the safety, the limitation of the freedom, and being harmed. The Table 3.5 summarizes the subthemes of *The Perception of the External World* theme.

Table 3. 5: *The Subthemes of the Theme 4*

Theme 4: The Perception of the External World	Low Dep.	High Dep.	Total
Subtheme 1: The safety	7	5	12
Subtheme 2: The limitation of the freedom	4	8	12
Subtheme 3: Being harmed	6	11	17

3.1.4.1. Subtheme 1: The Safety

The students wrote stories about perception of safety. In this subtheme, police officers and fences were the most mentioned figures in the stories. Most of the stories related with the safety subtheme were written for the third card of the CLCS that contains a fence picture without any human figure. The stories of high depression level students mostly included police officers whereas low-level depression group mostly included fences. One of the stories including police officers written by a student with high-level depression was:

“One day thieves were robbing a house, the man and woman was sleeping at that time, man saw the thieves and immediately went to police and told them what happened. Police got on the road to catch them, because man didn’t see thieves’ faces, they told them about the wrong person.”

In the all stories including a police officer, they were present after a bad event had happened. A fence story written by a student with low depression level was this:

“We came to a strange place. This place was surrounded with full of fences to protect us. This place was a great place because a lot of fences opened their eyes and looking at us and I felt safe because there were fences to protect me.”

3.1.4.2. Subtheme 2: The Limitation of the Freedom

The limitation of the freedom was another subtheme emerging from the stories of the students’ when they were writing about external world. Again, the fence card was the dominant card in relation to this subtheme. The limitation of the freedom was stated twelve times in the stories specifically four of them stated by the low-level depression group, and eight of them stated by the high-level depression group. One of the students with high-level depression wrote this story expressing the limitation of the freedom:

“Getting trapped in this deserted place made the dog so mad and the dog that waits for a chance to run away finally ran away. Now, when he walks around on the street it was crueler.”

Whereas a story written by a student with low depression level was:

“One day in one jail, a man feels so guilty and he apologizes from everyone that he made upset and they forgive him and that man gets rid of his guilt and he becomes so happy and he never makes someone upset again.”

3.1.4.3. Subtheme 3: Being Harmed

The students also wrote stories related to being harmed by something or someone. There was no specific card of CLCS that matching with this theme meaning that this theme was being addressed in different cards. The being harmed theme was expressed seventeen times in the stories, specifically six of them stated

by the low-level depression group, and eleven of them stated by the high-level depression group. Different from the other twenty students, two of the students with high depression level wrote stories about Syrian war, their difficult life and their migration to Turkey. One of the stories written by a student with high level depression was:

“Once upon a time, there was a man, a very bad man. This man was always pushing children to steal something, panhandling, and doing worse things. When he was bored, he was torturing some of the kids and the police officers would look for him but not find him. However, one day when the man was torturing a child, an old lady passing through the road heard the screams of the child. She immediately called the police and then the police found the man and put him in prison.”

3.1.5. Theme 5: The School

The school was another main theme that has emerged from the stories. All of the students mentioned this theme in their stories, regarding the fifth card that contains a classroom. Student attitudes and teacher attitudes are the two subthemes of *The School* theme. Table 3.6 shows the subthemes of this main theme.

Table 3. 6: *The Subthemes of the Theme 5*

Theme 5: The school	Low Dep.	High Dep.	Total
Subtheme 1: The student attitudes	10	14	24
Subtheme 2: The teacher attitudes	5	4	9

3.1.5.1. Subtheme 1: The Student Attitudes

Similar to what is seen in the classroom card, most of the students wrote about stories that includes an event in the classroom. Only one of the students perceived the image as something other than a classroom environment and wrote a story about watching a film. Most of the students wrote stories related talking in the

classroom and they mentioned this attitude as a bad thing. Talking in the classroom when the teacher was teaching was not an appropriate behavior. A few of the students wrote themes about cheating in the exam. Most of the stories written by the high depression group contained negative feelings such as anger, stress, worry and fear. One of the stories written by a student with high-level depression was:

“Sevgi and Selçuk were the most decent and hardworking students of the class. But mostly Sevgi was successful. But during the classes they were both talking a lot. They became the worst students of the class.”

Only two of the stories included a good classroom environment.

3.1.5.2. Subtheme 2: The Teacher Attitudes

The teacher’s attitudes was another subtheme of *The School* theme. Some of the stories that included students talking in the classroom were also including a teacher figure. Nine of the students wrote a story containing a teacher. In those stories, seven of them was a negative teacher figure, and two of them was positive. Negative teachers punished, got angry or warned children because of their behaviors’ in the classroom. Whereas positive teachers rewarded or made their students feel safe in the classroom. Most of the stories written by the high depression group contained student figures who were aggrieved by the teacher. One of the stories written by a student with high depression level was:

“One day one child talked in the class. And he got on the list of naughty ones. When teacher came to the class, he/she gave them to a minus. And because of that his grade got decreased. He couldn’t get a certificate of success.”

For *The School* main theme, the two groups’ stories were not so different in relation to the subthemes. Therefore, further analysis was done and the type of feelings and story endings of the students were calculated. According to the results, the high depression group wrote seven negative ending stories, whereas low depression group wrote only one. Also, the high depression group used more negative feelings than the low depression group in their stories related with school

environment. The Figure 3.8 shows the distribution of the feelings within the two groups.

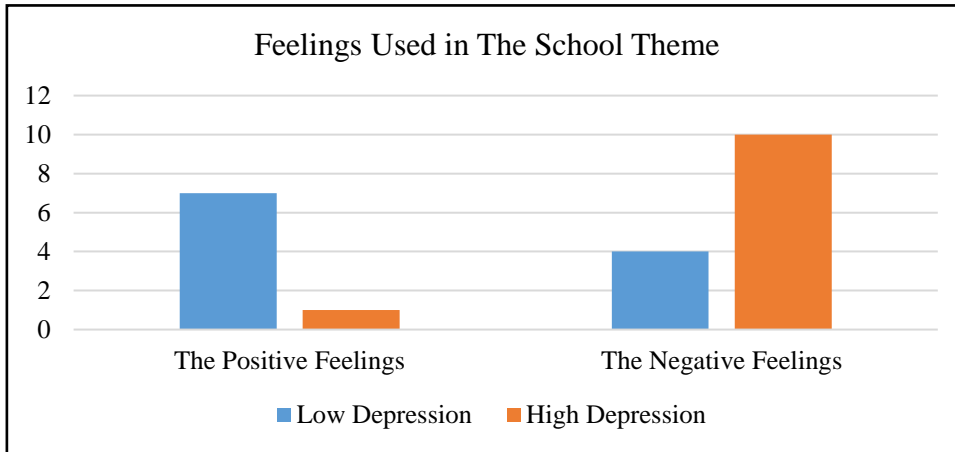


Figure 3. 8 *Feelings Used in the School Theme*

3.1.6. Theme 6: The Friend

The Friend was another main theme gathered from the stories of the students. Two cards of the CLCS were including peer images. One of them was the fourth card that contains a tent image with a group of children playing together. In that picture one of the children sits aside and does not participate to the play. The other one was the fifth card that contains a classroom picture with students one of the students sit alone, and one whispers in the other's ear. All the stories related with the friends came from the tent image card. Two subthemes arose from *The Friend* main theme; social exclusion and spending time together. Table 3.7 summarizes the subthemes of *The Friend* theme.

Table 3. 7: *The Subthemes of the Theme 6*

Theme 6: The Friend	Low Dep.	High Dep.	Total
Subtheme 1: Spending time together	11	7	18
Subtheme 2: Social exclusion	6	5	11

3.1.6.1. Subtheme 1: Spending Time Together

Spending time together was a subtheme of *The Friend* theme. Most of the students wrote stories about playing together or talking with each other. Due to the fact that the tent card contains two children playing with a ball, that card was the dominant one in the stories about playing together. One of the stories written by a student with low depression level was:

“One day me and my friend went to a camp. Ali was playing football with me, and Selin was sitting nearby. Probably because she is a girl she was unable to play football with us and later we called her, and we played istop (A Turkish children’s game played with the ball) together.”

3.1.6.2. Subtheme 2: Social Exclusion

The students also mentioned a social exclusion in their friend relations. All stories about social exclusion came from the tent card. A child sitting down while two others is playing with a ball might have affected the students regarding writing an exclusion story. There was no difference between high-level and low-level depression group in terms of number of social exclusion stories. One of the stories written by a student with low depression level was:

“One day when a child was in the school the bell rang up and he went next to his friends and asked can I play too? And they said no. And the child became so sad.”

For *The Friend* main theme, the two groups’ stories were not so different in relation to the subthemes. Therefore, further analysis was done, and the type of feelings and story endings of the students were calculated. According to the results, the high depression group wrote six negative and two positive ending stories, whereas low depression group wrote three negative and six positive endings. The high depression group also used more negative feelings than the low depression group in their stories related with friend issues. The Figure 3.9 shows the distribution of the feelings within the two groups.

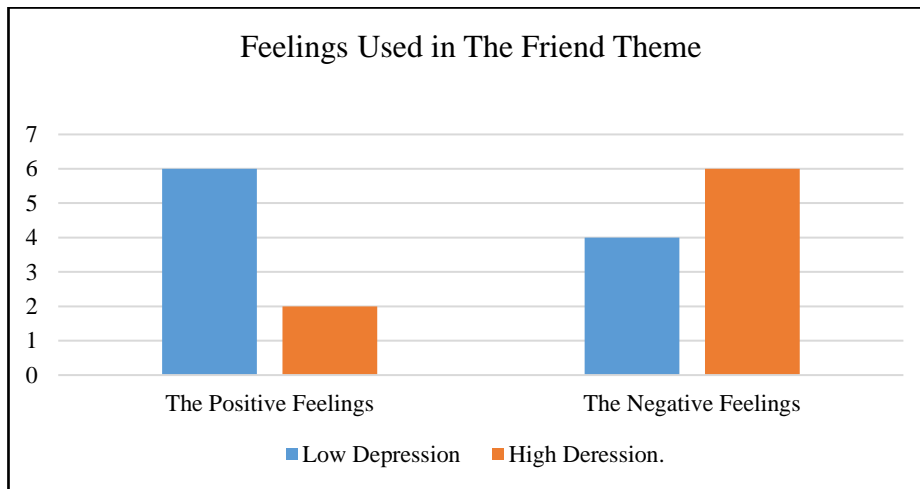


Figure 3. 9 *Feelings Used in the Friend Theme*

3.1.7. Theme 7: The Being in Action

The Being in Action was the final theme gathered from the stories of the students. Most of the stories related with the being in action were in the second and fourth cards of the CLCS. The second picture contains two children standing with a suitcase. The fourth was the tent card. Three subthemes arose from this theme; camping, going on a holiday and relocation. Table 3.8 summarizes the subthemes.

Table 3. 8 *The Subthemes of the Theme 7*

Theme 4: The Being in Action	Low Dep.	High Dep.	Total
Subtheme 1: Camping	7	4	11
Subtheme 2: Going on a holiday	4	5	9
Subtheme 3: Relocation	3	1	4

3.1.7.1. Subtheme 1: Camping

Camping subtheme arose from the tent card. The students wrote stories about camping with their friends or families. Seven students from the low depression group and four students from the high depression group wrote a camp story. One of the students with low depression level wrote:

“One day, a group of friends went to a camping trip and they played, made a camp fire and did every activity they want and a child who was playing at there said he was so excited, and when I play football I get excited too.”

Two students with high depression level wrote stories about Syrian camps. One of them wrote this story:

“After the war in Syria, Syrians became refugees in Turkey. They made camp, and while they played football their mother came up and put them in their house. After that their mother went.”

3.1.7.2. Subtheme 2: Going on a Holiday

Most of the stories containing a holiday theme were written in the second card. The students made stories including characters who goes to a holiday with their families. There was no difference between high and low depression level students in terms of holiday theme. One of the students with high depression level wrote this story:

“One day there were two children whose names are Can and Elif. They spent their days very well. With games, such as hide and seek, or tag, they have spent 2 months. The father of Can and Elif said lets pack up, we are going on a holiday. The twins shouted and they got along very well.”

3.1.7.3. Subtheme 3: Relocation

Relocation theme emerged only in four stories. All of these stories were written in the second card. Only one relocation story was written by a student with high depression level. In the three of the four stories, the relocation was unexpected and hurtful for the main child character. One of the stories written by a student with low depression level was:

“We are brothers and sisters, we have very beautiful house, in this house we have lived exactly 4 years. We love our house. One day me and my twin while we were going back from the school there was a truck in front of our house and our stuff was getting carried in it. We got into house, inside was empty we were so sad because we were relocating.”

For *The Being in Action* main theme, the two groups’ stories were not so different in relation to the subthemes. Therefore, further analysis was done, and the type of feelings and story endings of the students were calculated. According to the results, the high depression group wrote five negative and five positive ending stories, whereas low depression group wrote two negative and eight positive endings. Moreover, the high depression group used more negative feelings than the low depression group in their stories related with *the being in action* theme. The figure 3.10 shows the distribution of the feelings within the two groups.

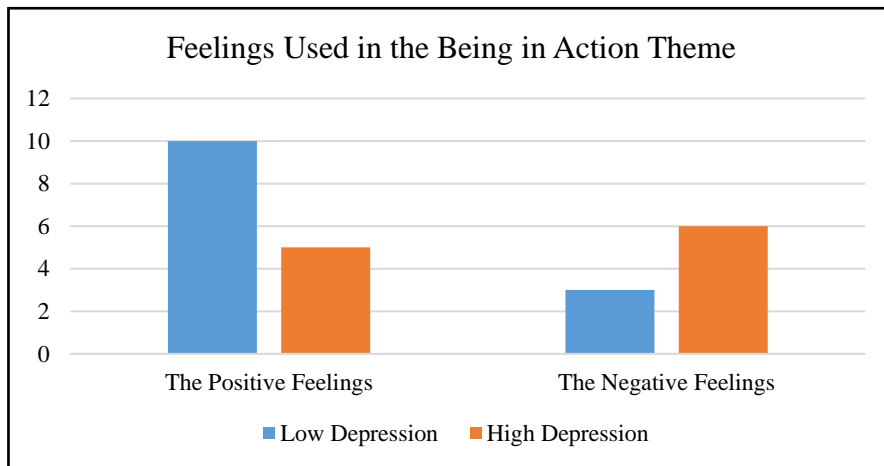


Figure 3. 10 *Feelings Used in the Being in Action Theme*

The Evaluation of the CLCS Scale

The CLCS scale was developed to understand the effect of life events on children, more specifically the effects of relocation and/or immigration on children’s mental health. In literature, one of the earliest life event scales, the ‘The Social Readjustment Rating Scale’ was created by Holmes and Rahe in 1967. In

this scale fifty life changing events were listed and the participants were asked to choose the events that happened to them within the last twelve months.

Researchers later on developed various other scales in order to understand the effect of life events on children. Some of these scales are: The Coddington Life Events Scale (CLES; Coddington, 1972), The Junior High Life Experiences Survey (Swearingen and Cohen, 1985), The Adolescent Perceived Events Scale (Compas et al., 1987), Child's Life Events (Longscan, 1992), The Children's Revised Impact of Event Scale (Yule et al., 1994) and The Life Events Scale of High School and College Students (Yuzhong, Liyun, Zhiming, Kejun, & Guoqiang, 1999). Most of these scales contain different questions regarding specific negative life events such as family problems, economical issues, health and loss. The children were asked regarding the occurrences of the listed events in a given time period, and some questions inquired whether they perceived these events as negative, neutral or positive. All these scales and systems that measure the effects of life changing events in children are objective and quantitative measures, ensuring that they have an objective scoring system and structured items, so that participants are expected to give particular ratings and answers.

The Roberts Apperception Test for Children is one of the measures in a storytelling format. It is widely used for understanding adaptive and maladaptive social perception of children (Flanagan, 2008). Themes of the cards are about social interactions such as parent child relationship, sibling issues, aggression, school environment and peer relationship.

There are some measures, as the existing literature proves, for children that help us understand the effect of negative life events such as relational problems, illness and financial problems on their physical and mental health. In respect of relocation and/or immigration issues, on the other hand, there are no such qualitative instruments for measuring the effect of relocation on children's well-being, the currently developed measure, the CLCS scale was aimed to provide an assessment tool for this issue.

The sample of the current study was collected from Turkish children who were not exposed to migration. The themes in the stories of the CLCS, however,

were important in respect to understanding the perception of Turkish children who lives in a dynamic neighborhood of Istanbul, e.g. Eyup. We believe that all cards were child friendly and thus were able to provide some information about family environment, parent-child relationship; social environments like school and relationship with friends; and relocation.

CHAPTER 4

4.1. DISCUSSION

Depression is a widely seen psychological disorder in children. The prevalence of depression among pre-pubertal children is around 2% (Son & Kirchner, 2000); and among adolescents is approximately 4-8% worldwide (Garmy, Berg, & Clausson, 2015). In Turkey, according to an epidemiological study, the prevalence rate was 4.2% among 1,482 students (Demir et al., 2011). In the current study, the CLCS was analyzed according to content and thematic analysis techniques. The stories of children with low and high depression were compared in relation to themes emerged in groups. Seven key themes emerged from these stories: *The Ending of The Story*, *The Feelings*, *The Family*, *The Perception of The External World*, *The School*, *The Friend* and *The Being in Action*.

The first main theme was *The Ending of The Story*. The positive ending, the negative ending and the neutral ending were the subthemes. It was found that the students with high depression level had narratives with more negative endings in their stories and the low depression group had more positive endings in their stories. In literature, the studies conducted with the Thematic Apperception Test has produced similar results with the current study. It was found that children and adolescents with emotional problems had fewer positive endings in the TAT stories compared to normal group (McGrew & Teglasi, 1990). It was emphasized that “the story endings are important to consider because they involve more projection than any other parts of the story and are most free of stimulus characteristics.” (McGrew & Teglasi, 1990). Eron (1965) used TAT stories’ endings as a clinical tool to state depressive cognitions.

The research states that preoccupation with negative thoughts is a common aspect of depression. According to cognitive and behavioral approach, depressed individuals have more negative views about themselves, future and the world (Beck, 1967). They attribute negative events to internal or global sources and make cognitive distortions. Some of the cognitive distortions are disqualifying the

positive, emotional reasoning and mental filtering which also did exist in the stories. In the current study, the students with high depression level had negative views in relation to figures in the cards that made them write more negative endings compared to the other group. In the low depression group, while some subjects wrote negative themes in some of their stories, mostly they finished their stories with a positive or a neutral ending. They were capable of overcoming the negative thinking by replacing them with a more positive or neutral ending. This pattern can be the reflection of what they do in real life to overcome stressful life events. This pattern, however, was not found in most of the stories of the high depression group.

The Feelings was the second main theme emerging from the stories. The negative feelings and the positive feelings were the subthemes. It was found that students' with high depression level used more negative feelings in their stories compared to the low depression group. The feeling is an important concept in depressive disorders. Literature also supports the idea that negative feelings accompany to depression in children (Cicchetti & Toth, 1998; Garber, 2006). In most of the depression theories, negative feelings are discussed in understanding depression. In the current study, the high depression group used the word 'fear' thirteen times, whereas the group with low depression used it only six times. The high depression group also used negative feelings that the low group never used like 'revenge', 'being offended', 'being tense', 'unhappy' and 'stressed'. These negative feelings were found to be related with the schemas that Harkness and Tucker mentioned (Lewis & Granic, 2002). According to them, the deficit of arousal and negative contexts in the early years of childhood plays an important role in the explanation of depression. "If low neural arousal frames the process of early neurological development, then psychological development may be characterized by the formation of self-schemas centered on themes of loss, hopelessness, and low self-worth, as well as a vulnerability to experience depressed mood." (Lewis & Granic, 2002).

The difference between groups in the feeling words might also be explained by the psychoanalytic model of depression that emphasizes the association between parenting, aggression and depressive symptoms. Winnicott

(1958, p. 245) holds that being enough in tune as a mother satisfies and comforts the baby and makes him build a secure inner environment. When the mother is not good enough and cannot meet the needs of the child consistently, the child feels lonely, worthless and acts towards other people to prove it in this way. In the psychoanalytic theory of depression; the inconsistent and lacking in warmth relationship with the parent makes the child feel alone, helpless and angry. The child, while having negative feelings towards them, also notices that the powerful parents are his only way of survival. The child, developing opposite feelings to his parents like love and guilt, represses his anger and turns it inwards rather than directing this anger towards the parents. It is believed that depression arises as a result of loss or rejection by a parent that causes the person to direct his anger inwards towards the self. Internal fights against depressive signs can be shown as negative feelings like insecurity, fear, sadness or guilt, oppositional behaviors and lack of impulse control (Lingiardi & McWilliams 2015).

The difference between positive and negative feeling usage was not major in family related cards. The high and low depression group used similar amount of positive feelings in cards with family figures. These finding can be interpreted as the resiliency of the high depression group. Family related signs in the cards might remind them the possibility of certain good events happening with the family. This hope can be the protective factor for the course of depressive symptoms. Literature also supports the protective role of the hope in relation to depression. A study done with clinically depressed, previously depressed and undepressed young people proved the negative correlation between depressive symptoms and hope, meaning that decrease in depressive symptoms were associated with increased hope (Thimm, Holte, Brennen, & Wang, 2013).

The Family was the third main theme emerged from the stories of the children. The relationship with the mother, the relationship with the father, the relationship with the sibling and the family related activities were the four subthemes. In the studies done with depressed children and adolescents, they state negative relationships with their parents like being controlling, rejection, receiving less warmth and problems of communication (Brand-Gothelf, Yoeli-Bligh, Gilboa-

Schechtman, Benaroya-Milshtein, & Apter, 2015; Demidenko, Manion, & Lee, 2015). In this study, most of the father figures written by the low and high depression group were spending time with their children and making them feel safe. There was, however, observable difference between the high and low depression groups' mother figures. The mother figures of the high depression group were inadequate compared to the low depression group. In literature of behavioral problems and parent child relations, there are similar differences between mothers and fathers. It was stated that children react in a more hostile way in their conflicts with their mothers compared to the father child interactions (Buhrmester, Camparo, Christensen, Gonzalez, & Hinshaw, 1992; Edwards, Barkley, Laneri, Fletcher, & Metevia, 2001).

Among *The Family* themes, there was no difference between groups in the relationship with the father figure. Fathers were explained using secure and positive memories in most of the stories. The father figures were spending time with their children and making them feel secure. Only three negative father figures who were aggressive, unthoughtful or feared were written in the stories, all by the high depression group.

The father is an important part of the emotional development of a child. Bowlby's attachment theory emphasizes the importance of the father figure either with or without a mother figure in relation to secure attachment. Children show a need for structure, cohesion and security to grow up securely and "father is important, not only to support the main caregiver (usually the mother), but also to provide a caring, thinking, comfortable, confident presence" (Trowell & Etchegoyen, 2002, p. i). Freud (1995, p. 727) emphasizes the role of the fathers as "I cannot think of any need in childhood as strong as the need for a father's protection". As the theories state, father role is related with secure feeling. This security is mentioned both by the high and low depression group in the current study. Other than three father figures, all of the fathers in the stories were positive in the overall content of the stories. This result makes us to question the existence of the relationship between the students and their real fathers. The absence of the father child relationship could have made them write about desired and socially

expected father figures. Some of the studies done with the Turkish children found that children communicate more with their mothers compared to their fathers (as cited in Sunar & Fisek, 2005). Expression of negative feelings towards to the father figure who is also an authority figure in the house is difficult most of the time.

In the current study, the differences between the two groups in terms of perceived relationship with mother figures were apparent. Three negative mother figures which were inadequate, were written by the high depression group, and three positive mother figures which were warm and protective, were written by the low depression group. These findings supports literature of perceived mother figures by depressed children. The students projected their real mother figures and their relationship with them to these stories. Projecting the negative feelings can be the result of trusting the relationship with the mother figure. Some of the studies done with Turkish children states that children feel more emotionally close to their mothers compared to their fathers (Sever, 1985; Sunar, 2002) and that the mothers make them express their emotions openly. The differences in maternal characteristics, such as warmed and protective behaviors correspond to the findings of the attachment theory. Ineffective parenting and lack of parental warmth and protection thus might be the contributors of this perception of the high depression group.

In the subtheme of the sibling relationship, there were no difference between the two groups. Some of the stories were about getting along with the sibling. Siblings are important members of the family structure and regarded as the most “enduring life-long relationships in individuals’ lives” (Cox, 2010). Literature states that positive and warm relationship with sibling is associated with fewer depressive symptoms (Ponappa, Bartle-Haring, Holowacz, & Ferriby, 2017; Finan, Ohannessian, & Gordon, 2018). Milevsky (2005) states that the positive effect of sibling support are in relation to a decrease in loneliness and depression levels in the individuals. The existence of sibling relationship can sometimes replace the parent-child relationship and promote the social, cognitive and emotional development of the child (Cox, 2010). In the current study, the presence of the sibling in the pictures would be the protective and supportive factor for the

depressive symptoms, thus resulting with no difference between the two groups in terms of the sibling relationship subtheme.

In the subtheme of family related activities, there were no differences between the two groups. The stories included themes such as visiting a place together, hugging each other and feeling happy. In literature, family activities or family times represent togetherness regardless of the activity itself (Daly, 2001). Spending time together in family times enhances the development of social and cognitive skills of children, supports the relationships and increases family resilience (Black & Lobo, 2008). According to Daly's study (2001) family related activities values togetherness and positive experiences. In the current study, the picture of family figures prompt the feeling of happiness and togetherness.

In *The Family* theme, there was a difference between groups in the wishful thinking style. It was found that high depression group used more wishful thinking in their stories such as "they lived happily after", "never separated again", and "always together". Literature states the need of minimization or denial of the person who experienced a traumatic event in their childhood (MacDonald, Thomas, MacDonald, & Sciolla, 2015; MacDonald, et al., 2016). The exaggerated or erroneous phrases is a common attitude in clinical patients' childhood trauma scales (MacDonald, et al., 2016). In the current study, the wishful thinking of the high depression group can also be seen as a coping mechanism. Imagining a good family, a happy ending and strong relationship within the family can make them overcome the reality which is a negative family environment. A study done by Silk and his colleagues (2003), on the other hand, claims that disengagement like denial, wishful thinking or avoidance are associated with higher depressive symptoms in adolescents.

The Perception of The External World was the fourth theme in the current study. The safety, the limitation of the freedom, and being harmed were the subthemes. There were differences in the perception of the world between high and low depression groups. The high depression group had stories about an unsafe world and were full of themes like being hurt and restricted. The high depression group processed the safety theme in relation to police officers who came into the

stories after bad things happened. There was nothing to protect them before they got hurt. Subtheme of being harmed was present twice as more in the high depression group. The low depression group, however, used fences as a protector and prevention of bad things. They got less hurt and felt less limitation of freedom compared to the high depression group. The unsafe external world perception might be the reflection of internalized inadequate parents, which might be the result of insecure attachment. Attachment as Bowlby defines is “lasting psychological connectedness between human beings” (1969, p.194). The attachment theory of Bowlby states the importance of the infant parent relationship in early years and its influence on social, cognitive and emotional development. The warm and caring relationship between the caregiver and the infant provides a safe and secure place for the infant and increases the chance of survival. The infant forms “internal working models” of self and other derived from his real experiences (Bowlby, 1977). Ainsworth (1982) also contributes to these ideas with the influence of the sensitivity of the caregiver on the infant’s relationship with others and autonomy to explore and feel safe in the world. She discovered that children can develop three attachment styles namely secure, insecure anxious resistant and insecure avoidant attachment in respect to the relationship with their mothers. The child with secure attachment style feels secure about exploring the world. Insecurely attached child who is raised in inconsistent and chaotic environment, being neglected or exposed to violence is unable to develop the “ability to feel safe and secure with others or when alone, to enjoy reciprocity, or to be able to endure the normal frustrations, in short to anticipate familiarity and tolerate the unexpected” (as cited in Lachmann, 2009). In turn, these negative experiences and insecure bond with the caregiver violate the perception of living in a secure and safe world. Similar findings have been stated in Solomon and his colleagues (1995) research about the narratives of insecurely attached children. They found that these children’s stories included dangerous people, catastrophes and hostility that was the representation of the unsafe world and insufficient ability of parental containment (Solomon, George, & De Jong, 1995).

Cognitive theory of depression is also beneficial to explain these differences. As depressed children have negative attributions to the world, self and future; the high depression group created more negative themes about the daily events in their world. A study done with school aged children with depressed, anxious and control groups stated that depressed children have more negative views about themselves, the world and the future compared to other groups (Kaslow, Stark, Printz, Livingston, & Ling Tsai, 1992). A master thesis study done with Turkish college students supported the mediator role of positive cognitive triad on the association with resilience, depressive symptoms and life satisfaction (Erarslan, 2014).

The School was the fifth theme emerged from the stories of the children. The student attitudes and the teacher attitudes were the subthemes. School environment is a part of the external world of the children. They reflect their perceptions about the world to the events occurred in the school place. In the current study, most of the stories written by the high depression group contained student figures who were aggrieved by the teacher. There were no meaningful differences in the stories of *The School* theme of the high and low depression group. In the further analysis done to compare the number of negative feelings and the negative endings between the groups, it was realized that the students with high depression level used more negative feelings and negative endings in their stories compared to the low depression group.

In literature, it is stated that depressed students tend to be withdrawn and get less enjoyment from their school environment (Way, Reddy, & Rhodes, 2007; Huberty, 2010). A comprehensive study done with 11,852 adolescents emphasized the significant relationship between poor attachment to the school, poor harmony with teachers and an increase in depressive symptoms (Joyce, & Early, 2014). In relation to Turkish teachers' attitudes, the effect of punishment and reward on students was examined (Yaman & Guven, 2014). It was found that punishments like removal from class, being expelled or beatings are not efficient in behavior modification and negatively affects students' mental health.

In relation to social interactions in school environment and depression in children, The Psychodynamic Diagnostic Manual – 2 (PDM-2) states that depressed children are sensitive, lacking in stamina, and not much gratifying to their teachers and peers compared to others which causes them to “feel assaulted by environmental demands, unsupported, misunderstood, and victimized” (Lingiard, & McWilliams, 2015). These findings were coherent with the current studies result that high depression group used more negative feelings in their school stories. The study emphasizes that students should be aware of the consequences of their behaviors before they make them, and teachers should be fair in terms of their rewards and punishments.

The Friend theme was the sixth theme of the current study. The spending time together and the social exclusion were the subthemes. Friends are one of the components of the social environment of children. After the family structure, friends are the important figure in children’s social development. There was no difference between two groups in relation to social exclusion subtheme, meaning that both groups wrote some stories about being excluded from a situation or a game by their peers. The existence of a peer group in the pictures and child figures apart from them can be the reason behind the appearance of social exclusion stories. The students might notice the child sitting facing back alone while other two are playing. Despite the social exclusion, the low depression group was able to finish their stories more positively which is an important cognitive capability in regard to when one is dealing with stressful life events.

The low depression group wrote more stories about spending time together theme. In relation to feelings used in *The Friend* theme and story endings, the high depression group used more negative feelings and negative endings in their stories. Their social functioning was weaker than the low depression group, which is a common disturbance in depression. The relation between social functioning and depressive symptoms of children is a well-known fact. The DSM-5 states significant functional impairments in social settings and school, and decreased interest to social activities within depressive symptoms. Children and adolescents with depressive symptoms have impairments in their social interactions and reduce

their social or leisure activities (Essau, 2009). Depressive children have deficits in the aspects of verbal and affective communication with family members and their friends compared to neurotics and non-depressed peers (Puig-Antich et al., 1985). The result of the current study also supports literature that depression level is related to time spent with friends.

In the Psychodynamic Diagnostic Manual, relationship patterns of adolescents with depressive symptoms are also stated similarly. Negative emotions like anger, stress and sadness can accompany them and be apparent in their social relations. In the current study, stories with theme of friendship contained more negative feelings and negative endings in the group with the high depression level.

The Being in Action was the last main theme of the current study. The camping, going on a holiday and the relocation were the subthemes. The low depression and high depression group did not differ in relation to issues in the stories with this main theme. The CLCS contains some scenes in relation to move process like packing, camping or crossing a border. The study sample was a group not exposed to migration. With the effect of these move scenes, in the current study the students wrote stories about camping, going on a holiday and relocation subthemes. The two groups were not different in terms of writing stories about these subthemes. The high depression group, similar to most of the themes, used more negative feelings and negative endings than the low depression group. Their perception of the world and events happened around them were affected by their depressive symptoms that caused them to feel more negative feelings and have more negative attributions.

4.1.1. Limitation and Future Research

In the current study, the results were obtained on a subgroup of 22 participants chosen from the original sample of 239 students. The parameters such as depression level, word count, age, and gender of the students were used in the composition of the current sample. The present study is limited to the students' verbosity level, because the students' verbosity level was calculated with their total

word usage in the stories. Language, however, is an important parameter especially in the projective tests, in order to compare the students' narratives, a standardized Turkish language tests like Tifaldi, should be used.

The present results are also limited to the age range of children - 8.5 to 12.5 years - who were investigated. Whether similar findings about this study would be found at other age awaits further research.

The selection of participants to this qualitative part of the study was not random as the selection of the classrooms in the main project was carried out by the school counselors. The place and the time of data collection was also a limitation. The students filled the forms in their classrooms, within school time accompanied by the research assistants. Their answers and stories could be influenced by shortage of time and other students' presence around them. Their ability to focus could be impaired and their attention distracted.

Familial factors such as parent-child relationship, conflicts between parents, divorce, parental psychopathology or depressed mood are also related with the child's depressive symptoms. Information about these familial factors should thus be gathered from the parents in further research.

Literature states that depressive people increase the usage of the "I" word and decrease the usage of the "we" word as a reflection of further engagement in self and isolation from others (Rude et al., 2010; Baddeley et al., 2011). The present study did not investigate the use of the pronouns "I" and "we" in the stories. Researchers can thus further investigate the usage of the words "I" and "we" in the narratives of depressed vs non depressed children.

Another limitation of this study is the lack of data from different informants; it would also have been valuable to obtain information from significant others such as parents, teachers and peers. The Achenbach System of Empirically Based Assessment (ASEBA) offers a comprehensive approach to clinicians for integrated multi-informant assessment. The ASEBA could be used in this study to measure children's internalizing and externalizing behavioral problems as well as their depression level.

The CLCS cards were created in the beginning of the study but evolved in the process with the results of pilot testing. The scenes in the scale were decided according to the stages of a movement process and the figures were decided according to the equation of children's genders in the cards. A card was created with a father figure and a child, but there was no card for a mother figure and a child alone. This inequality might have caused the students to use more father figures compared to mother figures in their stories, which resulted with a lesser understanding of their perception of mothers.

4.1.2. Conclusion and Clinical Implications

The main purposes of the current study were to explore how the CLCS narratives can be helpful to understand depressive symptoms in school aged children and to gain information about how children perceive certain life events. It was investigated that if the newly developed scale can be a beneficial tool for teachers to detect some emotional problems when referring the children to mental health professionals. The differences in narratives of children with high depression level and low depression level were thus examined via thematic and content analysis.

One of the important findings in the current study was that children with high depression level ended their stories negatively and used negative feelings like fear, worry and angry more than the low depression group. There was no difference between these groups only in the themes about family figures. The high depression group wrote positive endings and used positive feelings when they were exposed to family figures in the CLCS cards. Some of the stories related with family themes included wishful thinking about relationship with family members in the high depression group. It was also found that the father figure was related with being safe and spending time together. Some of the stories of high depression group had negative father figures. Mother figure was less present in the stories of both groups due to the CLCS content. All the mother figures written by the high depression group were inadequate and all the mother figures written by the low depression

group were positive and showing closeness towards their children. Related with family figures, it was found that the external world was more limiting the freedom and considered harmful for the high depression group compared to the others. For the low depression group there were fences to protect them from bad things, while for the high depression group safety was provided by police officers after a bad thing happened to the main characters.

In relation to *The School* theme and *The Friend* theme, the two groups wrote similar story themes except the high depression group ended the stories negatively and used negative feelings more than the other group. The main characters of the high depression group were aggrieved by their teachers and punished. They were less interested towards social interaction with their friends.

The appearance of *The Being in Action* theme was important. There was no difference in the content of the stories between low and high depression groups, however, the high depression group used more negative feelings and negative endings in their stories. Since the CLCS was developed to explore the effect of move on children's mental health, it was important to have *The Being in Action* main theme even in the non-move sample.

The clinical implications of this study are the emerged themes of the CLCS, like *The Family*, *The Perception of The External World*, *The Friends and The School*. These themes will be able to help future researchers when further exploring the children's problems in the various areas. The difference in the narratives of depressed vs non-depressed children will serve mental health professionals when developing social policy strategies and regulations. It will be important to understand the dynamics of depression in Turkish children and take the necessary steps for the wellbeing of the society.

The findings were important in to understand how depressive symptoms might have appeared in the narratives of school-aged children. Since unrecognized or untreated depression can result in with social and academic impairments, negative behaviors and thoughts about self, world and future it is critical to detect these symptoms in children as soon as possible.

The themes emerged in the stories of the high depression group contributed to giving attention to early relationship with parents and experienced negative life events. As literature states, the quality of attachment like parental warmth, containment, and sensitivity are important for the infant's cognitive and psychological development. Future relations, perception of the world and self are very much related with positive experiences lived with parental figures. Due to the fact that the current study was also conducted to inform teachers about the appearance of depression in narratives of children, it is crucial to draw their attention to the importance of early child parent relationship in children's mental health. Finally, this study findings shed light to depressed children's internal world and future researchers should develop necessary intervention programs that are tailored to the children's cultural values and beliefs.

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APPENDIX

Appendix 1. The Consent Form

Sayın Veli,

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğretim üyesi Yard. Doç. Dr. Elif Akdağ Göçek tarafından yürütülmektedir. Araştırmanın amacı çocukların yaşam olayları algısını anlamak üzerinedir.

Araştırmaya katılmayı kabul ettiğiniz takdirde size ve velisi olduğunuz çocuğa doldurması için bazı formlar verilecektir. Dolduracağınız bu formlar araştırmacılar dışında hiç kimse tarafından görülmeyecek, tamamen gizli kalacaktır. Bilgileriniz bilgisayar ortamına isimleriniz kaldırılarak geçirilecek ve kilitli dolaplarda tutulacaktır. Araştırma verileri yalnızca bilimsel amaçlar için kullanılacaktır.

Araştırma için onay verdiğiniz takdirde çocuğunuzla 50 dakika süresince 2 kere uygulama yapılacaktır. Bu araştırma için gerekli resmi izinler alınmış bulunmaktadır. Bu formu imzaladıktan sonra da araştırmadan ayrılma hakkına sahipsiniz.

Araştırma hakkında daha fazla bilgi almak için İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı Öğretim Üyesi Yard. Doç. Dr. Elif Akdağ Göçek (e-posta: elif.gocek@bilgi.edu.tr) veya Psk. Serra Küpçüoğluyla (e-posta: serra.kupcuoglu@bilgi.edu.net) iletişim kurabilirsiniz.

Lütfen kararınızı aşağıda işaretleyiniz:

Bu araştırmanın amacını okudum, anladım ve tamamen gönüllü olarak katılıyorum. Velisi olduğum’nın (çocuğun adı-soyadı) da katılımcı olmasına,

İZİN VERİYORUM :

İZİN VERMİYORUM :

Veli Adı-Soyadı:

Çocuğun Adı- Soyadı:

Yakınlık Derecesi:

İmza:

Tarih:

Appendix 2. The Demographic Information Form

Adınız-Soyadınız:		Çocuğunuzun Adı-Soyadı:	
Çocukla olan yakınlığınız: <input type="checkbox"/> Annesi <input type="checkbox"/> Babası <input type="checkbox"/> Diğer (belirtiniz) : _____			
Yaşınız:		Çocuğun annesi: <input type="checkbox"/> Sağ <input type="checkbox"/> Hayatta değil Çocuğun babası: <input type="checkbox"/> Sağ <input type="checkbox"/> Hayatta değil	
Çocuğun Cinsiyeti: <input type="checkbox"/> Kız <input type="checkbox"/> Erkek		Çocuğun Doğum Tarihi: / ... /	
Ailedeki çocuk sayısı: _____ Kaçıncı Çocuk: _____		Çocuk kaçınıcı sınıfa gidiyor: _____	
Eğitim Durumunuz: <input type="checkbox"/> Okula gitmemiş <input type="checkbox"/> İlköğretim <input type="checkbox"/> Ortaokul <input type="checkbox"/> Lise <input type="checkbox"/> Üniversite <input type="checkbox"/> Yüksek Lisans/Doktora		Ailenin Aylık Ortalama Geliri: <input type="checkbox"/> 0 – 1000 TL <input type="checkbox"/> 4501 – 6000 TL <input type="checkbox"/> <input type="checkbox"/> 1000 – 1500 TL <input type="checkbox"/> 6001 – 7500 TL <input type="checkbox"/> <input type="checkbox"/> 1501 – 2500 TL <input type="checkbox"/> 7501 – 9000 TL <input type="checkbox"/> <input type="checkbox"/> 2501 – 3500 TL <input type="checkbox"/> 9001 – 10500 TL <input type="checkbox"/> <input type="checkbox"/> 3501 – 4500 TL <input type="checkbox"/> 10501 TL ve üzeri <input type="checkbox"/>	
Evde çalışan kişi sayısı: _____		<input type="checkbox"/> Kirada oturuyoruz <input type="checkbox"/> Ev sahibiyiz	
Evde yaşayan kişi sayısı : _____ Evde yaşayanların kimler olduğu (anne, baba, kardeş, teyze, amca vs.):			
Bulduğunuz adreste kaç yıldır yaşıyorsunuz?			
Son 5 yılda taşındınız mı? <input type="checkbox"/> Evet <input type="checkbox"/> Hayır Evet ise; nereden nereye taşındığınızı ve kaç kez taşındığınızı belirtiniz. <input type="checkbox"/> Aynı ilçe içerisinde 0-----1---- 2-----3----4-----5----6---- Daha fazla : <input type="checkbox"/> Farklı ilçeye 0-----1---- 2-----3----4-----5----6---- Daha fazla : <input type="checkbox"/> Farklı ile 0-----1---- 2-----3----4-----5----6---- Daha fazla :			

Farklı ÷lkeye 0-----1---- 2-----3----4----5----6---- Daha fazla :

Taşınma nedenini yazınız (örn., aile, iş, doğal afet, savaş, terör gibi):

*Bu çalışma göçmen kişilerle de yapıldığından aşağıda size uygun olmadığını düşündüğünüz soruları boş bırakabilirsiniz.

Türkiye'ye başka bir ÷lkeden taşındıysanız;

Hangi ÷lke veya ÷lkelerden geldiniz? : _____

Türkiye'ye geliş yılı : _____

Mülteci Kamplarında kaldıysanız süresi:

Appendix 3. The Children’s Life Changes Scale

1. Uygulama
 2. Uygulama

CLCS

“Burada birçok resim var. Her resimdeki çocuğun duygusunu işaretlemeni istiyorum. İlk 6 resimde senden resimle ilgili bir hikaye yazmanı da isteyeceğim. Resme dikkatle bak. Hayal gücünü kullanarak satırlara kendi hikayeni yazabilirsin. Bu hikayelerde doğru ya da yanlış olmayacak. Herkes kendi hikayesini istediği gibi yazabilir.”

Adı-Soyadı:

Okul Adı:

Sınıfı:

Yaşı:

Doğum Tarihi:

Bugünün Tarihi:



1. Resim

Resimdeki çocuk ne hissediyor?

Resimdeki çocuk için aşağıdaki duygulardan en uygun olan bir tanesini işaretle.
Eğer aşağıdaki duygular uymuyorsa “diğer” kısmına çocuğun hissettiği bir duyguyu yaz.

- a) mutlu b) korkmuş c) suçlu d) heyecanlı e) mutsuz f) güvenli g) öfkeli h) rahat

ı) diğer:

Resimle ilgili bir hikaye yaz:

(Arka sayfaya devam edebilirsiniz) 1





2. Resim

Resimdeki çocuk ne hissediyor?

Resimdeki çocuk için aşağıdaki duygulardan en uygun olan bir tanesini işaretle. Eğer aşağıdaki duygular uymuyorsa “diğer” kısmına çocuğun hissettiği bir duyguyu yaz.

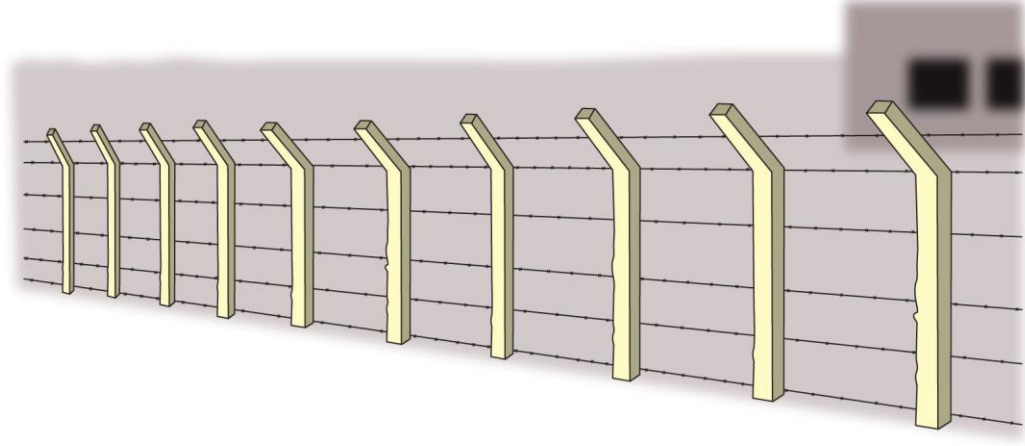
- a) mutlu b) korkmuş c) suçlu d) heyecanlı e) mutsuz f) güvenli g) öfkeli
h) rahat

ı) diğer:

Resimle ilgili bir hikaye yaz:

___2





3. Resim

Resme bakınca ne hissediyorsun?

Eğer aşağıdaki duygular uymuyorsa “diğer” kısmına hissettiğin bir duyguyu yaz.

- a) mutlu b) korkmuş c) suçlu d) heyecanlı e) mutsuz f) güvenli g) öfkeli
h) rahat

ı) diğer:

Bu resimde hiç insan yok. Yine de resme bak ve hayal gücünü kullanarak resimle ilgili aklına gelen bir hikaye yaz:





4. Resim

Resimdeki çocuk ne hissediyor?

Resimdeki çocuk için aşağıdaki duygulardan en uygun olan bir tanesini işaretle. Eğer aşağıdaki duygular uymuyorsa “diğer” kısmına çocuğun hissettiği bir duyguyu yaz.

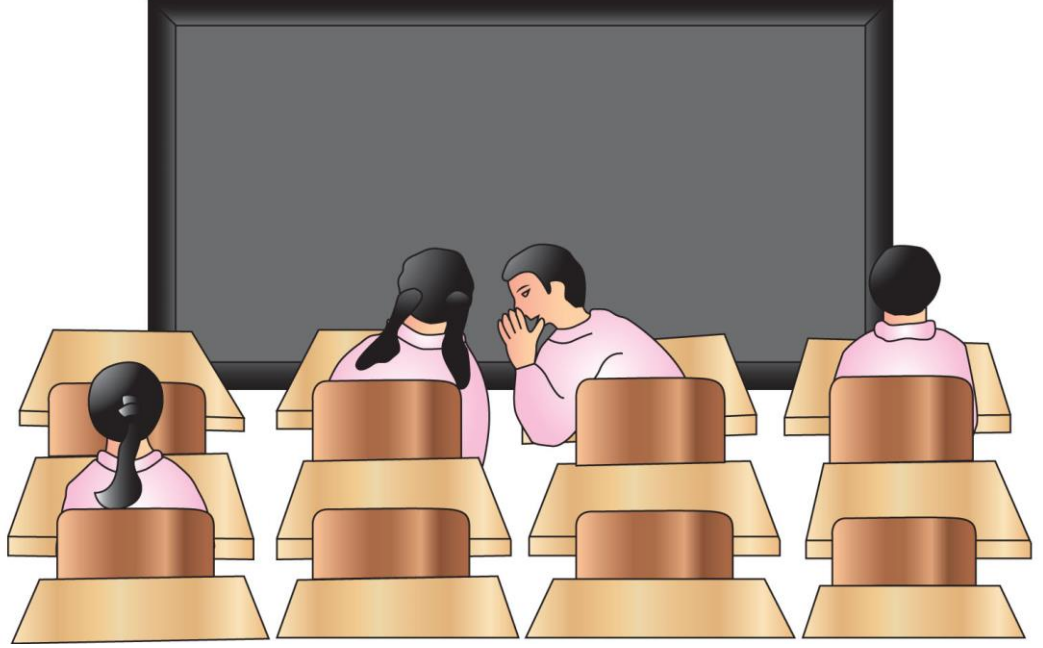
- a) mutlu b) korkmuş c) suçlu d) heyecanlı e) mutsuz f) güvenli g) öfkeli
h) rahat

ı) diğer:

Resimle ilgili bir hikaye yaz:

4





5. Resim

Resimdeki çocuk ne hissediyor?

Resimdeki çocuk için aşağıdaki duygulardan en uygun olan bir tanesini işaretle. Eğer aşağıdaki duygular uymuyorsa “diğer” kısmına çocuğun hissettiği bir duyguyu yaz.

- a) mutlu b) korkmuş c) suçlu d) heyecanlı e) mutsuz f) güvenli g) öfkeli
h) rahat

ı) diğer:

Resimle ilgili bir hikaye yaz:





6. Resim

Resimdeki çocuk ne hissediyor?

Resimdeki çocuk için aşağıdaki duygulardan en uygun olan bir tanesini işaretle. Eğer aşağıdaki duygular uymuyorsa “diğer” kısmına çocuğun hissettiği bir duyguyu yaz.

- a) mutlu b) korkmuş c) suçlu d) heyecanlı e) mutsuz f) güvenli g) öfkeli
h) rahat

ı) diğer:

Resimle ilgili bir hikaye yaz:



Appendix 4. The Children's Depression Inventory

Aşağıda gruplar halinde bazı cümleler yazılıdır. Her gruptaki cümleleri dikkatlice okuyunuz. Her grup için, bugün dahil son iki hafta içinde size en uygun olan cümlenin yanındaki numarayı daire içine alınız.

- 1) 0. Kendimi arada sırada üzgün hissederim.
1. Kendimi sık sık üzgün hissederim.
2. Kendimi her zaman üzgün hissederim.
- 2) 0. İşlerim hiçbir zaman yolunda gitmeyecek.
1. İşlerimin yolunda gidip gitmeyeceğinden emin değilim.
2. İşlerim yolunda gidecek.
- 3) 0. İşlerimin çoğunu doğru yaparım.
1. İşlerimin birçoğunu yanlış yaparım.
2. Her şeyi yanlış yaparım.
- 4) 0. Birçok şeyden hoşlanırım.
1. Bazı şeylerden hoşlanırım.
2. Hiçbir şeyden hoşlanmam.
- 5) 0. Ailem için önemliyim.
1. Ailem için önemli olup olmadığımdan emin değilim.
2. Ailem bensiz daha iyi.
- 6) 0. Kendimden nefret ederim.
1. Kendimi beğenmem.
2. Kendimi beğenirim.
- 7) 0. Bütün kötü şeyler benim hatam.
1. Kötü şeylerin bazıları benim hatam.
2. Kötü şeyler genellikle benim hatam değil.
- 8) 0. Kendimi öldürmeyi düşünmem.
1. Kendimi öldürmeyi düşünürüm ama yapmam.
2. Kendimi öldürmeyi düşünüyorum.
- 9) 0. Her gün içimden ağlamak gelir.
1. Bir çok günler içinden ağlama gelir.
2. Arada sırada içimden ağlamak gelir.
- 10) 0. Her zaman huysuzumdur.
1. Çoğu zaman huysuzumdur.
2. Arada sırada huysuzumdur.

- 11) 0. İnsanlarla beraber olmaktan hoşlanırım.
1. Çoğu zaman insanlarla beraber olmaktan hoşlanmam.
2. Hiçbir zaman insanlarla beraber olmaktan hoşlanmam.
- 12) 0. Herhangi bir şey hakkında karar veremem.
1. Herhangi bir şey hakkında karar vermek zor gelir.
2. Herhangi bir şey hakkında kolayca karar veririm.
- 13) 0. Güzel/yakışıklı sayılırım.
1. Güzel/yakışıklı olmayan yanlarım var.
2. Çirkinim.
- 14) 0. Okul ödevlerimi yapmak için her zaman kendimi zorlarım.
1. Okul ödevlerimi yapmak için çoğu zaman kendimi zorlarım.
2. Okul ödevlerini yapmak sorun değil.
- 15) 0. Her gece uyumakta zorluk çekerim.
1. Birçok gece uyumakta zorluk çekerim.
2. Oldukça iyi uyurum.
- 16) 0. Arada sırada kendimi yorgun hissederim.
1. Birçok gün kendimi yorgun hissederim.
2. Her zaman kendimi yorgun hissederim.
- 17) 0. Hemen her gün canım yemek yemek istemez.
1. Çoğu gün canım yemek yemek istemez.
2. Oldukça iyi yemek yerim.
- 18) 0. Ağrı ve sızılardan endişe etmem.
1. Çoğu zaman ağrı ve sızılardan endişe ederim.
2. Her zaman ağrı ve sızılardan endişe ederim.
- 19) 0. Kendimi yalnız hissetmem.
1. Çoğu zaman kendimi yalnız hissederim.
2. Her zaman kendimi yalnız hissederim.
- 20) 0. Okuldan hiç hoşlanmam.
1. Arada sırada okuldan hoşlanırım.
2. Çoğu zaman okuldan hoşlanırım.
- 21) 0. Birçok arkadaşım var.
1. Birçok arkadaşım var ama daha fazla olmasını isterim.
2. Hiç arkadaşım yok.

- 22) 0. Okul başarıml iyi.
1. Okul başarıml eskisi kadar iyi değil.
2. Eskiden iyi olduğum derslerde çok başarısızım.
- 23) 0. Hiçbir zaman diğer çocuklar kadar iyi olamıyorum.
1. Eğer istersem diğer çocuklar kadar iyi olurum.
2. Diğer çocuklar kadar iyiyim.
- 24) 0. Kimse beni sevmez.
1. Beni seven insanların olup olmadığından emin değilim.
2. Beni seven insanların olduğundan eminim.
- 25) 0. İnsanlarla iyi geçinirim.
1. İnsanlarla sık sık kavga ederim.
2. İnsanlarla her zaman kavga ederim.
- 26) 0. Gün içerisinde her zaman uyuyakalırım.
1. Gün içerisinde çoğu zaman uyuyakalırım.
2. Gün içerisinde neredeyse hiç uyuyakalmam.
- 27) 0. Her zaman yemek yememi durduramam.
1. Çoğu gün yemek yememi durduramam.
2. Yemek yemem iyidir.
- 28) 0. Bir şeyleri kolayca hatırlarım.
1. Bir şeyleri biraz zor hatırlarım.
2. Bir şeyleri hatırlamakta oldukça zorlanırım.

**ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY
THE ETHICS COMMITTEE**

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından
doldurulacaktır./This section to be completed by the Committee on Ethics in research
on Humans)

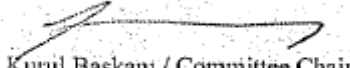
Başvuru Sahibi / Applicant: Elif Göcek

Proje Başlığı / Project Title: Assessment of children's perception of life events: The
Children's Life Changes Scale


Proje No. / Project Number: 2017-40024-16.

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 9 Şubat 2017


Kurul Başkanı / Committee Chair

Doç Dr. İtir Erhart

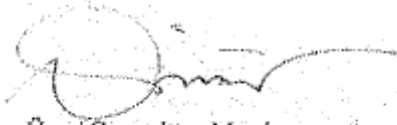


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Üye / Committee Member

Doç Dr. Ayhan Özgür Toy


Üye / Committee Member

Prof. Dr. Aslı Tunç



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