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**EXPLORATION OF SCHOOL PERCEPTIONS AND PEER  
RELATIONSHIPS IN DEPRESSED ADOLESCENTS**

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Exploration Of School Perceptions And Peer Relationships In Depressed  
Adolescents

Depresyondaki Ergenlerin Okul Algılarının ve Arkadaşlık İlişkilerinin  
İncelenmesi

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## ABSTRACT

The purpose of this study was to explore the differences between depressed vs nondepressed adolescents in their narratives about school and peer relationships. Adolescents' depression levels were measured by the Children's Depression Inventory-2. The narratives of adolescents were examined by the newly developed projective measure 'the Children's Life Changes Scale'. The sample was taken from a larger study- the standardization of The Children's Life Changes Scale. This study analysis integrates a quantitative assessment of depression with a qualitative exploration of the peer relationships and school perception of adolescents. The groups were controlled in terms of gender and age. The narratives were analyzed by using content and thematic analysis. Five main themes have emerged: *Bullying Behaviors Among Peers, Victimization Among Peers, Companionship Among Peers, The Ending of The Story, The Classroom Environment*. The results indicated differences between two groups. Both the depressed and nondepressed group indicated bullying themes in the stories, but they have different perceptions about feelings of the victims and in reactions to victims. The depressed group had less positive friend figures in their stories. A negative teacher figure was found in the stories of both groups. The depressed group had more negative endings than the nondepressed group in their stories. In the light of existing literature, findings were discussed in terms of their implications and recommendations were made for future research and clinical implications.

*Key Words:* adolescent depression, school perception, peer relationships, bullying, victimization.

## ÖZET

Bu çalışmanın amacı, depresyon belirtilerine sahip olan ve olmayan ergenlerin okul algıları ve arkadaşlık ilişkileri üzerine olan öykülerdeki farklılıkları araştırmaktır. Ergenlerin depresyon düzeyleri, Çocuklar için Depresyon Ölçeği kullanılarak ölçülmüştür. Ergenlerin hikayelerindeki farklılıklar yeni geliştirilen bir projektif test olan Çocukların Yaşam Değişimleri Ölçeği ile incelenmiştir. Çalışmadaki gruplar cinsiyet özellikleri ve yaşları açısından eşitlenmiştir. Hikayeler içerik analizi ve tematik analiz yöntemleri kullanılarak analiz edilmiştir. Beş ana tema ortaya çıkmıştır: *Akranlarda Zorbalık Davranışları*, *Akranlar Arasında Zorbalığa Maruz Kalma*, *Akranlarda Arkadaşlık*, *Hikayenin Sonlanması*, *Sınıf Ortamı*. Her iki grubun da öyküleri zorbalık temasını içermekteydi, ancak mağdurların duyguları ve mağdurların tepkileriyle ilgili algıları farklıydı. Depresyonda olan grubun hikayelerinde daha az olumlu arkadaş figürü vardı. Her iki grubun da hikayeleri negatif öğretmen figürleri içermekteydi. Depresyonda olmayan gruba kıyasla depresyonda olan grubun hikayelerinde daha olumsuz sonlar vardı. Bulgular, mevcut literatür doğrultusunda ele alınmış; gelecekteki araştırmalar ve klinik uygulamalar için önerilerde bulunulmuştur.

*Anahtar Kelimeler:* ergenlikte depresyon, okul algısı, akran ilişkileri, zorbalık, zorbalığa maruz kalma.

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## **CHAPTER 1**

### **INTRODUCTION**

Adolescence is a phase of life characterized by transitions to numerous developmental stages. These transitions are usually intertwined with the expression of physical and psychological changes. These changes easily elevate maladaptive behaviors, such as depressive symptoms (Meadows, Brown, & Elder, 2006; Wichstrom, 1999). Cross-national and across-age studies found that approximately one in five adolescents have mental health difficulties (Bor, Dean, Najman, & Hayatbakhsh, 2014). Depression is one of the most common problems among Turkish adolescents. Depression can be seen as age-normative due to normal teenage maturation, but frequent and severe depression may impose constraints on the developmental trajectories of adolescence and should therefore be seen as a serious threat to well-being. Studies have shown that 4.2% of Turkish adolescents and children suffer from some form of depression (Demir, Karacetin, Demir, & Uysal, 2011).

Adolescence is a critical period in social development, marked by an expansion of peer networks, increased importance of close friendships, and the emergence of romantic relationships. As adolescents make the transition to middle school and then high school, peer networks increase, and peer acceptance becomes an important aspect of peer relations (Greca & Harrison, 2005). Reflecting these important changes in social relations, a growing number of studies have examined relationship between adolescents' peer relations and internalizing aspects of mental health, such as feelings of depression. In particular, school is the environment in which adolescents establish wider social relationships, obtain social support, and acquire achievement gratification. A supportive school environment and a healthy teacher-student relationship may help to protect an individual from being depressed when negative life events are encountered. (Calear & Christensen, 2010; Ellonen and Kaariainen, 2008).

The aim of this study was to explore school perceptions and peer relationships in depressed adolescents. The narratives of adolescents on the Children's Life Event Scale (CLCS), a newly developed projective scale, were investigated for further understanding of depressive symptoms. The CLCS was designed to assess the effects of life changes on children and adolescents.

In the current study, participants were the residents of Eyüp district which is characterized by socioeconomically disadvantaged families and by schools that have limited facilities and overcrowded classrooms. There are many studies exploring the school life and mental health of adolescents who are living in low socioeconomic districts. According to a recent study carried out in the schools within the Eyüp district, there are various important problems in these schools (Şen, 2018). These problems are listed as: children's school absenteeism, families' financial problems, and parents' ignorance about their children's academic studies as well as their reluctance to attend class meetings. In addition, children were found to have conduct problems, and parents are inclined to blame the school staff instead of taking on the responsibility. The insufficiency of the number of school counselors, and the inefficacy of the existing teachers and school counselors due to the over crowdedness of the classrooms are also enumerated amongst the problematic issues (Şen, 2018). The present study, the investigation of adolescents' perceptions of school and peer relationships, provide further understanding of adolescents' problems living in this district.

## **1.1. Adolescence**

Adolescence can be considered as an intermediate phase in which the person is neither a child nor an adult, does not yet have his own social responsibilities, but can experiment with different roles. Hall (1904) defines adolescence as a 'storm and stress', referring to the adolescents' experience of an increased contradictory behaviors and emotions. He argued that the contradictions seen in this period are not expectations, rather they occur as a rule. According to Hall (1904), all people go through the same stages independently of their socio-cultural context, and adolescence is a very important period which may change the course of future life.

Affected by the biogenetic approach of Hall, Gesell developed a normative development theory in the early 1950s, which includes observations of children of various ages and determination of norms of children's developmental milestones. Gesell (1956) argued that each individual is unique in his own growth structure, but there are certain developmental norms depending on their chronological ages. According to Gesell (1956), it is perfectly normal to seek out autonomy for adolescents and to try out the roles that enable them to make use of their new physical, sexual, and social abilities.

Blos (1967) and A. Freud (1958) suggested that adolescence is an emotional outbreak, and that the absence of this disruption will prevent their separation from parents. On the other hand, some theorists (Offer 1969; Bandura 1964) argued that this period is not a phase of emotional fluctuations and that this is not the case for most adolescents. Berzonsky (1981) stated that some adolescents experience intense stress during this period, while others do not necessarily experience this intensity.

Many theorist (Erikson,1968; Offer,1969; Galantin,1980) argues that crises and conflicts are natural outcomes of puberty development and this is called a normative crisis (Erikson, 1968). These normative crises can be summarized as sexual regression, congruent bodily changes, autonomy and separation from parents, and expectations of middle school. The frustration that stems from the adolescent's realization that he is not ready to deal with the world may also be

accepted as a normative crisis. In other words, as the individual progresses through the stages of development, this new period may threaten the existing order and balance for the adolescent.

In adolescence, identity development becomes important and it is the developmental task of this period (Erikson 1968). Biopsychosocial changes that the adolescent must deal with in this period are more common when compared to childhood. Biologically, adolescents are in the position of adapting to changes in the body and dealing with the sexual impulses associated with them. The cognitive abilities, which develop parallel to the ripening period, force the adolescents to form new evaluations and abstractions about themselves and their environment. In this case, adolescents may enter a painful state where they experience stress and anxiety while trying to cope with developmental problems. In Bloss's theory (1961), the stresses and conflicts caused by contradictions are seen as the energy sources of growth. It is stated that if this conflict is not solved satisfactorily, the development may be disrupted, and this may even lead to a psychopathology eventually.

### **1.1.1. Adolescence and Mental Health**

There are several studies focused on the mental health of adolescents (Chopra, Punia & Sangwan, 2016; Thapar, Collishaw, Pine & Thapar, 2012; Bruyn, Cillessen, & Wissink, 2010; Keenan-Miller, Hammen, Brennan, 2007; Fekkes, Pijpers, Verloove-Vanhorick, 2004; Calear & Christensen, 2010; Ellonen and Kaariainen, 2008). Global Burden of Disease Study compared the prevalence rate of both physical and mental health worldwide from 1990 to 2010 reported that the mental health difficulties, especially anxiety and depression, have risen over this time in developed countries, with the greatest rise particularly found in adolescents and young adults (Bor, Dean, Najman, & Hayatbakhsh, 2014). A recent research reported that approximately one in five adolescents have mental health difficulties. According to study, girls are more likely to have emotional problems, whereas boys are more likely to have conduct or behavioral problems (Bor, Dean, Najman, & Hayatbakhsh, 2014; Murray, Vos, Lozano, Al Mazroa, & Memish, 2014).

In worldwide, school climate has been changing. In recent years, academic achievements are seen more and more as an important sign of school performance, while the importance given to mental health support and overall adolescent well-being is decreasing (Shoshani, & Steinmetz, 2014). Increased emphasis on academic performance has been shown to contribute to school burnout and stress (Salmela-Aro., & Tynkkynen, 2012). Furthermore, social pressures on adolescents have been increasing in the last decade. Rapidly changing media and the promotion of social media has been related with significant mental health problems, particularly in adolescents. Socially, the expectations from adolescents are on the rise, and adolescents must take responsibilities according to these expectations (Tsitsika, Tzavela, Janikian, Ólafsson, Iordache, Schoenmakers, & Richardson, 2014). All these changes force adolescents to establish new cognitive integrations, both about themselves and their environment. Some adolescents may not be as successful as others in this process, and mental health problems may arise. Depression and anxiety are the most common mental health problems in this period. Depression should be considered as a significant issue that needs to be addressed with respect to adolescent mental health (Meadows, Brown, & Elder, 2006).

### **1.1.2. Depression**

Depression is a massive contributor to the worldwide burden of disease and affects people in all groups. According to The World Health Organization (WHO), approximately 300 million people are experiencing depression, and between 2005 and 2015, prevalence of depression increased more than 18%. Depressive disorders often begin at an early age; they hinder a human being's functioning and the disorders frequently are recurring. Due to these reasons, in terms of total years lost related to a disability, depression is the main reason of disability worldwide.

In the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5; American Psychiatric Association, 2013), the main symptoms of depression includes depressed mood for most of the day; loss of interest and diminished pleasure in all or almost all activities; serious weight change or loss of

appetite; disturbances in sleep; problems in thought processes or concentration; feelings of worthlessness; suicidal thoughts and psychomotor agitation, and in some cases, the leading symptom may be anxiety. Anxiety level may be increased, and the person may show agitation. In general, their interest in engaging with any kind of activity is reduced. The feelings of hopelessness and despair can be so intense that they may think that they are not going to get rid of this situation.

Depressive persons have difficulty engaging in simple daily activities. Their energy level is diminished. Despair, pessimism, decrease in self-esteem and feelings of guilt stimulate suicidal thoughts and actions. Past events may have an important place in their thoughts. It is suggested that the symptoms of intense anxiety are a determining factor for suicide attempts in patients with depression. Suicidal thoughts and attempts are important symptoms of depression

Until late 1960's, depression was mostly acknowledged as an adult mental health disorder (Giroux, 2008). Children were thought as not having enough cognitive development to experience depressive symptoms (Jha, Singh, Nirala, Kumar, Kumar, & Aggrawal, 2017). When research findings were presented in Fourth Congress of the Union of European Pedopsychiatrists held in 1970 in Stockholm, changes were made for Depressive States in Childhood and Adolescence (Tamar & Özbaran, 2004). The Child and Adolescent Depression has been accepted with the light of the outcomes of many recent scientific researches and become an important problem in Children's Mental Health.

Adolescent depression presents similar signs and symptoms to adult depression. In addition to general depression symptoms, such as feeling of emptiness, sadness and hopelessness as listed by DSM-5, adolescent depression is also characterized by irritability. Weight change is another significant symptom of depression: depressed adults may lose or gain weight whereas children fail to meet the expected weight gain. Although they are quite similar to each other, adolescent depression differs from adult depression on visibility, since irritability, mood reactivity and the remaining symptoms are often perceived as a normal part of adolescence, adolescent depression may remain unnoticed. Adolescent depression often remains unnoticed when the main problems experienced by the adolescent are



perceived as unidentified physical symptoms, anxiety, school refusal, eating disorders, behavioral problems, decline in school performance, or substance abuse.

Since 2013, the incidence rate for adolescents (ages 12–17) has increased 63 percent; 65 percent for girls and 47 percent for boys. According to latest statistics, incidence of teen depression is increasing (WHO). Although depression in adolescence has a high prevalence, it is generally unrecognized. Depression in adolescents is common and is in relation with significant morbidity and mortality (Asarnow, 1988; Essau, 2007; Cullen, Gee, Klimes-Dougan, Gabbay, Hulvershorn, Mueller, . . . Milham, 2009). Among Turkish adolescents, depression is one of the most common problems. Studies have shown that 4.2% of Turkish adolescents and children suffer from some form of depression (Demir, T., Karacetin, G., Demir, D. E., & Uysal, O., 2011). In Turkey, Bilaç and his colleagues (2014) found that the prevalence of depression is 2.6% in elementary school students and it is seen twice more often in girls than boys.

Depression, one of the most common mental health problems in adolescent period, and it was found to be related to different variables. For example, Siegel and Griffin (1984) found that adolescent depression is related to the external locus of control and attribution to outcomes of negative life events. In addition, researchers state that depression is associated with traumatic life events, genetic and biological vulnerability, negative life events and environmental factors. The negative life events such as family problems, loss of a parent, and lower socioeconomic status which happens in the family context, are also major risk factors for the depression (Richardson & Katsenellenbogen, 2005).

One important source of adolescent's differential response to life event stress is his/her coping responses. According to Compas and colleagues (Connor-Smith, Compas, Wadsworth, Thomsen, and Saltzman 2000), coping responses can be categorized as either engagement with or disengagement from a stressful event or individual's emotional reaction to the situation. Confirmatory factor analyses found three voluntary coping factors (Connor-Smith et al. 2000). Primary control engagement coping involves attempts to directly change the situation or the individual's emotional reaction to the situation and includes problem-solving,

emotional expression, and emotion regulation. Secondary control engagement coping involves attempts to adapt to the situation by regulating attention and cognition, such as showing acceptance, cognitive restructuring, positive thinking, or distraction. Disengagement coping involves withdrawal from the source of stress and individuals' emotions and includes avoidance, denial, and wishful thinking. A significant relation has been found between different types of coping responses and psychopathology. Whereas primary and secondary control engagement coping are associated with better outcomes, strategies involving disengagement from the stressor are associated with more depressive symptoms and lower competence (Aldao, Nolen-Hoeksema, and Schweizer 2010; Compas et al. 2001). Especially, disengagement strategies have been shown to be correlated with anxiety and depression (Wadsworth and Compas 2002), and active coping and distraction have been found to predict lower levels of internalizing symptoms (Sandler, Tein, and West 1994).

Another contributor which has a major effect on adolescents' personality development is the school. In adolescence, school context, relationships with teachers and peers, as well as academic performance, nurtures the existing self-system (Connell & Wellborn 1991; Herman et al. 2009, 435.) Herman (2009) emphasized that adolescents' self-perception shapes from others' perceptions about them. If they are constantly experience negative perceptions from others, adolescents will ultimately see themselves as incapable. The adolescent's negative self-perception may affect the development of depression (Cole et al. 2001; Herman et al. 2009). Adolescents who are often being bullied are subject to peer rejection and low self-esteem. Bullying may cause negative feelings to arise and may lead to loneliness and depression; accordingly school climate and school safety have great importance in adolescents' mental health (Snell MacKenzie, & Frey, 2002; Herman et.al. 2009).

## **1.2. Adolescent in School**

School climate is sometimes considered to integrate constructs such as the physical or natural environment and the quality of teaching and learning (Cohen, 2006; Loukas, 2007; Wang & Degol, 2016); however, other definitions of school climate consider psychosocial characteristics only (Brookover et al., 1978). For the purpose of the current study, school climate was defined as including the norms, expectations, and beliefs that contribute to creating a psychosocial environment that determines the extent to which people feel physically, emotionally, and socially safe (Brookover et al., 1978; Cohen, McCabe, Michelli, & Pickeral, 2009).

Student perceptions of school climate, learning, teaching, relationships within the school and safety, affect their feelings for the school environment. Their perception of school climate affects their academic achievement and tendency to adapt risky behaviors; There is a positive correlation between academic achievement and student perceptions of school climate (Wang, Berry, & Swearer, 2013) and a negative correlation between risky behavior and perceptions of school climate (Bandyopadhyay, Cornell, & Konold, 2009; Bayar & Ucanok, 2012; Wang, Berry, & Swearer, 2013).

Socio-economic level was found to be another important factor in the quality of school climate, adolescents' academic achievement, mental health and cognitive development. Most of the studies revealed that socio-economic level, parent's work status, religious tendencies, the quality of the relationship between parent-child and cultural expectations play an important role in adolescent's school life and mental health (Reiss, 2013). School environments and teacher-student relations also differ in regions with low socio-economic levels and these factors are known to have great importance on the mental health of adolescents. In the study conducted by Cemalcılar (2010), it was found that students living in low SES regions had more negative perceptions for their schools such as: the quality of the physical environment, the quality of supporting resources, the safety and security of school environment. It has been emphasized that the perceptions about the

school's physical environment and supportive resources have positive meaningful relationships with students' feelings of belonging to the school and their mental health. The quality of life in schools was generally lower in schools which are in low SES districts (Bilgiç 2009; Durmaz 2008; Sarı 2007; Sarı, Ötünç and Erceylan, 2007). According to a study carried out in Turkey, teachers in schools with large class sizes expressed various concerns. These concerns were listed as more noises in classrooms, students engage more bullying behaviors and form gang groups, the content of the subject cannot be given exactly, and educational technologies cannot be used. On the other hand, due to large class sizes, teachers stated to feel stressed because of increased workload, doubts about being lack of professional qualifications, and meeting the needs of students. These concerns would negatively affect teachers' job satisfaction and their relations with students (Akçamete, Kaner,, & Sucuoğlu, 2001; Yaman, 2006).

Researchers have accepted that school environment is a multidimensional construct that consists of organizational, instructional, and interpersonal aspects (Brookover, Beady, Flood, Schweitzer, & Wisenbaker, 1979; Fraser, 1989; Roeser, Eccles, & Sameroff, 2000). School environment emphasizes personal values, actions, and group norms. According to this perspective, student perceptions of school environment is important due to their role in shaping student attitudes and perceptions about themselves. A main part of the study has reported the relevance of perceived quality of school climates in academic performance, well-being and motivation. Especially the positive relationship between students and teachers, who are the main actors of school climate, is related with many positive school outcomes. In adolescence, positive student attitudes, such as motivation, achievement expectations and satisfaction with school are associated with feelings of relatedness to teachers (Wang, & Degol, 2016).

Middle school serves as the scene where students discover more about themselves, others and these discoveries help them to learn how to cope with the stressors of adolescence. Accordingly, perceptions of middle school environment have significant implications on students' psychosocial development and academic

achievement (MacNeil, Prater, & Busch, 2009). Clear and consistent rules, along with the quality of the relationships among peers and between students and teachers, help individuals feel physically and emotionally safe in school. Way, Reddy, and Rhodes (2007) explained that transition to middle school happens during a difficult period in children's lives; adolescence is characterized by changes in self-perceptions and relationships with others. Several researches found decrease in bullying behaviors and their negative effects on adolescent development in healthy school climates (Bandyopadhyay, Cornell, & Konold, 2009; Loukas & Murphy, 2007; Loukas & Robinson, 2004; Swearer, Espelage, Vailancourt, & Hymel, 2010). The students are more likely to seek help when bullying incidents occur in positive school climate, since it creates positive relationships with peers and adults. It also provides a support system for the victim (Bayar & Ucanok, 2012; Wang et al., 2013). Negative school climates, however, lead to higher conflict and increases the likelihood that bullying becomes a norm in school. In such environments, the students often lack the support of social relationships. Due to the close links between school climate and bullying, it is imperative to explore adolescents' perceptions in these areas for better understanding of school problems (Wang et al., 2013).

### **1.2.1. Depressive Adolescent's School Perceptions**

Depression affects adolescent's life quality and leads to potential risk for poor academic accomplishment, substance abuse, anxiety, and in the long term, social, academic and emotional development may be affected. These results makes depression an important predictor of psychopathology in adulthood (Frojd , Nissinen, Pelkonen, Marttunen, Koivisto, & Kaltiala-Heino, 2008).

In school, students with depression experience important academic and social difficulties. Adolescents with depression are most likely to have problems in focusing, doing assignments, sustaining attention, engaging in lessons, feeling academically capable, and feeling motivated to study. Socially, adolescents with depression tend to be withdrawn, have social skills deficiencies, and take less

pleasure from their surroundings. In general, depressed students desire to be successful academically and socially, but they don't have the ability and motivation for acting in healthy ways (Frojd et al., 2008). Even a moderate depression might cause to adolescent feels hopeless and helpless, enough to have suicidal ideation (American Academy of Pediatrics, 2000).

Schools with conflicts and social facilitation were related to accelerated psychopathology among students, the research suggests that student perceptions about their school climates are related to their emotional well-being (Thapa, Cohen, Guffey, & Higgins-D'Alessandro, 2013). Despite the growing literature concerning the role of school environment in externalizing behaviors, only few studies have focused on its effects on internalizing problems such as depression. Loukas & Robinson (2004) emphasized that boys internalizing problems were related with higher perceptions of competition and lower perceived unity, while lower perceived pleasure with classes were related with girls with higher internalizing problems. Close relationships with adults who are outside the family, help as a protective factor for adolescents with internalizing problems , these relationships allow them to establish adaptive beliefs about themselves and others and to have behavioral and social-emotional skills (Thapa, Cohen, Guffey, & Higgins-D'Alessandro, 2013).

In a national study of schools and children's mental health, La Russo, Romer and Selman (2008) emphasized that improvement in the school environment itself is an important psychological intervention, and teachers are critical in shaping this environment. Reynolds and Kamphaus (2004) stated that 'School adjustment such as school performance, adaptation of behavior to the school, negative attitude toward teachers, and negative attitude toward the school play an important role to develop depressive symptoms.' Studies have shown that teachers describe students with depression as having poor adjustment, low academic performance, and in need of extra lessons (Khoury-Kassabri, Benbenishty, & Avi 2005; Kuperminc, & Blatt, 2001; Loukas, & Horton, 2004; Roeser, et al., 2001).

Kuperminc et al. (2001) explored the role of student-perceived school environment (motivation for success, fairness, order and discipline, engagement of

parents, social relationships of students, and relationships of teacher and students) and they indicated that it acts as a protective factor in relation to self-criticism, self-efficacy, social concerns, and in adaptation issues of adolescents. According to their results, students who reported good quality school environment declared less internalizing and externalizing problems. Furthermore, when they experienced a positive school environment, adolescents with higher self-criticism were protected from higher levels of difficulties. When they experienced a positive school environment, adolescents with lower self-efficacy were protected from increased levels of internalizing problems. In their further analyses, they examined the independent effects of various school environment factors and they found that only the fairness and student–teacher relationship quality were distinctive predictors of adolescents’ externalizing problems.

### **1.3. Adolescents and Peer Relations**

Harry Stack Sullivan (1953) and Erik Erikson (1968) are two major theorists who emphasized the importance of peer relationships in adolescence. Erikson (1968) emphasized that interpersonal relations are critical in identity development of adolescents, and experiencing different relationships affects the success in future adult roles. He emphasized that peer relations are important both in terms of social support and experience, and that these relations will contribute to shaping the world view in adulthood (cited in Collins & Sprinthall, 1995).

Sullivan (1953) states that the interpersonal needs of children calls for intimacy. The need for security (fulfillment of needs) or the need to avoid anxiety (non-fulfillment of needs) are the basic elements of the proximity. According to Sullivan (1953), these needs continues from infancy to adolescence. These needs include; need for tenderness (infancy), need for adult support (childhood), need for friends and approval of them (juvenile era), need for closeness (pre-adolescence), need for sexual contact and the need to make friends with the opposite sex (early years of adolescence) and need to be a part of the society (late adolescence).

Bloss (1962) indicates that in adolescence, where the individual is prepared to fulfill his social responsibilities as having a sense of identity, adolescents are expected to progressively separate from their parents, to complete the second separation-individuation process (Blos, 1962: cited in Quintana and Lapsley, 1990; Blos, 1989). In this period, adolescents' place among their peers is very important in terms of interpersonal development. In adolescence, which is the second process of individuation, peer groups dominate the functions of the superego and peer relationships play an important role in providing the personality integrity of the adolescent (Blos, 1989).

During adolescence, the individual is willing to establish new relationships in a different way from his childhood years. Social relationships change between childhood and adolescence. Peers have many different meanings for adolescents. Firstly, it refers to a close group of friends from the same age group. Another meaning is the different group of people who perform the same activity. Peer group structures have definite, homogeneous rules. Age, gender, social class or leisure activity and interests are some of these rules. Rules of compliance with the group are already known (Coleman & Hendry, 1989).

“Proximity” (intimacy) is another dimension which is important in peer relations in adolescence. Proximity refers to the emotional bond between two people. This concept constitutes the basis of the perceptions and relationships of adolescents' peers. The concept of proximity does not necessarily involve sexual or physical contact. Another important dimension in adolescent friendship relations is the status of the adolescents as a friend. These statuses include being popular, being quarrelsome, and being rejected by peers. Being rejected or bullied by others affects the cognitive and social development of the adolescents negatively. It has been indicated that exclusion from peer groups causes depression, behavior problems and academic difficulties in adolescents (McDougall, & Vaillancourt, 2015). Thus, the status of children and adolescents among friends has an impact on his behaviors (Crockett & Crouter, 2014), as well as on their mental health.

During adolescence, friendship is also influenced by other environmental factors such as culture and family. Culture is seen as one of the determinants of the



friendship. According to Lewin (1942), there are many cultural differences in adolescent behavior and there are many reasons such as ideologies, behaviors, and values. According to him, differences between adolescent groups and adult groups also vary according to culture (Lewin, 1942, 1972, p.130; cited in King, 2004). Developmental theories view adolescence as a period of growth in which identity formation is addressed. The role of family is lessening and/or family has limited role in the lives of adolescents. Research shows, however, that ongoing positive family connections are protective factors against a range of risky behaviors in adolescence. Although the nature of relationships is changing, the continuity of family connections and a secure emotional base is significant for the positive social development of adolescents (Oldfield, Humphrey, & Hebron, 2016). One of the ways in which parents play a critical role in their adolescent's social development is by encouraging their relationships with other adolescents; in this way parents provide opportunities to develop social, cognitive and relationship skills (Bokhorst, Sumter, & Westenberg, 2010).

Families have significant effects on peer relationships of adolescents in Turkey. It has been revealed that more than half of the adolescents' peer relationships were interfered by their families. The relationships between girls were more intervened than the boys and these interferences were mostly done by the mothers (Çevik, 2008). It was emphasized that friendship relationship was also affected by socio-economic level. Jeijl et al. (2000) found that 12-year-old children from the upper socio-economic level usually spend their time with their parents and siblings, while boys in the 14-15 age group spend times with their peers and girls prefer having less friends.

Considering all factors that have impact on peer relationships of adolescents, bullying has been stated to be one of the major issues affecting the wellbeing and mental health of adolescents (Crockett & Crouter, 2014)

### **1.3.1. Bullying in Adolescence**

Bullying behaviors may take different forms in school, major forms are; physical, bullying, verbal bullying, relational bullying, and cyberbullying. Physical bullying is a form of bullying that includes deliberate harm to the victim's clothes and personal belongings and to include acts of physical aggression such as slapping a victim, beating, punching, pulling hair, and kicking. Verbal bullying described as a form of bullying involving mocking, calling mean names, insulting the victim, using offensive, racist, humiliating expressions based on the ethnic characteristics of victim. Relational bullying involves detachment of the victim from his social environment and his friends by excluding him/her from games, meetings, spreading rumors about the victim and taunting. This situation, which is carried out by harming the victim's social position, relationships and feeling of belonging, can be categorized by behaviors such as spreading false rumors about the person among the peers, not including victim to the game or other activities, leaving the victim out of the group deliberately, leaving him or her to solitude and exclusion (Slonje & Smith, 2008; Thomas, Connor, & Scott, 2015). It aims to damage the positive emotions of victims such as happiness, pride, trust, and confidence. It provokes the negative aspects of victims' feelings such as hate, worry, disgrace, anxiety, self-doubt, frustration and incompetency. According to literature, it is found to be the most hurtful form of bullying as it is the difficult to discover and eliminate, and the repetition of this kind of bullying causes to the most destructive consequences of mental health problems and suicide (Holt, Bowman, Alexis, & Murphy, 2018).

In recent years, due to the advancements of technology, the use of internet and social media has become widespread. With the use of technology, a new type of bullying called cyber bullying emerged recently. Thomas et al. (2015) defines cyberbullying as the actions of individuals or groups that engage in bullying using information and communication technologies in order to harm another individual or group. Cyberbullying is a deliberate and repeated technique or relationship-related harassment behavior against an individual or a group through computer, mobile phone and other communication technologies (Thomas et al.,2015).

### **1.3.2. Theoretical Explanations of Bullying**

Bullying and victimization have a complicated social dynamic which may be understood by different theories. The present study will briefly examine the social information processing theory, theory of mind, dominance theory, the idea of humiliation, and the ecological theory in order to further understand the bullying behavior.

The theory of social information processing provides an important perspective for cognitive mechanisms of aggressive behavior in childhood (Li, Fraser, & Wike, 2013). The theory of social information processing indicates that the social cohesion of the individual, social cognitions of children who are socially compatible and incompatible and the cognitive styles that cause incompatibility should be determined for better understanding of childhood aggression (Crick and Dodge, 1994). Aggression is often thought to be due to prejudices or inability to process social information (Sutton, Smith, & Swettenham, 1999). In addition, it has been stated that research focused on social skills or social competence in bullying because behaviors can determine the likelihood of an individual being accepted in society and the individual can shape his behavior accordingly (Treadway et al., 2013). Based on this information, it can be said that the individuals draw conclusions from collected information, rules, social schemes and social experiences in order to decide for his reactions (Lösel, Bliesener, & Bender, 2007). However, it is stated that social cognition may have another aspect in case of aggressive behaviors and bullying. It has been stated that theory of mind is critical in social cognition, thus the context and skills of bullying are largely based on the ability to understand or change the thoughts of others (Sutton, Smith, & Swettenham, 1999).

The theory of mind is defined as an understanding of other people's wishes, beliefs and emotions, and it has been shown to be an important social skill in interpersonal communication (Baron-Cohen, Leslie, Frith, 1985). Sutton, Smith and Swettenham (1999) used the theory of mind against the theory of processing

information knowledge, which argues that social insufficiency causes bullying (Eroğlu, 2014). The theory of mind is the ability to understand the beliefs, intentions and perspectives of others (Espelage, Hong, Kim and Nan, 2018). Sutton, Smith and Swettenham (1999) stated that successful bullying could be the result of a superior theory of mind. In the beginning, the ToM is often thought to play an important role in the development of an appropriate behavior that is compatible with society. Then it was thought that the theory of mind could be related to social incompatibility and anti-social behaviors (Sutton, Smith and Swettenham, 1999). It has been indicated that the individual should be able to understand the feelings of other individuals in order to be able to manipulate social relations and to be able to exhibit relational bullying behaviors (Eroğlu, 2014). While having the theory of mind can be effective in bullying, the children who have failed to implement the theory of mind in their lives can be at risk for being both victimized and bullied (Dodge, 1980; Shakoor, Jaffee, Bowes, Ouellet-Morin, Andreou, Happé, ... & Arseneault, 2012).

The children who are not good in understanding the intentions and feelings of others, may have trouble to identify social cues for proper communication and this may cause them to be victimized or exploited. Moreover, it affects children's ability to overcome the disagreements that they face and causes them to be an easy target for threat and abuse. The last effect is on the ability of children to interpret the vague situations as hostile when they process social clues, and to engage in bullying behavior as a way to deal with difficult situation. As a result, the theory of mind is important for understanding the emotions and thoughts of others (Arsenio, & Lemerise, 2001). The concept of mentalization that Fonagy (1991) proposed derives both from the psychoanalytic term "reflective functioning," and from the psychological construct of "theory of mind" (Choi-Kain and Gunderson, 2008). Mentalization, or mentalizing (Allen, 2006), is a mental activity consisting in the ability to understand and to interpret human behavior on the basis of intentional mental states as beliefs, desires, intentions, goals, and emotions (Bateman and Fonagy, 2006; Fonagy, 2006; Choi-Kain and Gunderson, 2008; Fonagy and Allison, 2012). Mentalizing is an imaginative activity including a wide range of

cognitive operations about one's own and others' mind, such as interpreting, inferring, remembering and so on (Allen, 2003).

Sutton et al. (2000) demonstrated mentalizing problems in the children with externalizing problems. They aimed to explore mentalizing problems in externalizing disorder by using tests in theory of mind for middle school age children and the results showed no association between mentalizing and externalizing behavior problems. In fact, they found that bullies, who typically engage in more severe indirect and proactive aggression, are actually advanced in their mentalizing skills. They emphasized that these children become successful at mind reading in response to aversive environments characterized by harsh and inconsistent discipline. This tendency to engage in mindreading, that looks like mentalizing but lacks some of the essential features of genuine mentalizing, is referred to as pseudo-mentalizing (Allen et al., 2008). As such, pseudo-mentalizing would involve the use of mentalizing to manipulate or control behavior, as opposed to genuine mentalizing, which reflects true curiosity and a general respect for the minds of others.

The need for power and dominance may be a critical motivating issue that incites bullying behaviors. Social Dominance theory (Sidanius & Pratto, 1999) and dominance theory (Long & Pellegrini, 2003) helps understanding the bullying dynamic. Both theories suggest that youth bullies make an attempt to obtain social dominance on group and individual levels, so they maintain their status through continuous bullying. Bullying perpetrations referred to as means of forming and maintaining dominance. Bullying is a group action and the group determines whether or not a bully will establish dominance (Salmivalli, 2010). For instance, if classmates respect and encourage the bully, the bully attains dominance and social power within the peer group. In addition, if the bully achieves to be the leader of idolizing followers, the admirers may feel like gaining power inside the classroom primarily based on their membership in a group led by a powerful, reputable person. In order to maintain social dominance, this group will keep using bullying as a method of suppressing much less powerful members of the class members. Adolescents who wants to gain dominance behave aggressively and bully others in

order to gain social status. (Long & Pellegrini, 2003). Relational bullying aims to harm the victims' honor and social relationships and is characterized by engaging in actions such as rumor spreading, ignoring, and excluding (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). These types of relational bullying are less recognizable and noticeable than psychological bullying, which makes them useful because they frequently remain unexplored by adults (Mishna, 2012).

Humiliation is “excessive overt derogation that occurs when a more powerful individual publicly reveals the inadequacies of a weaker victim, who feels the treatment is unjustified” (Jackson, 1999, p.14) Humiliation usually lead to anger towards the perpetrator and brings about the need for getting revenge (Jackson, 1999). Bullying victimization may be a type of humiliation on the condition that bullying sometimes happens publicly, involves the oppression of a less powerful victim, and affects the whole school community by limiting social solidarity (Meltzer, Vostanis, Ford, Bebbington, & Dennis, 2011; Simmons, 2002). Nonetheless, this theory may also be applied to school bullying to clarify the role humiliation plays within the outcomes of victims and bully/victims, similarly, to show how bullying prevents the construction of a harmonious and cohesive school atmosphere.

The humiliation disrupts the individual's essential need for appreciation and acceptance. Being bullied lead to anger; this anger might be externalized as getting revenge or internalized as depression. The outward expression of anger as getting revenge might take the shape of bullying, which referred as the bully/victim who may be a victim of a bully, however, also bullies others. On the other hand, other victims may internalize the humiliation and feel desperation, that revealed as depression; this response to humiliation justifies why victims usually experience higher rates of depression in comparison to non-victimized youth (Juvonen, Graham, & Schuster, 2003; Menesini et al., 2009).

Bronfenbrenner (1977), who works on determining the factors that prepare the ground for peer bullying, introduced the theory of ecological systems that provides a basic framework for understanding bullying. Bronfenbrenner (1979) referred that an individual's “ecological environment is conceived as a set of nested

structures, each inside the next, like a set of Russian dolls” (p. 3). These subsystems are hierarchically ordered, and every individual is ingrained in an ecological framework of family and peer relationships, nestled in neighborhoods, schools, and other institutions that operate within communities, different levels of government, and society (Bronfenbrenner, 1979). Subsystems vary from the foremost intimate or individual (microsystem) to settings wherein the child could be a participant like school and his own family (mesosystem) to those settings in which the child might not straightforwardly participate—for example interactions of the family with parents’ work settings (exosystem)—and, subsequently, to the culture or social system (macrosystem) (Benbenishty & Astor, 2005; Bronfenbrenner, 1979, 1992; Sontag, 1996). According to the theory, peer bullying is a multidimensional and complex problem in which family bullying, school atmosphere, teacher attitudes, friendships and culture play important roles, rather than being a one-way problem caused by the individual characteristics of children.

Bullying dynamics widen beyond the bully and the victim in the ecological systems framework. Bullying is perceived as spreading out within the social context of the peer group, the school, the classroom, the family, and the broader community and society. All these levels and their interactions need to be recognized, alongside with considerations of personal characteristics and development, and with interactions of the bully and victims (Atlas & Pepler, 1998; R. B. Cairns & B. D. Cairns, 1991; Craig & Pepler, 1997; Craig, Pepler, & Atlas, 2000; Hanish & Guerra, 2000; Olweus, 1984, 1994). In the theory, “Interactions” means both to relationship between actual people such as student-peers, student-teacher, teacher- parent, or child-parent and among subsystems which effect development, including the individual, home, school, and society (Bronfenbrenner, 1979, 1992; Sontag, 1996). All dimensions of the framework impact and interact with each other after some time.

### 1.3.3. Peer Bullying in Adolescence

Peer bullying is defined as a form of aggression, but in some ways, it differs from general aggression. Accordingly, in addition to the aggressive character of a word or behavior to be called peer bullying, it is required to have a power balance between the parties, to be deliberate and to be repeated over time. The target of peer bullying is usually a single person, but also it may be a group. (Juvonen and Graham 2014, Olweus 1993, 1994, 2013, Rigby 2003).

The earlier scientific studies on peer bullying examined by Norwegian researcher Dan Olweus in the early 1970s (Olweus 1993, 1994). In the early years of his work, Olweus described school bullying as mobbing, which could mean violence by a group. Olweus (1988) indicated that: “A person is bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons, and he or she has difficulty defending himself or herself.” (p.32). In a study conducted on Norwegian students, Olweus reported that most students were bullied by a group of two or three people, while 30-40% reported that the student was exposed to peer bullying by no more than one student (Olweus, 1993, 1994, 2013). Again, Seals and Young’s (2003) study showed that 62.5% of the students took part in bullying with group of others, and 37.5% of students bullied others sometimes alone or sometimes with others as a group. Olweus, realized the limitation of the concept “group bullying” over time, and started to use the concept of “bullying” instead (Olweus 1993, 1994).

Two aspects of bullying are important for understanding its complexity. Firstly, bullying is a form of aggression that comes from the imposition of a power. Bullies are always stronger than the victims (Olweus, 1988; Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014). The power of bullying adolescents can be originated by physical advantages such as size and strength or having social advantages such as dominant social role, high social status within a peer group (being popular / rejected), being outnumbered (being in a group / being alone), or having systemic power (race or culture-based group, gender discrimination, lack of economic advantage, and disability). Power can also be obtained by knowing the



weaknesses of the other, such as obesity, learning disability, sexual orientation, family history, and so on (e.g., Olweus, 2001; Rodkin & Hodges, 2003; Dane, Marini, Volk, & Vaillancourt, 2017). Secondly, bullying is repeated over time. Together with each repetition of bullying, bully gain power and victim loses power (Dane, Marini, Volk, & Vaillancourt, 2017).

Bullying is thought of as dynamic concept and it allows for many different roles to be possessed by a person, including bully, a victim, a bully-victim, and/or a bystander. Victim defined as individuals who are exposed to aggressive behaviors in the bullying cycle and are not able to protect themselves (Olweus, 2005; Tauber, 2007). In another definition, Maines and Robinson (1992) describe the victim as individuals who are continuously affected by the violent behavior of others and lack the position and the possibilities to resist this situation. Olweus, (2003) and Acar (2009) described the bully-victim as a student who was bullied by students who were stronger than him in the school environment, but also perpetrate bullying themselves. Bystander defined as an individual who is not a victim or a bully but who has witnessed both the bullying and the cruelties, and the victimization of the victims but does not support any of them (Datta, Cornell, & Huang, 2016).

Peer victimization is a broad term that comprising multiple facets of intentional harm-doing to others where there is power imbalance, including physical, verbal, and relational (indirect) victimization (Holt, et al., 2018) Developmental theorists conceptualize the experience of victimization as a significant psychosocial stressor, and one possible developmental pathway to internalizing disorders such as anxiety and depression (Kelly, Newton, Stapinski, Slade, Barrett, ., Conrod , & Teesson, 2015). However, also adolescents identified as bullies are likely to have mental health problems than the adolescents who are not bullies. In a study of 6-17-year olds individuals, adolescents with a diagnosed with depression were 3.31 times more likely to be recognized as a bully by their parents (Benedict, Gjelsvik, & Vivier, 2015).

Research suggests that peer victimization is ubiquitous across schools, cultures, and countries, with an estimated 10–20% of children reporting recurrent experiences of being victimized (Craig et al., 2009). Although the increase in the

number of studies conducted on bullying in Turkey, it is still limited. In a manner consistent with the results of researches in other countries, the overall proportion of students exposed to bullying is high in Turkey and, the rate of students that are bully victims are following the rate of students that are exposed to bullying. One of the studies conducted in Turkey examined the victimization types and prevalence among students and investigated teacher attitudes toward bullying. A total of 2,641 Turkish students aged 10-15 years (51% boys and 49% girls) completed demographics and the Peer Victimization Scale as well as answered questions about teachers' attitudes towards bullying. Findings indicate that verbal victimization (31%) was the most common type of bullying, followed by physical (24%), relational (21%), and sexual (8%) bullying. It was also found that boys were physically, verbally, and sexually victimized more than the girls. However, there was no significant difference in terms of relational victimization between boys and girls (Ates, & Yagmurlu, 2010).

In 2015, The Organization for Economic Co-operation and Development (OECD) assessed OECD country students using an assessment tool called Program for International Student Assessment (PISA). According to PISA report (2015), approximately 11% of students declared that they are regularly (at least a few times per month) made fun of, 7% declared that they are usually left out of activities, and 8% declared that they are usually the target of bad rumors in school. Approximately 4% of students (around one per class) told that they are hit at least a couple times per month and 8% of students told they are physically harmed a few times per year. In Turkey, at least 19% of 15-year-old students are exposed to physical or verbal peer violence several times in a month (OECD (2017), PISA 2015 Results – (Volume III): Students' Well-Being, PISA, OECD Publishing, Paris.) In adolescent years, the peer relationships gain significance for health and well-being. In schools and peer groups, bullying is an increasing concern because of the potential long-term effects on the development and well-being of adolescents.

Considering all these studies, it is apparent that the school climate is one of the most important factors for detection and prevention of adolescent depression (Kuperminc, Leadbeater, & Blatt, 2001).

#### **1.4. The Current Study**

Literature shows that adolescent depression has significant effect on the development of the adolescent and his/her future mental health. Adolescents with depressive symptoms are more likely to have lessened social interactions, self-confidence, self-worth and academic performance. Most of these problems have been unrecognized or misread by parents or teachers. In the current study, we examined the narrative of adolescents on the Children's Life Changes Scale (CLCS), a scale that has been specially developed to assess children who are affected by changes in their lives. This study's analysis integrates a quantitative assessment of depression, along with a qualitative exploration of the peer relationships and school perception of adolescents. The purpose of the current study is to investigate whether there is a difference in depressed and nondepressed adolescents' narratives for perception of school and peer relationships. The research questions of the study were as follows:

- 1) What are the major themes of depressed and nondepressed adolescents on the play picture of the CLCS? What are the differences between depressed and nondepressed adolescents in peer relationships in social contexts?
- 2) What are the major themes of depressed and nondepressed adolescents on the school picture of the CLCS? What are the differences between depressed and nondepressed adolescents' perception of school and classmates?

## CHAPTER 2

### METHOD

#### 2.1. Data

The current study is a part of the bigger project which was designed to develop a new projective scale called The Children's Life Changes Scale (CLCS). The main project includes 239 children in eight elementary schools and secondary schools in Eyüp district of Istanbul, Turkey. The data was collected with the authorization of Eyüp District National Education Directorate. The normative sample data was gathered from 8 to 14 years of aged children whose parents gave permission for the study. In the current study, children were chosen in regard to their high and low depression scores. Analysis of the depression level of children and descriptive were done with quantitative analysis. The narratives of children were analyzed with thematic analyses.

#### 2.1.2. Participants

The sample of the present study was gathered from a middle-income population which is composed of children living in Eyüp district. According to The Turkish Statistical Institute 2016, 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 one study which has been done with 428 middle school adolescents in Eyüp district, it was found 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). Eyüp is a region in Istanbul in which low-income families live. When the socio-demographic profile of Eyüp district is examined, the majority of family's income remains as low as 5%. According to a survey conducted in the district in 2005, 72.1% of the people's income is below 1000 TL per month. When compared with the other districts in Istanbul, the schools in this region have limited educational opportunities (e.g.,

recreational activities, mental health support, etc.). The average classroom size in schools includes 30 students. The schooling rate at primary level is 83%, this rate falls to 40% in the secondary education. Eyüp is also an important district for immigrants. In 2017, Istanbul Provincial Directorate of Migration Management reported that the number of Syrian refugees who are under temporary protection was 12.206 (Korkmaz, 2018).

Participants of the current study were taken from a larger data set which consists of 239 Turkish children aged 8 to 14. The depressed adolescents were chosen with the use of Children's Depression Inventory-2. Adolescents who scored high on the CDI-2 ( $12 \geq \text{score}$ ) grouped as "depressed" and adolescent who scored low on the CDI-2 ( $\text{score} \leq 3$ ) were grouped as "nondepressed". Adolescents who are younger than 11 years old were excluded from this study. Adolescents were aged between 11 to 14 (calculated as months of age) ( $M=148,6$   $SD=6,4$ ). There are five girls and six boys in the nondepressed group. In the depressed group there are ten girls and six boys.

Parent filling out the demographic information form (% 68 mothers) were aged between 32-63 ( $M=41.4$ ,  $SD=6.8$ ). All the mothers were alive but one of the participants' father in the nondepressed group and one of the participants' father in the depressed group are not alive. In the nondepressed group, education levels of the parent were; %9.1 ( $n=1$ ) had elementary school degree, %36.4 ( $n=4$ ) had middle school degree, %27.3 ( $n=3$ ) had high school degree, and %27.3 ( $n=3$ ) had university degree. In the depressed group; education levels of the parent were; %6.3 ( $n=1$ ) had elementary school degree, %6.3 ( $n=1$ ) had middle school degree, %31.3 ( $n=5$ ) had high school degree, and %6.3( $n=1$ ) had university degree.

Household incomes of the nondepressed group was: seven of the families had an income between 1000 and 2500 TL, and four of the families were earning between 2500 and 4500 TL. For the depressed group, eight of the families' income was between 1000 and 2500 TL, one of them was earning between 2500 and 4500 TL, and three of the families were earning between 4500 and 9000 TL. Eighteen of the families didn't moves in the last five years; nine of the families moved once. The one of these relocations were within the same district; eight families moved to

another district. %11 (n=3) of the children have no siblings, %33.3 (n=9) of them have 1, %33.3 (n=9) of them have 2 siblings, %7.4 (n=2) of them has 3, %3.7 (n=1) of them has 4 and %3.7 (n=1) has 8 siblings. The descriptive features were as follows:

**Table 2. 1** *Descriptive Statistics of Depressed Adolescents (N=16) and Nondepressed (N=11)*

	Children with $\leq 3$ CDI score				Children with $12 \geq$ CDI 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	149,4	7,1	138	161	148,1	6,0	134	158
Socioeconomic status								
Parent Education	3,7	1,0	2	5	2,8	1,2	1	5
Family income	3,1	1,0	1	5	3,4	2,0	1	8
Child's total CDI score	2,2	0,8	1	3	16,4	3,4	12	25
Negative mood /physical symptoms subscale - CDI	0,9	1,0	0	3	5,5	1,6	2	8
Negative self-esteem subscale - CDI	0,7	0,8	0	2	5,6	1,6	4	10
Ineffectiveness subscale - CDI	2,7	1,6	0	5	7,1	2,2	2	11
Emotional problems subscale - CDI	1,6	1,4	0	4	11,1	2,3	7	16

## **2.2. Procedure**

In this study, participants were recruited from elementary schools in Eyüp, Istanbul. The ethical approval of the larger study was taken from Istanbul Bilgi University. The school principal and school counselors were contacted for the study. Informed consent forms and demographic information forms were delivered to the parents of children with the help of school counselors. The children who gave consent for the study were assessed in groups in the classrooms.

## **2.3. Measures**

### **2.3.1. The Demographic Form**

The demographic form includes information about children's gender, birth order, sibling number, age, and school information. The demographic information form was also included questions about monthly income of the family, status of parents (deceased or alive), number of people living in the house, education level of the caregiver, and marital status of the parents. The data also comprised of how many years they were living in their current houses, number and characteristics of moves family had for the last 5 years. If they moved, origin and destination of moving (ex. city to town, city to city and etc.) and the causes for moving were asked.

### **2.3.2. The Children's Life Changes Scale (CLCS)**

The CLCS is a projective scale which is developed to assess children who are forced to move or who are affected by changes in their lives. All pictures have multiple-choice question which asks the emotion of the person in the picture. In the first 6 pictures, children were asked to write stories. The pictures were developed to show a migration phase; however, they can also be accepted as exemplary of scenes from daily events. All pictures were intended to be neutral regarding events and emotional expressions of children. The first picture includes 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 picture, play card (picture 4), 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 (picture 5) 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.

The current study used only the play and classroom pictures, numbered as 4 and 5 respectively. In a recent study done by using the CLCS, it was found that picture 4 (the play) and picture 5 (the classroom) revealed peer relationship themes such as spending time together and social exclusion. Additionally, it is found that picture 5 (the classroom) revealed themes about school environment such as the student attitudes and teacher attitudes (Küpçüoğlu, 2018). In the light of this research, the current study used picture 4 (the play) and picture 5 (the classroom) in order to explore depressed and nondepressed adolescents' perception of school and peer relationships.

The standard administration applied to all adolescents. In the beginning of administration of the CLCS, same instructions for stories were given to all adolescents. They were told that for writing stories, they can use their imagination and there is no true or false answer for stories. With those two pictures, it was expected that adolescents who have depressive symptoms would express themselves differently than children without depressive symptoms regarding their themes in the stories.

#### **2.3.4. The Children's Depression Inventory – 2**

In the current study, for assessing children's depressive symptoms, the Children's Depression Inventory – 2 was used. The CDI is a self-report measure



developed by Kovac and Staff (2003) to screen depressive symptoms among children and it is designed to provide a comprehensive assessment of affective and functional problems of depression in children and adolescents aged 7 to 17 years. The CDI was changed in 2009 and renamed as the CDI-2. In the CDI-2 there were 28 items with three new items which were different from the first version of the CDI scale. Those items about excessive sleep, difficulty in memory and excessive appetite (Kovacs & Staff, 2011). The scale is formed of 28 items which yield a total score, two scale scores (emotional problems and functional problems), and four subscale scores (negative mood/physical symptoms, negative self-esteem, ineffectiveness, and interpersonal problems). Children are asked to state the level of symptomatology with a 3-point scale: 0 (absence of symptom), 1 (mild or probable symptom), or 2 (definite symptom). The range of scores for the scale is 0 to 56. Raw data are converted to T-scores for classification. CDI-2's Turkish adaptation has not been done yet. The new items in the scale were 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 adolescents ( $\alpha = .74$ ).

#### **2.4. Data Analysis**

In the present study, both qualitative and quantitative data collected from the adolescents and their families. The quantitative data included demographic information that was gathered from parents, and The Children's Depression Inventory-2 which were filled by the adolescents. These data analysis of the current study was performed through IBM SPSS Statistics 23. The qualitative data was collected from the stories of adolescents on the CLCS. Thematic Analysis (Braun & Clarke, 2006) used to understand the unique experiences of adolescents for school perceptions and peer relationships. MAXQDA.18 was used for thematic analysis of adolescents' narratives. To develop the coding framework, two coders read stories independently and recorded their interpretations for the narratives.

Most appearing themes were discussed; significant and repetitive themes were detected and interpreted. This process took repeated until themes become well established. The interesting and important parts of the data were selected and then coded. In this study, common codes for adolescent's stories for picture 4th (the play) and picture 5th (the classroom) were composed under a broader concept and themes were developed. After coding, scores from the CDI-2 and data from the qualitative interviews were integrated within a matrix to compare the frequency of themes across groups of participants (depressed/non depressed).

## **2.5. Trustworthiness**

Trustworthiness refers to validity and reliability of the qualitative research. Lincoln and Guba (1985) introduced four main criteria to develop trustworthiness: credibility, confirmability, transferability and dependability. Different than the quantitative research, qualitative research provides more subjective information about the condition which makes it hard to have trustworthiness. Lincoln and Guba (1985) summarized the trustworthiness criteria's as credibility, transferability, dependability and conformability (Loh, 2013). In the present study, data was gathered with a standard procedure and the participants were recruited with nonbiased methods from the main project. The current writer, first advisor of the thesis and a doctoral adolescent worked together in process of thematic analysis to enrich the trustworthiness of the study. Furthermore, to increase the reliability, we code the themes alone and then back together. We decided all subthemes and main themes together.

### **2.1.7. Reflexivity**

Reflexivity imply "analytic attention to the researcher's role in qualitative research" (Gouldner, 1971, as cited in Palaganas, Sanchez, Molintas, & Caricativo, 2017). It is more like the consciousness that the researcher's background, past experiences and values with the fact may influence the research process. It is defined 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 adolescent of Istanbul Bilgi University graduated from the department of psychology at Özyeğin University. In her master education years, she worked with children, adolescents and their families for psychological problems. Internalizing problems of the children and adolescents became more remarkable and cautious in her clinical experiences in those years. In the current study, she chose to investigate depressed adolescent’s school perceptions and peer relationships by the use of a newly developed projective scale, the CLCS.

## CHAPTER 3

### RESULT

The aim of this study was to understand the school perception and peer relationships of depressed and nondepressed adolescents. In the play (picture 4) and the classroom (picture 5) scenes of the CLCS, the stories of the adolescents were investigated by using thematic analysis. Five main themes emerged in the narratives of depressed and nondepressed adolescents; *Bullying Behaviors Among Peers*, *Victimization Among Peers*, *Companionship Among Peers*, *The Classroom Environment*, *The Ending of The Story*.

Table 3.1 shows the main themes found in the narratives.

**Table 3. 1** *The Themes Emerged in the Adolescents' Stories*

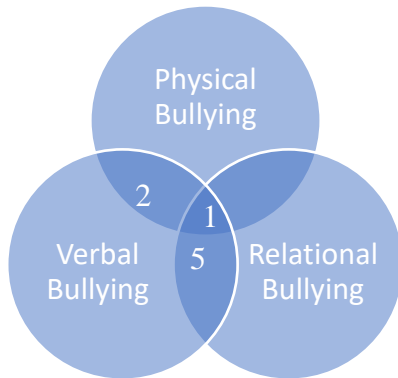
<b>Analysis of the Twenty-Seven Adolescents' Stories</b>
Theme 1: Bullying Among Peers
Theme 2: Victimization Among Peers
Theme 3: Companionship Among Peers
Theme 4: The Classroom Environment
Theme 5: The Ending of The Story

#### **3.1. Theme 1: Bullying Among Peers**

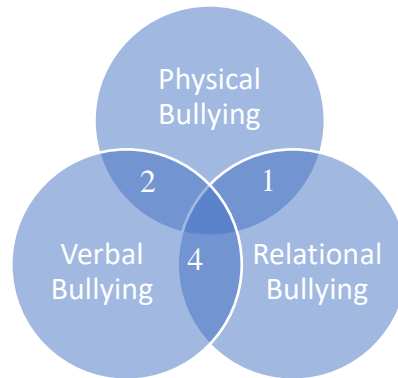
*Bullying Among Peers* was the one of the main themes that was found in the stories of the adolescents. Most of the adolescents mentioned bullying behaviors in their stories. The depressed group however had more bullying behaviors in their stories than the nondepressed group. Regardless of depression levels, boys and girls equally discussed bullying behaviors in their stories. Verbal bullying, physical bullying and relational bullying are the three subthemes of the *Bullying Among Peers* theme. For all groups, adolescents mentioned relational bullying behavior more than other types of bullying. Table 3.2 shows the subthemes.

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

<b>Theme 3: Bullying Among Peers</b>	<b>NonDep.</b>	<b>Depressed</b>	<b>Total</b>
Subtheme 1: Verbal Bullying	3	7	10
Subtheme 2: Physical Bullying	3	5	8
Subtheme 3: Relational Bullying	5	9	14



**Figure 3. 1** *Overlaps Between Themes in the Depressed Group*



**Figure 3. 2** *Overlaps Between Themes in the Nondepressed Group*

### **3.1.1. Subtheme 1: Verbal Bullying**

The adolescents wrote stories about verbal bullying. When the depressed and nondepressed groups were compared, the depressed group indicated more verbal bullying behavior than the nondepressed group for both pictures, (play) and (classroom). Depressed group wrote seven stories which stated verbal bullying and nondepressed group wrote three stories about verbal bullying. For both pictures, depressed and nondepressed girls wrote more stories that included verbal bullying when compared to boys. In the play picture, there is a tent which is surrounded by a group of children playing together, one child however sits alone and doesn't play. For this picture, the adolescents wrote stories mostly about insulting and taunting

others. One of the adolescents who wrote story for the play picture indicated verbal bullying as follows:

*“It was a beautiful Thursday. Semih and Şevket were playing around three big tents in front of their house, but Ali did not join them because they were mocking him.”*

Other than insulting and taunting others, threatening others was another common statement in the adolescents’ stories, especially in the classroom picture (5). For classroom picture, most of the adolescent mentioned threatening behaviors and making fun of each other when one of the characters cannot answer the questions asked by teachers. One of the adolescents in the depressed group wrote his story as follows:

*“Two very close friends speak from ear to ear in public. In the meantime, their other friends see them and tell them that they shouldn't be comfortable with what they are doing in the community. Children don't take into consideration and they keep doing what they want. While others always tell them that this behavior is bad, children do what they really want.”*

### **3.1.2. Subtheme 2: Physical Bullying**

Along with the verbal bullying, the adolescents also wrote stories for physical bullying. In both groups, boys write more stories containing physical bullying. Boy figures in the pictures were described as doing and experiencing more physical bullying than girls. For play picture (4), a social context other than the classroom, in the absence of a teacher, adolescents mentioned various physical bullying behaviors such as harming each other, kicking, slapping and tripping over. Being outside of the classroom, increased the ratio of physical bullying behaviors between youngsters. One of the adolescents in nondepressed group wrote his story about physical bullying as follows:

*“One day, Ali invited Okan and Bahtiyar and they decided to play ball. While they were playing, Ali hit Okan’s foot. That’s why Okan got cross with Ali. Meanwhile Ali was also very sad about it. Then Ali apologized to Okan. After that*

*day, they had never hit each other and had never got cross.*

On the other hand, for card five, most common content about physical bullying is breaking someone else's' things. An example of physical bullying written by an adolescent with depression was this one:

*“One day, when a girl sits in a class, her friend comes to her and suddenly breaks her pen. Then she/he sits down his own place and she/he doesn't think about the pen that she/he broke. At the same time, she/he does not think of her/his friend, but her/his friend will never forgive her/his mistake.”*

### **3.1.3. Subtheme 3: Relational Bullying**

Relational bullying was the most common theme among bullying behavior themes. Experiencing or engaging in relational bullying behavior was independent from the depression level of the adolescents meaning that both depressed and nondepressed groups wrote stories about relational bullying. However, depressed group included more relational bullying themes compare to nondepressed group. Both girls and boys in depressed group mentioned more relational bullying than girls and boys in nondepressed group. In both groups' stories, boy and girl characters equally engaged the relational bullying behavior or experienced it. Most common content in the stories are exclusion of peers; especially exclude them from the games or the meetings. For picture 5 (classroom), different than stories of picture 4 (play), stories including content of slandering and snitching on their peers to teacher or principal. One of the stories written by an adolescent in depressed group was:

*“One day, Ayşe, Murat and one of their friends were walking around the school. This friend convinced Ayşe and Murat to commit a crime that was forbidden in their school. They brought a hazardous substance to the school and used it, but on that day, they slandered another friend and this child was expelled. It's still not proven that Ayse and Murat did it.”*

One of the stories written by an adolescent in nondepressed group was:

*“Friends who play all games together are both stingy and insensitive. When someone else wants to join them, they don’t accept it. Every child looks at them with envy, but they tell them to turn their backs. All of the children feel excluded.”*

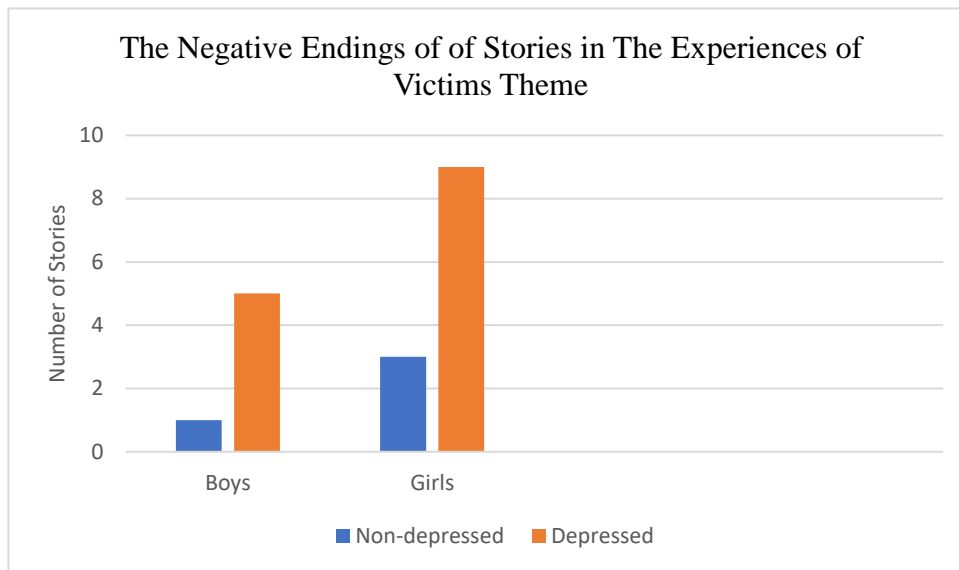
### **3.2. Theme 2: Victimization Among Peers**

*Victimization Among Peers* was another main theme in the stories of the adolescents. This main theme had three subthemes; the experiences of victims, the feelings of victims, and the reactions to bullies. The Table 3.5 summarizes the subthemes of *Victimization Among Peers* theme.

#### **3.2.1. Subtheme 1: The Experiences of Victims**

The adolescents wrote stories about being victim and their experiences in classrooms. In this subtheme, not taking account their ideas by others, excluded and rejected by peers were the most common contents. All stories about exclusion came up in the play picture. In this picture, while other children are playing together with a ball, a lonely child was sitting down by himself. This scene may have affected the adolescents in regards of writing an exclusion story. There was no difference between depressed and nondepressed group regarding the number of exclusion themes in the stories. However, depressed groups stories ended more negatively when compared to nondepressed groups; most of the stories in nondepressed group, friend figures understood their mistakes and apologized for being excluded or rejected them. According to the results, the depressed group wrote fourteen negative and two positive ending stories, whereas nondepressed group wrote four negative and seven positive endings. Regardless of the depression level, girls wrote stories with more negative endings when compared to boys.





**Figure 3. 3.** *The Negative Ending of Stories in The Experiences of Victims Theme*

One of the stories including exclusion written by an adolescent with depression was:

*“While a kid was playing with his friends there was another kid who was sitting all alone. The lonely kid was one of their friends, but they did not realize that the kid was lonely. Another day this kid who was playing with his/her friends, sits all alone but his/her friend invites him/her to play. This time it is not his fault. The other kids isolate him/her, they don’t pay attention to his/her opinion they do whatever they want but lonely kid does not want to join them.”*

**3.2.2. Subtheme 2: The Feelings of Victims**

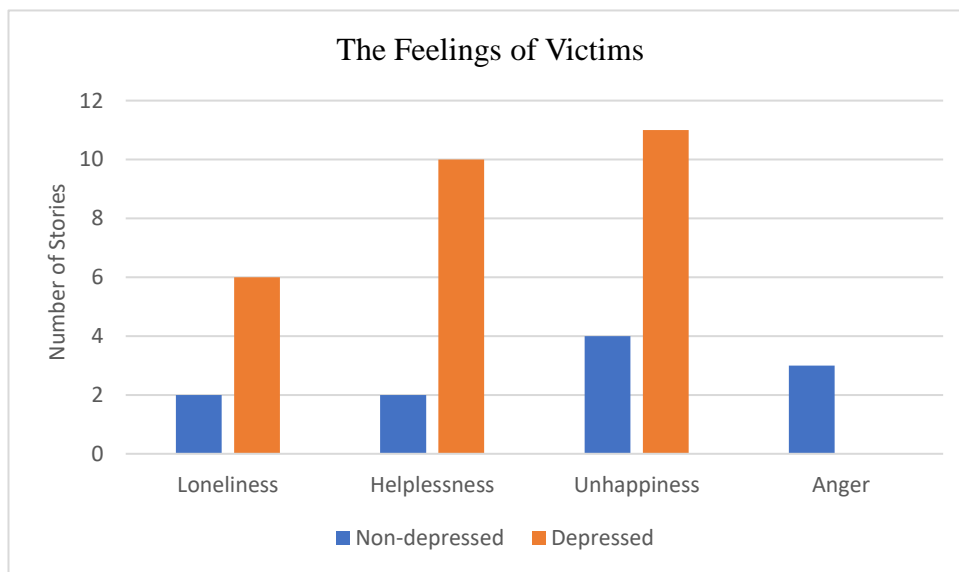
The feelings of the victims were another subtheme emerging in the stories of the adolescents for both pictures. Most frequently indicated feelings for both groups were loneliness, unhappiness and helplessness. However, depressed groups’ stories, included more of those feelings when compared to nondepressed groups. Different than the depressed group, nondepressed groups’ stories do not include feeling of hopelessness but included feelings of anger. For both groups, boys and girls equally included these feelings in their stories. One of the adolescents with depression

expressed the feeling of helplessness as follows:

*“One day, Seha went camping. Seha asked two children who were playing ball together: ‘Can I play with you?’, then children answered: ‘No, we don't even know you and maybe you take the ball and run. That’s why we don’t play the ball with bad people. So, she started feeling lonely. She sat down and cried desperately.”*

Whereas a story written by an adolescent from nondepressed group was:

*“Friends who go to the camp in summer, decide to play football. But one of them doesn't want to play football. The opinions of this child are ignored, and they fight with the child. Then the child leaves the playground angrily.”*



**Figure 3. 4 The Feelings of The Victims**

### **3.2.3. Subtheme 3: Reactions to Bullies**

The adolescents also wrote stories related to victims’ reactions to bullying behaviors. Two themes emerged from the depressed groups’ stories; moving away and crying. Seven of the adolescents from depressed group mentioned that characters accepted the fact they were not wanted, or they couldn’t deal with the bullies. Four of the adolescents from depressed group, mentioned in their stories

that characters felt helpless and started crying. Two of the adolescents in nondepressed group however mentioned moving away from the bullies and none of them mentioned crying. Different from the depressed group, adolescents from nondepressed group wrote stories including getting into fights with bully and giving physical harm to them.

One of the stories written by an adolescent with depression was:

*“It was a beautiful Thursday. Semih and Şevket were playing around three big tents in front of their house, but Ali did not join them because they were mocking him.”*

Whereas a story written by an adolescent from the nondepressed group was:

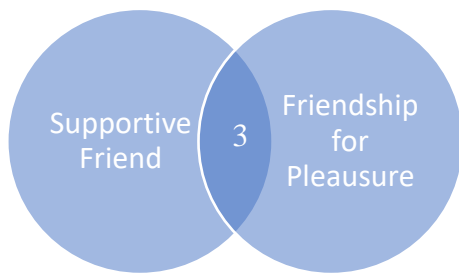
*“Friends who go to the camps taken by the municipality in summer, decide to play football. But one of them doesn't want to play football. The views of this child are ignored, and they fight with the child. Then the child leaves the playground angrily.”*

### **3.3. Theme 3: The Companionship**

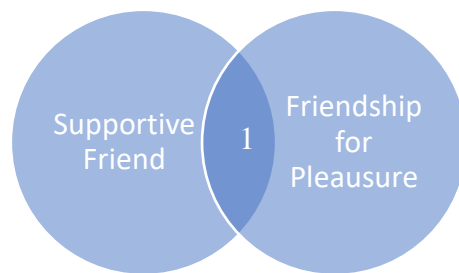
*The Companionship* was another main theme that has emerged from the stories. Supportive friend and friendship for pleasure are the two subthemes of *The Companionship* theme. Table 3.6 shows the subthemes of this main theme. Nondepressed adolescents wrote seven stories about supportive friend and five stories about friendship for pleasure. In depressed group only one story included these subthemes and this one story belonged to an adolescent girl. Boys in depressed group didn't include these subthemes in their stories at all.

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

<b>Theme 5: The Companionship</b>	<b>NonDep.</b>	<b>Depressed</b>	<b>Total</b>
Subtheme 1: Supportive Friend	7	1	8
Subtheme 2: Friendship for pleasure	5	1	6



**Figure 3. 5.** *Overlaps Between Themes Themes in Depressed Group*



**Figure 3. 6.** *Overlaps Between Themes in the Nondepressed Group*

### 3.3.1. Subtheme 1: The Supportive Friend

Most of the adolescents who wrote stories about supportive friendship mentioned having supporting friends when they needed, trusting each other and forgiving each other. One of the stories written by an adolescent in nondepressed group was:

*“The kid had to talk about the secrets he kept to himself. He/ She went to his/her most trusted friend to tell about the secrets. He/She spoke out easily because he/she trusted him/her. He/She was sure his/her secrets wouldn’t be shared with anyone else. But sometimes we should not trust to even our most loved friend. Telling him/her was relaxing but the secret is not a secret anymore if two person knows about it.”*

However, this theme only appeared in the story of one adolescent in depressed group. The characters in the story understood their mistakes and forgave each other.

The story written by an adolescent with depression was:

*“Everybody was playing games, but they were not playing with the other kid who is disabled. He was begging every day to play with them. The kids who were not playing with him decided to do whatever he wants to. They accepted it to understand how life is hard for him. After this day, they continued to play together and become friends.”*

### 3.3.2. Subtheme 2: Friendship for Pleasure

The friendship for pleasure were another subtheme emerging from the stories of the adolescents, especially in the picture 4 (play). Most common contents are playing together and having fun together. However, as the other subtheme, friendship for pleasure also appeared in one story of the depressed adolescents' group.

The story written by an adolescent in nondepressed group was:

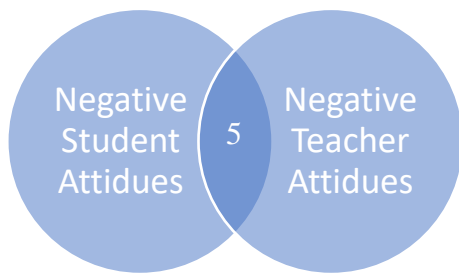
*“One day Ali went to camping with his friends. He was very happy and excited. They played ball, told stories each other and read book. While Ali was talking about his camp adventure to his family, he said "I will never forget that day". Ali had a nice camp.”*

### 3.4. Theme 4: The Classroom Environment

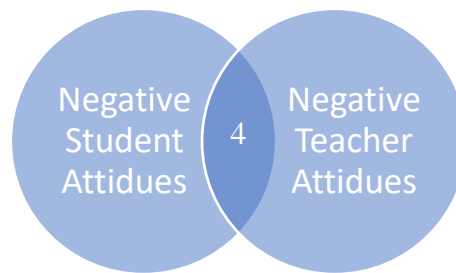
*The classroom environment* was another main theme that has emerged from the stories. All the adolescents mentioned this theme in their stories, for the fifth picture which depict a classroom. Adolescent attitudes and teacher attitudes are the two subthemes of *The Classroom Environment* theme. Table 3.6 shows the subthemes of this main theme.

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

<b>Theme 5: The Classroom Environment</b>	<b>Nondep.</b>	<b>Depressed</b>	<b>Total</b>
Subtheme 1: The Student Attitudes	10	14	24
Subtheme 2: The Teacher Attitudes	5	4	9



**Figure 3. 7** *Overlaps Between Themes in the Depressed Group*



**Figure 3. 8** *Overlaps Between Themes Themes in the Nondepressed Group*

### 3.4.1. Subtheme 1: The Student Attitudes

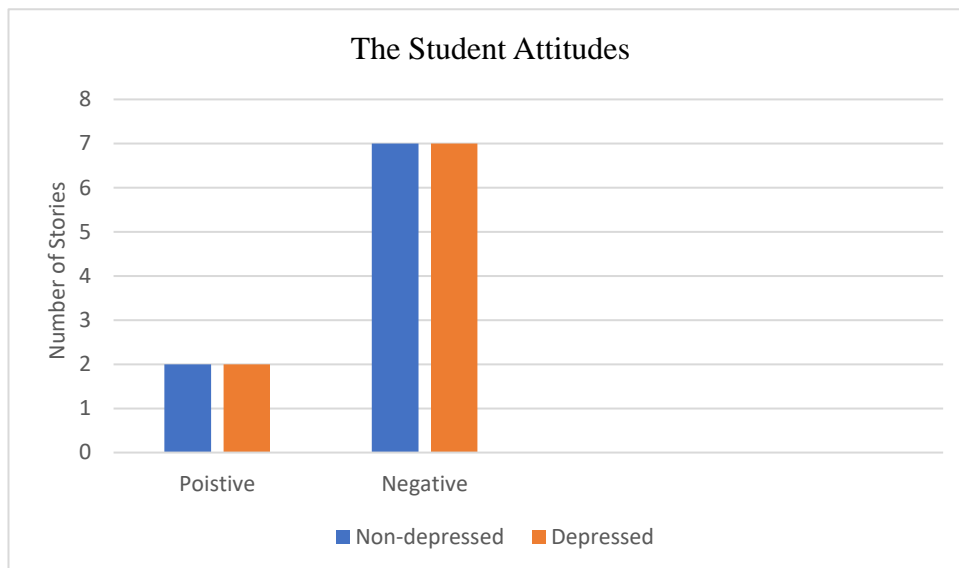
In the fifth picture, which includes classroom picture, most of the adolescents wrote stories about an incident in the classroom. Only three of the adolescents perceived the picture as something other than a classroom environment and wrote a story about going to a movie theater. Adolescents also wrote stories about positive and negative student’s attitudes. Regardless of the depression level, they frequently reported negative student’s attitudes such as talking without taking turn, disturbing other classmates, being disobedient to teacher, teasing classmates and cheating. For both groups, there were less positive student attitudes reported in stories, such as raising their hands for speaking doing homework and apologizing for misbehaviors. Among those contents, talking without taking turn and cheating were seen as the most common student attitudes in the classroom. Especially, in stories talking without taking turn and teasing classmates were mentioned as the most disruptive behaviors. There were no differences in terms of gender. Different than the nondepressed group, depressed adolescents wrote stories about exam anxiety. Most of the stories written by the depressed group adolescents included negative feelings such as stress, worry and fear. One of the stories written by an adolescent with depression was:

*“While it’s time for classic exams (all the answers must be handwritten, no multiple choices), adolescents cheer ups each other. The tension increased while teacher was giving exam papers, and it increased more when they saw the exam*

*papers. The adolescents who forgets whatever they know when they look to exam paper, tries to solve the questions with the sadness of the moment.”*

One of the stories written by an adolescent in nondepressed group was:

*“Ali was cheating on every exam, and so he passed through every course. One day his teacher caught Ali while he was cheating, and he got zero. Ali understood and accepted that he was guilty and never did it again.”*



**Figure 3.9** *The Student Attitudes*

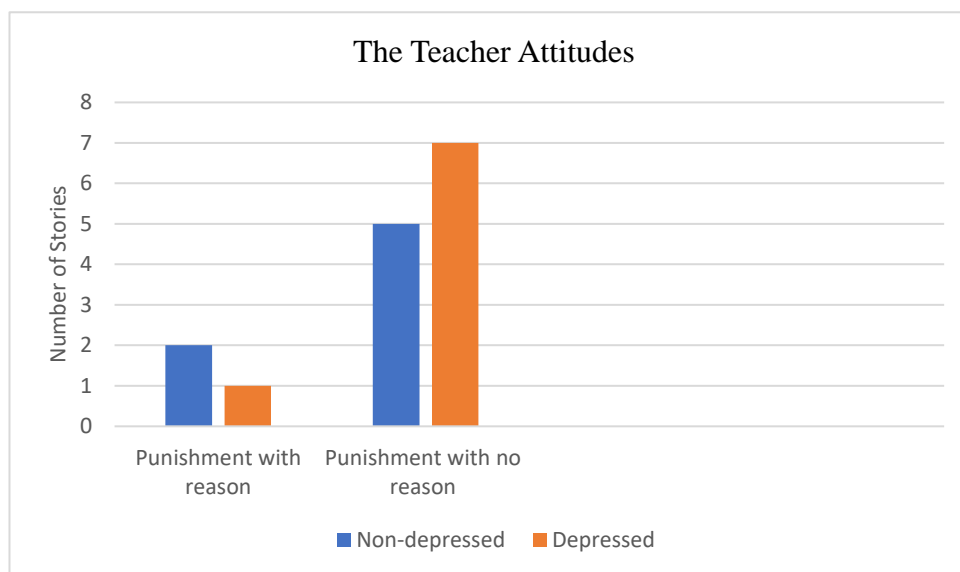
### **3.4.2. Subtheme 2: The Teacher Attitudes**

*The Teacher Attitudes* were another subtheme of *The Classroom Environment* theme. Some of the stories which contained adolescents talking or cheating during the exam included a teacher character. Twelve of the adolescents wrote stories with a teacher figure. For both groups, teacher figures in the classrooms were perceived as negative, and none of the teacher figures in these stories were positive. Negative teacher figures gave punishments, got angry, sent students to the school board for disciplining or warned children because of their problematic behaviors in the classroom. In the depressed group, most of the stories included student figures who were aggrieved by the teacher. In the stories, teachers’

punishment behaviors appeared in two different forms; punishments that were given with a reason and punishments which were given without a reason. In depressed groups' stories, teachers frequently punished adolescents without a reason, they did not listen to adolescents' explanations or excuses. In nondepressed group, teacher figures also gave punishments without reason, but their stories also included punishments with valid reasons such as cheating during the exam or talking during the lesson. Teachers' punishment techniques did not differ in the groups. Students mostly punished by sending to principal and by expelling from school.

One of the stories written by an adolescent with depression was:

*“Ayça loves to talk in class but if she talks during class, her teacher will be angry with her and immediately call her parents, so she doesn't talk. One day, while they were in math class, Ayça talked without permission, then her teacher was angry with Ayça and she called her family. After meeting with Ayça's family, their parents became very angry and at the end they had to change her school.”*



**Figure 3. 10** *The Teacher Attitudes*



### 3.5. Theme 5: The Ending of The Story

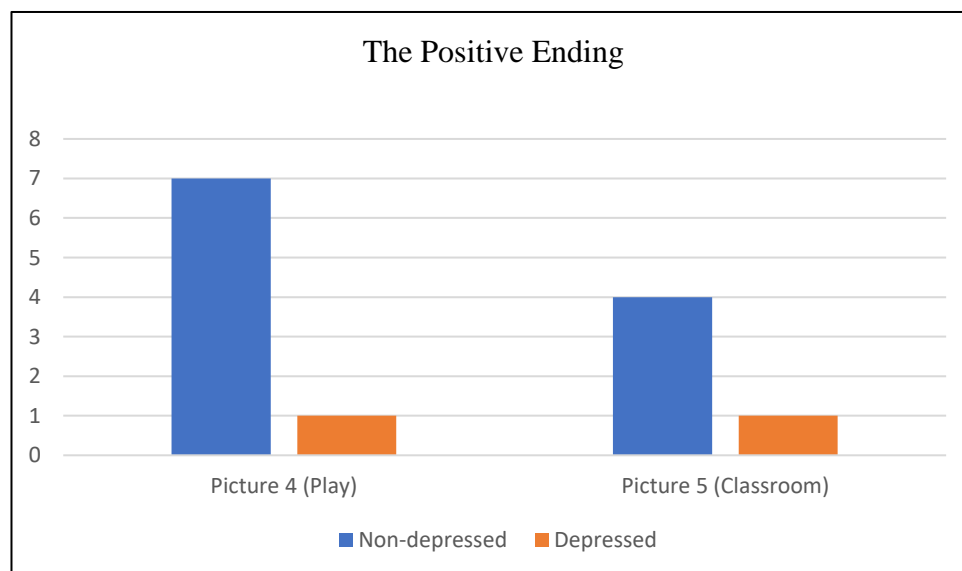
Stories written by the adolescents were different from each other in terms of their endings. Three subthemes arose from *The Ending of the Story* theme; positive ending, negative ending and neutral ending. Table 3.2 summarizes the subthemes.

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

<b>Theme 5: The Ending of the Story</b>	<b>Non-Dep.</b>	<b>Depressed</b>	<b>Total</b>
Subtheme 1: The Positive Ending	11	2	13
Subtheme 2: The Negative Ending	7	28	35
Subtheme 3: The Neutral Ending	4	2	6

#### 3.5.1. Subtheme 1: The Positive Ending

The adolescents in the nondepressed group wrote stories with more positive ending when compared to depressed group. The distribution of the stories with positive ending for pictures 4 and 5 of the CLCS was summarized in Figure 3.2.



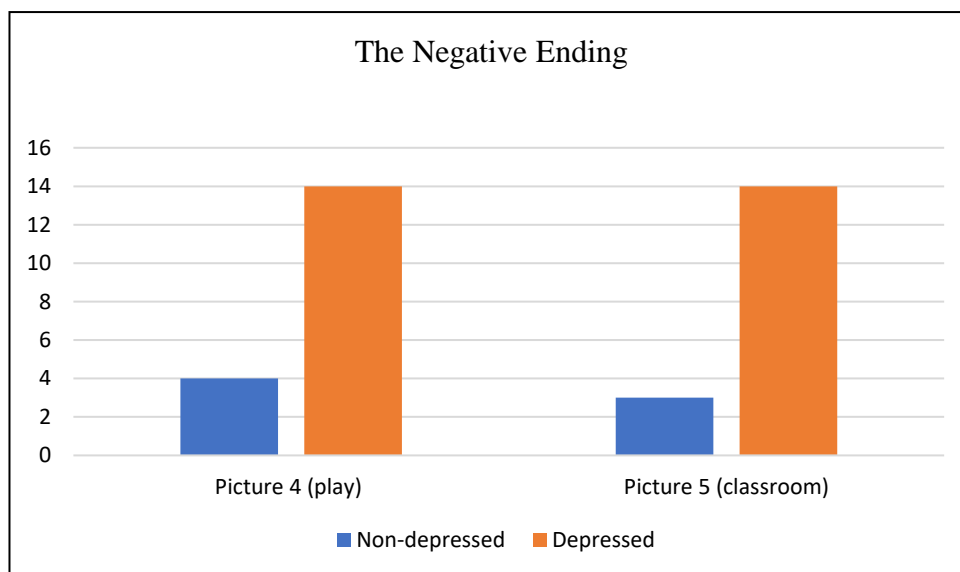
**Figure 3. 11** *The Positive Ending*

As seen in the table, the nondepressed group wrote more positive endings when compared to the depressed group. In the nondepressed group, one of the adolescents wrote the story as follows:

*“Ali was playing ball with his friends. Ahmet asked for permission to play with them. When Ali and Kemal did not allow Ahmet to play with them, Ahmet was very upset. Then Ahmet went and took a new ball and played with others. After some time, Ali and his friends asked for permission to play together with Ahmet. This time, Ahmet allowed playing together. Ali and his friends understood their mistakes and did not behave like that again.”*

### 3.5.2. Subtheme 2: The Negative Ending

The negative ending was another subtheme in the stories. The adolescents in depressed group wrote more stories with negative ending when compared to nondepressed group. Figure 3.3 summarizes the distribution of the negative endings related to picture 4 and 5 of the CLCS.



**Figure 3. 12** *The Negative Ending*

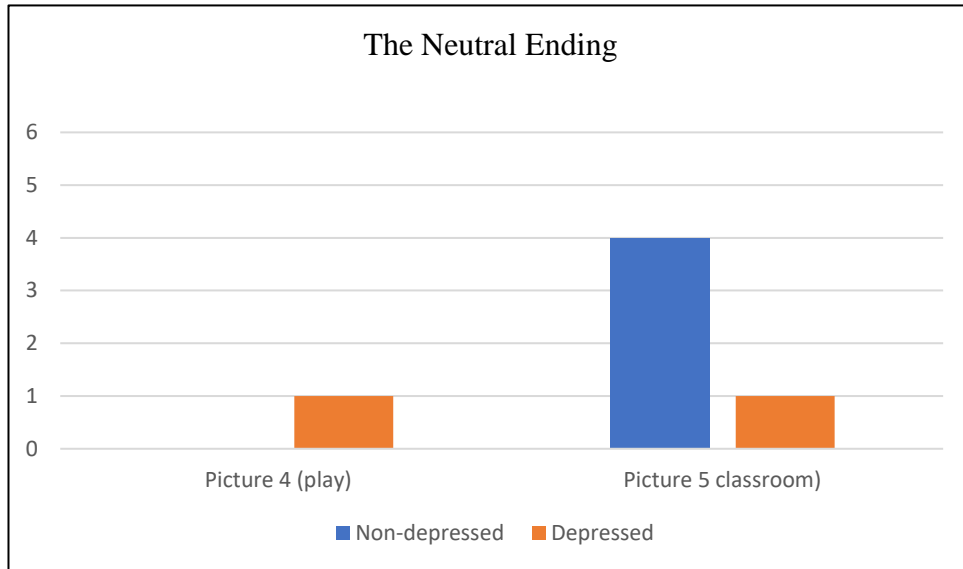
The difference between the two groups was equally high for both pictures. In the fourth picture, for both groups, stories included more themes of exclusion by peers, feeling of sadness and loneliness. In depressed groups, stories ended more in

a negative way such as children in the stories sat alone, went to their home or cried by themselves. However, in nondepressed group's stories characters apologized from each other, or forgave their friends and tried to fix their relationships. The fifth picture, which contains a classroom environment, was also having more negative endings written by the depressed group. In the stories, teacher characters gave punishments, got angry towards the child characters because they talked without permission or cheated in the exam. In nondepressed group's stories, characters understood their mistakes and felt better about themselves when compared to depressed group. One of the stories written by an adolescent with depression was:

*“Ayça loves to talk in class but if she talks during class, her teacher will be angry with her and immediately call their parents, so she doesn't want to talk. One day, while they were in math class, Ayça talked without permission, then her teacher was angry with Ayça and she called her family. After meeting with Ayça's family, their parents became very angry and at the end they had to change her school.”*

### **3.5.3. Subtheme 3: The Neutral Ending**

The last subtheme of The Ending of The Story Theme was the Neutral Ending, which refers to neither positive nor negative endings. Nondepressed group wrote more stories with neutral ending when compared to depressed group in both pictures of the CLCS. Figure 3.4 summarizes the distribution of the neutral endings in relation to both pictures of the CLCS.



**Figure 3. 13** *The Neutral Ending*

One of the adolescents in nondepressed group wrote:

*“My friend and I went to the cinema to watch the third part of our favorite movie. We took the corn and went into the hall. After the movie was finished, we went to the playground and then we had dinner. It was time for us to get home. We went home and our day is finished over there.”*

## CHAPTER 4

### DISCUSSION

Depression is a common mental disorder in adolescence. The prevalence rate of depression among adolescents is approximately 4-8% worldwide (Garmy, Berg, & Clausson, 2015). In Turkey, 4.2% of Turkish adolescents among 1,482, suffer from some form of depression (Demir et al., 2011). This study explored depressed and nondepressed adolescent's school and peer relationship perspectives. The research questions of the study were as follows:

- 1) What are the major themes of depressed and nondepressed adolescents on the play picture of the CLCS? What are the differences between depressed and nondepressed adolescents in peer relationships in social contexts?
- 2) What are the major themes of depressed and nondepressed adolescents on the school picture of the CLCS? What are the differences between depressed and nondepressed adolescents' perception of school and classmates?

The narratives of adolescents were investigated with the use of play and school pictures of the CLCS. Five main themes have emerged: *Bullying Behaviors Among Peers*, *Victimization Among Peers*, *Companionship Among Peers*, *The Ending of The Story*, *The Classroom Environment*.

#### **Peer Relationship Perspectives of Depressed and Nondepressed Adolescents**

The first aim of the study was to examine and compare the major themes of depressed and nondepressed adolescents for peer relationships.

The first main theme was the *Bullying Among Peers*. Verbal bullying, physical bullying and relational bullying were the subthemes found in the narratives of adolescents. Most of the adolescents mentioned about bullying behaviors in their stories. However, depressed group included more bullying behaviors in their stories in comparison to nondepressed group. Research investigates the relationship between bullying and depression, and the victims were found to experience higher

levels of depressive symptoms than bullies (Hawker and Boulton, 2000; Kumpulainen and Rasanen, 2000; Kumpulainen et al., 1998; Mills et al., 2004; Neary and Joseph, 1994; Slee, 1995; van der Wal et al., 2003; Williams et al., 1996). On the other hand, there are several research that did not find any relationship between being a bully and depressive symptoms (Camodeca and Goossens, 2005; Fekkes et al., 2004; Juvonen et al., 2003). Some other research found that bullies experience higher levels of depression (Roland, 2002; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Kaltiala-Heino, & Fröjd, 2011; Selkie, Kota, Chan, & Moreno, 2015). A study conducted in Canada found that bullies experience more psychological problems such as depression and have more problems in their relationships with parents and peers than the others (Pepler et al., 2008).

Young individuals who bully others generally experience negative consequences associated with their actions, and some of those consequences may not be immediately obvious. Middle school children that show bullying behaviors often seem uninjured, as their social stance is distinctly better than the victims of bullies. In the beginnings, these children are perceived as positive leaders with a high self-esteem and popularity. However, as children grow older their attitudes become maladjusted and bullying behavior occurs. Young children solve conflicts by fighting; whereas adolescents choose negotiation to solve a conflict. Adolescents who bully others generally cannot learn to communicate appropriately and this might be the reason behind their problems in interacting with their peers sufficiently. This often leads to social isolation and as well as increases risk for depression (Perren, Dooley, Shaw, & Cross, 2010).

In this study, depressed adolescents' perception about bullying might be interpreted in two different ways. Depressed students might become bullies or inversely, they might be the victims. Accordingly, as mentioned in literature above, bullies are typically engaging in more severe indirect and proactive aggression, and actually they may have advanced mentalization skills. In accordance with literature, in the current study, adolescents who indicated bullying behaviors may also be skilled in their pseudo-mentalizing skills.

The attributional styles of individuals are also an important contributor to the adolescent's position in bullying. Hillsman and Garber (1995) reported that young people who have a negative explanatory style are at risk for sustained negative affect when faced with negative stressors. The attribution of intent and power imbalance when victimized may reflect aspects of negative explanatory style, leading to an increased depression for self-reported victims of bullying. Furthermore, both pessimism and self-rated social competence are related to depression in young people (Hunter, Boyle, & Warden, 2007), and it is reasonable to expect that such cognitive variables are also associated with attributions of power imbalance.

In the results of the current study, most common bullying behavior was relational bullying and no gender differences were found. Dominance theory suggests that, in order to maintain social dominance, adolescents who want to gain dominance behave aggressively and they bully others in order to gain social status (Long & Pellegrini, 2003). Relational bullying may be the one of the best ways to establish social dominance and it is less recognizable and noticeable than physical bullying, because it frequently goes unnoticed by adults, especially by teachers in school environment (Mishna, 2012). Contrary to the research findings that emphasized that boys were more involved in physical or verbal bullying, and girls were more involved in relational bullying (Wang, Iannotti, & Nansel, 2009; James, Flynn, Lawlor, Courtney, Murphy, & Henry, 2011), in the current study there was no gender difference in the relational bullying theme.

The second main theme was the *Victimization Among Peers*. This main theme had three subthemes; *The Experiences of Victims*, *The Feelings of Victims*, and *The Reactions to Bullies*. There was no difference between two groups in relation to *Experiences of Victim's* subtheme, meaning that both groups wrote some stories about victims who experience being mocked, rejected or excluded by others. Studies consistently report that psychosocial problems, such as depression and anxiety are common symptoms experienced by both male and female victims of bullying (Espelage, Bosworth, & Simon, 2001; Espelage & Swearer, 2003; Kaltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999; Klomek et al., 2007;

Kumpulainen, Rasanen, & Puura, 2001). Interestingly, other researchers have also examined depression as predictors of bullying victimization (Espelage et al., 2001; Fekkes, Pijpers, & Verloove-Vanhorick, 2006; Haynie et al., 2001; Klomek et al., 2007; Schwartz, McFadyen-Ketchum, Dodge, Pettit, & Bates, 1999). Fekkes et al.'s (2006) study, which examined the association between health-related symptoms and bullying victimization among 1118 school-age children in the Netherlands, found that children with depressive symptoms were significantly more likely to be victimized by their peers than children without history of depression. The researchers indicated that depressed or anxious behaviors could make the child an easy target for bullying victimization, as they appear to be more vulnerable than children without depression. Likewise, the perpetrators may fear less retaliation from them (Fekkes et al., 2006). In the current study, depression might be a predictor of victimization or inversely, it might be an outcome of the victimization.

In the *Victimization Among Peers* theme, despite the rejection and exclusion from peer groups, the adolescent in nondepressed group showed a significant cognitive capability regarding dealing with stressful life events and were able to end their stories more positively. As mentioned in the literature, one possible source of adolescent's differential response to life event stress is coping. According to Compas and colleagues (Connor-Smith, Compas, Wadsworth, Thomsen, and Saltzman 2000), there is a significant relationship between different types of coping and psychopathology. Primary and secondary control engagement coping are related with better outcomes, on the other hand strategies that involving disengagement from the stressor are associated with more symptoms and lower competence (Aldao, Nolen-Hoeksema, and Schweizer 2010; Compas et al. 2001). Particularly, disengagement coping strategies have been shown to be correlated with depression (Wadsworth and Compas 2002), and active coping and distraction have been found to predict lower levels of internalizing symptoms (Sandler, Tein, and West 1994). In the current study, even though coping strategies didn't assess with any scale, nondepressed group finish their stories by changing their negative emotional reactions to positive or showing acceptance to situation of excluded by



others or try to think more positively. It is seemed that the nondepressed group might use more primary or secondary control engagement style.

*The Feelings of The Victims* were another subtheme emerging from the stories. Most frequent feelings for victim characters' recurring in the stories for both groups were loneliness, unhappiness and helplessness. However, depressed groups' stories include more of those feelings compared to nondepressed groups. Different than the depressed group, nondepressed groups' stories do not include feeling of hopelessness but include feeling of anger for the victim characters in the stories. Feelings are very significant in the literature of depression and victimization of bullying. Losses, ongoing conflicts or frustrations, abuse, (Birmaher& Brent ,2007) and traumatic events, such as being victim of violence, incline adolescents to depression (Laugharne, Lillee, & Janca, 2010). Victimization from bullying is likely to depict frustration, abuse, and conflict. Especially during adolescent development, peer relationships are very significant; traumatic events associated with peer relationships, including being bullied, may cause depression. After victimization from bullying, emotional dysregulation may increase and that experience may lower self-esteem, and accordingly, these might act as mediators between being bullied and depression (McLaughlin, Hatzenbuehler, & Hilt, 2009). Additionally, it is also possible that the development of social skills and the capacity to defend oneself may have been damaged among depressed adolescents, who consequently may become clear targets for bullies. In adolescence, depression is known to weaken social skills. In coherence with the study results, the victims of bullying have been defined as compliant and showing signs of helplessness, being less popular among friends, and showing lowered self-esteem. All these features may predispose them to victimization, however, these symptoms are also possible antecedents of depression (Sweeting, Young, West, & Der, 2006; Scholte, Engels, Overbeek, De Kemp, & Haselager, 2007).

Depressed group mentioned that the victim figures are giving up against bullies, moving away and crying by themselves. Different from the depressed group, students from nondepressed group wrote stories in which the victim gets in a fight with the bully and physically harms the bully. Depression might cause

adolescent to feel hopeless and helpless (American Academy of Pediatrics, 2000). Depressed groups' perceptions about the victims who cannot defend themselves against bully figures might be associated with feeling of helplessness. On the other hand, nondepressed adolescents might feel more confident about themselves and accordingly, they may feel more secure about standing up and defending themselves against bullies. In a qualitative study which is conducted in Finish schools, students reported that one of the best ways for dealing with bullying is to stand up for himself/herself and to get in a fight if it is necessary (Salmivalli, Karhunen, & Lagerspetz, 1996). In line with this, the current study results show that nondepressed group include more self-defending behaviors against bully figures in their narratives. The theory of humiliation (Lindner, 2001) might also be beneficial to understand these differences. According to the theory, being bullied leads to anger; this anger might be externalized as seeking for revenge or internalized as depression. The outward expression of anger as getting revenge might take the shape of bullying, which is referred to as the bully/victim, who may be a victim of a bully, however, in turn bully others. On the other hand, other victims may internalize the humiliation and feel desperation, that revealed as depression (Juvonen, Graham, & Schuster, 2003; Menesini et al., 2009). The results of this study were consistent with the theory; victim figures in stories, especially in nondepressed group, feel anger and give physical harm to bullies and it may be thought that they turned into bully/victim. And the other group feel more desperate and cannot defend themselves and this desperation might manifest itself as depression.

*The Companionship* was the third theme. *Supportive Friend* and *Friendship for Pleasure* were the subthemes. Positive social relationships with others at all stages in life is significant for healthy development, physically, socially, and emotionally. As mentioned before, friendship with peers are one of the major contributors for healthy development in adolescence. Some of the nondepressed group students and one girl in depressed group mentioned this theme in their stories for both classroom and the tent card; boys in depressed group did not include this

theme in their stories at all. Students who wrote stories about supportive friendship mentioned supporting friends when they need support, trusting each other and forgive each other. For both subthemes, nondepressed group wrote more stories about positive aspects of friendship. Depressed groups' social functioning was weaker than the nondepressed group, which is actually a common interruption in depression. The relationship between social functioning and depressive symptoms of adolescents is a well-known fact. The DSM-5 presented major functional impairments in school and other social settings and declined interest in social activities within depressive symptoms. Adolescents with depressive symptoms have impairments in their social relationships and diminish their social or leisure activities. Depressive adolescents experience deficiency in verbal and affective communication with their family members and their peers in comparison to their nondepressed peers (Fröjd, Nissinen, Pelkonen, Marttunen, Koivisto, & Kaltiala-Heino, 2008). According to literature, social relationships between adolescents with high levels of depressive symptoms and both familiar and unfamiliar peers are characterized by increased disagreements and negative affect, and decreased support and decreased trust, compared to children with low levels of depressive symptoms. Furthermore, peers communicating with depressed adolescents perceive them as having less desire to initiate a friendship than nondepressed adolescents (Oppenheimer & Hankin, 2011). The result of the current study also supports the literature; depression level is associated with having fun with friends, supporting each other or perceiving support from other, and forgiving each other.

### **School Perceptions of Depressed and Nondepressed Adolescents**

The second aim of the study was to examine and compare the major themes of depressed and nondepressed adolescents for school perceptions.

The *Classroom Environment* was the fourth main theme. The *Student Attitudes* and *The Teacher Attitudes* were the subthemes. For both groups, teacher figures in the classroom stories were perceived as negative, and none of the teacher figures in these stories were perceived as positive. Negative teacher figures

give punishments, get angry, send students to the disciplinary board or warn them because of their problem behaviors in the classroom. In depressed group, most of the stories included student figures who were aggrieved by the teacher. In the stories, teachers' punishment behavior appeared in two different forms; one of them is giving punishment due to a reason and the other one is giving punishment with no apparent reason. In the stories of the depressed groups, teacher figures give punishment to students without a reason frequently, they were not listening to students' explanations or excuses.

For *The Student Attitudes* theme, students from both groups frequently reported student attitudes including talking out of turn, disturbing other classmates, being disobedient to teacher, teasing classmates, and cheating. Among those contents, talking without taking turn and cheating were seen as the most common student attitudes in the classroom. In the stories, talking without taking turn and teasing classmates were especially mentioned as the most disruptive behaviors from the other students' perspectives. In the *Classroom Environment* theme, both subthemes are associated with each other and should be discussed together.

In the report of the Australian study (Lewis, 2001) which is conducted in over 3500 schools, it is found that in the students' view, there are two types of discipline styles of teachers. One of them is called "Coercive" which is referred to as "a discipline and comprised punishment and aggression (yelling in anger, sarcasm, group punishments, etc)". The second discipline style includes "Comprising Discussion, Hints, Recognition, Involvement and Punishment "was called "Relationship based discipline". The report of the study suggests that "Students who receive more relationship-based discipline are less disrupted when teachers deal with misbehavior and generally act more responsibly in that teacher's class." (Lewis, 2001, p. 8). Miller et al (2000) examined students' perceptions about factors that lead to student's misbehaviors in classroom and it is emphasized that the potential teacher behaviors such as yelling most of the time or unreasonably blaming students, stimulate the resistance of students and increase the misbehavior. In the light of the current literature, for this study, it can be considered that teachers' negative attitudes might lead to disruptive behaviors of the students.

Furthermore, in relation to Turkish teachers' attitudes, the impact of punishment and reward on students was investigated in relation to Turkish teachers' attitudes. It was found that punishments like removal from class, being expelled or corporal punishments are not effective approaches in attitude modifications and have negative impacts on students' mental health (Yaman & Guven, 2014). In the current study, depressed groups' symptomatology and experiences might also be related to negative teacher attitudes. However, in the general picture, it may be said that all the students might feel they are not understood and listened by their teachers and accordingly, they might feel isolated and helpless.

In *The Student Attitudes* subtheme, another important aspect is that regardless of the depression level, victimization was also common in classrooms. Class is the environment in which bullying occurs most frequently (Saarento, Boulton, & Salmivalli, 2015). Bjereld, et al. (2015) also reported that peer violence was experienced in the classrooms and playgrounds most frequently. For bullying prevention, the class is the most important area of research (Smith et al. 2003). The characteristics of the school environment may determine severity of bullying behaviors and its consequences (Bjereld, Daneback, Gunnarsdóttir, & Petzold, 2015) The fact that especially depressed group does not feel supported by their teachers, as well as being with friends who cannot support them might explain the findings of the current study.

For *The Student Attitudes* subtheme, students in depressed group mentioned exam anxiety in their stories, while students in nondepressed group did not. Most of the stories written by the depressed group students included negative feelings such as stress, worry and fear. In the literature, it has been reported that there is a positive association between adolescent's depression and academic anxiety. Especially in Eastern cultures, adolescents' experiences of extreme academic competition in schools were related to high prevalence of depressive symptoms such as feelings of hopelessness and loss of interest in life (Arnett, 2014). Parental pressure to be successful academically is a factor that should be considered when examining academic anxiety and depression in adolescent school students. Research has found that perceived parental pressure on academic achievements,

perceived parental perfectionism and criticism are related to psychological maladjustment, somatic complaints, and depressive symptoms in both sixth graders and college students (Hill et al., 2004; Wang, & Sheikh-Khalil, 2014). Academic failure was found to be a significant risk factor for the development of hopelessness in adolescents (Bernal-Morales, Rodríguez-Landa, & Pulido-Criollo, 2015). The self-devaluation of adolescents such as feeling hopeless about their situation is seen as a reflection of psychological inadequacy. These were found to be related with academic failure, which is a stressor. Researchers have also found a positive relationship between academic stress that stems from factors like having bad grades and depressive symptoms in adolescents (Huan, See, Ang, & Har, 2008). On the other hand, generally depressed students desire to be accomplished academically and socially, but they lack the ability and motivation; accordingly, it increases their anxiety and their stress levels (Frojd et al., 2008). In the current study, literature supported the likelihood of the linkage between depression and academic stress may.

The fifth main theme was *The Ending of the Story*. The subthemes included positive ending, the negative ending and the neutral ending. It was observed that depressed students had narratives with more negative endings and the nondepressed group had more positive endings in their narratives. In the literature, research conducted with the Thematic Apperception Test has provided congruent results with the current study. The study found that children and adolescents with emotional problems had fewer positive endings in their TAT stories in comparison to healthy group (McGrew & Teglasi, 1990). It was referred that “the story endings are worth considering as they involve more projection than any other parts of the story and are the most free of stimulus characteristics.” (McGrew & Teglasi, 1990). In order to detect depressive cognitions, the ending of TAT stories was used as a clinical tool by Eron (1965).

The study emphasized that preoccupation with negative thoughts is a common feature of depression. According to cognitive and behavioral approach, people with depression have more negative perceptions about themselves, future and the world (Beck, 1967). These individuals accredit negative situations to

internal or global sources and generate cognitive distortions. Some of the cognitive distortions eliminate the positive, emotional reasoning and mental filtering that did exist in the narratives. In the current study, comparing to nondepressed students, the students with depression had negative perceptions in relation to figures in pictures that led them to write more negative endings. In the nondepressed group, they mostly finished their stories with a positive or a neutral ending. It is thought that they may be more competent of overcoming the negative thoughts by substituting them with a more positive or neutral ending. This pattern might be the representation of how they do in real life to deal with negative life events. Nonetheless, this pattern, wasn't found in most of the stories of the depressed group.

#### **4.1. Limitations and Future Research**

In the current study, the results were obtained from a group of 28 participants which are chosen from the original sample of 239 students. The parameters such as depression level, age, and gender of the students were used in the gathering of the current sample. Language is a significant criterion in the projective tests, for comparison of the students' narratives, a standardized Turkish language tests could be used.

The current results are also limited to adolescents ranging from 11 to 14 years of age. Whether similar results to this study would be found at other ages anticipates further research.

The participant selection for the qualitative part of the study was not randomized like the classroom selections in the main study, which was implemented by the school counselors. The place and the time of data collection was also a limitation. In the time of data collection, the students filled the forms in their classrooms, within their class time led by the research assistants. The students' answers and stories could be affected by time limitation and presence of other students in the class. Their attention may have been distracted or their ability to focus could be damaged.

Familial factors such as parent-adolescent relationship, conflicts within family, divorce, parental psychopathology are also associated with the adolescents' depressive symptoms. In further research, all this information about familial components should therefore be gathered from the parents.

Another limitation of the present study is the lack of data from different informants. It would also have been beneficial to gather information from significant others such as parents, teachers and peers. The Achenbach System of Empirically Based Assessment (ASEBA) provides an extensive approach to clinicians for integrated multi-informant assessment. In this study, the ASEBA could be used to assess adolescents' internalizing and externalizing behavioral problems and also their depression level.

The current study investigated the depression level of the adolescents without taking the coping strategies and attachment styles of the adolescents into account. In further research, coping skills and attachment styles of adolescents can be assessed.

#### **4.2. Conclusion**

School climate has the potential to facilitate or impede the development of bullying behavior (Espelage & Swearer 2003). Findings from the current study showed that school practitioners, particularly school counselors who work closely with adolescents should consider exploring adolescents' perception of school climate and friendships for the well-being of adolescent; and should emphasize on having more 'relationship' based teacher attitudes in the classrooms.

The results of this study were also important for understanding how depressive symptoms might have appeared in the narratives of adolescents. The important implication of this finding is that in depth interviews and projective assessments would be useful for examining the dynamics of depression in adolescence. It will be important to identify these symptoms as soon as possible because unidentified or untreated depression might lead to social and academic problems, negative attitudes and thoughts about self, world and culture.



Schools that are viewed as unsafe create the risks for bullying and victimization. However, when schools represent a positive school climate and offer strong teacher support the risk of bullying and depression is lowered. Therefore, mental health professionals working in the schools should design effective intervention and prevention programs for bullying. As found in the current study, bullying can occur in spaces within and outside the classrooms. For the future implications, it would be important for schools and communities to include ecologically based programs, such as parent training/meetings, improved playground supervision, classroom management, teaching training, classroom rules, whole-school bullying policy, and cooperative group works.

In the schools and communities, because bullying is maintained by social and tangible reinforcers, effective prevention must be supported in peer- and school-level interventions which shift power dynamics and the value placed on contingencies (Whitted & Dupper, 2005). A social-ecological approach emphasizes that responses to bullies need to rely less on the traditional punitive approach, and more on targeting the patterns of behavior of both bullies and their victims, with attention to the noninvolved bystanders of the schools as well as the classroom and school environment and other influences such as family, community, and society (Bronfenbrenner, 1977). School-wide prevention programs should have comprehensive frameworks focused on systemic change to create a safe and positive school climate. These goals are pursued by restructuring the school environment to reduce opportunities and rewards for bullying, encouraging pro-social behaviors, and building a sense of community. The school, class and community level interventions should aim to conduct committee and staff trainings about bullying, introduce the school rules against bullying, hold meetings with students' parents, supervise students' activities develop individual intervention plans for involved students help spread anti-bullying messages and best practice throughout the community (Olweus, & Limber, 2010).

According to current study, especially depressed group mentioned that the victim figures giving up against bullies and moving away in their stories. It might

be the reason that adolescents have lost their positive efforts over time based on their experience and school experiences, and they have started to use different efforts in dealing with difficult situations. In order to help to cope with bullying behaviors, firstly school counselors need to assess and understand risk and resiliency factors of adolescents. Students need to develop an awareness of bullying, or more specifically, an awareness of which behaviors the school classifies as bullying. Instructional methods and activities can be used to help increase students' understanding of bullying in addition to providing opportunities for them to expand their social circles and practice new behaviors. For example, information about bullying can be taught through cooperative learning methods (e.g., small group projects), which can also facilitate students' successful interactions with others (Milsom, & Gallo, 2006). Teachers can also apply literature emphasizing bullying to expose students to the different types of bullying as well as consequences for both bullies and victims. By hearing stories about bullying, students might realize they are not alone, might learn new coping mechanisms, or might realize how harmful their behaviors are to others. Finally, students can learn alternative behaviors to bullying by participating in role-plays designed to provide them practice for new behaviors.

Finally, the current study findings shed light to depressed and nondepressed adolescents' perceptions about their peer relationships and school environments. School counselors should design intervention programs based on need of the adolescents and should take into consideration their cultural values and beliefs for preventing bullying behaviors in the schools.

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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. Consent Form for Teens

Merhaba.

Bu çalışmada çocukların yaşam olayları algısını anlamak istiyoruz. Eğer katılmayı kabul edersen senden bazı formları doldurmanı isteyeceğim. Dolduracağın formlar araştırmacılar dışında hiç kimse tarafından görülmeyecek, bilgilerin tamamen gizli kalacaktır.

Velin bu çalışmaya katılmana izin verdi. Sen de istiyorsan aşağıdaki onay kutusunu işaretle.

Fikrini değiştirirsen çalışmadan istediğin zaman çıkabilirsin.

Bu araştırma İstanbul Bilgi Üniversitesi Öğretim Üyesi Yard. Doç. Dr. Elif Akdağ Göçek tarafından yürütülmektedir. Araştırma hakkında daha fazla bilgi almak istersen Psk. Serra Küpçüoğlu (e-posta: serra.kupcuoglu@bilgiedu.net) ile iletişim kurabilirsin.

Lütfen kararımı aşağıda işaretle:

Bu çalışmaya katılmayı **İSTİYORUM**:

Bu çalışmaya katılmayı **İSTEMİYORUM**:

Tarih:

Adı-Soyadı:

Okul Adı:

Sınıf:

### Appendix 3. The Demographic Information Form

<b>Adınız-Soyadınız:</b>	<b>Çocuğunuzun Adı-Soyadı:</b>
<b>Çocukla olan yakınlığınız:</b> <input type="checkbox"/> Annesi <input type="checkbox"/> Babası <input type="checkbox"/> Diğer (belirtiniz) : _____	
<b>Yaşınız:</b>	<b>Çocuğın annesi:</b> <input type="checkbox"/> Sağ <input type="checkbox"/> Hayatta değil <b>Çocuğın babası:</b> <input type="checkbox"/> Sağ <input type="checkbox"/> Hayatta değil
<b>Çocuğın Cinsiyeti:</b> <input type="checkbox"/> Kız <input type="checkbox"/> Erkek	<b>Çocuğın Doğum Tarihi:</b> .... / ... / .....
<b>Ailedeki çocuk sayısı:</b> _____ <b>Kaçıncı Çocuk:</b> _____	<b>Çocuk kaçınıcı sınıfa gidiyor:</b> _____
<b>Eğitim Durumunuz:</b> <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	<b>Ailenin Aylık Ortalama Geliri:</b> <input type="checkbox"/> 0 – 1000 TL <input type="checkbox"/> 4501 – 6000 TL <input type="checkbox"/> 1000 – 1500 TL <input type="checkbox"/> 6001 – 7500 TL <input type="checkbox"/> 1501 – 2500 TL <input type="checkbox"/> 7501 – 9000 TL <input type="checkbox"/> 2501 – 3500 TL <input type="checkbox"/> 9001 – 10500 TL <input type="checkbox"/> 3501 – 4500 TL <input type="checkbox"/> 10501 TL ve üzeri
<b>Evde çalışan kişi sayısı:</b> _____	<input type="checkbox"/> Kirada oturuyoruz <input type="checkbox"/> Ev sahibiyiz
<b>Evde yaşayan kişi sayısı :</b> _____ <b>Evde yaşayanların kimler olduğu</b> (anne, baba, kardeş, teyze, amca vs.):	
<b>Bulduğunuz adreste kaç yıldır yaşıyorsunuz?</b>	
<b>Son 5 yılda taşındınız mı?</b> <input type="checkbox"/> Evet <input type="checkbox"/> Hayır <b>Evet ise; nereden nereye taşındığınızı ve kaç kez taşındığınızı belirtiniz.</b> <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 : ..... <input type="checkbox"/> Farklı ülkeye 0----1----2----3----4----5----6---- Daha fazla : ..... <b>Taşınma nedenini yazınız</b> (örn., aile, iş, doğal afet, savaş, terör gibi):	
*Bu çalışma göçmen kişilerle de yapıldığından aşağıda size uygun olmadığını düşündüğünüz soruları boş bırakabilirsiniz.	
<b>Türkiye'ye başka bir ülkeden taşındıysanız;</b> <b>Hangi ülke veya ülkelerden geldiniz? :</b> _____ <b>Türkiye'ye geliş yılı :</b> _____	
<b>Mülteci Kamplarında kaldıysanız süresi:</b>	



#### Appendix 4. 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:**

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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

1) diğer:

**Resimle ilgili bir hikaye yaz:**

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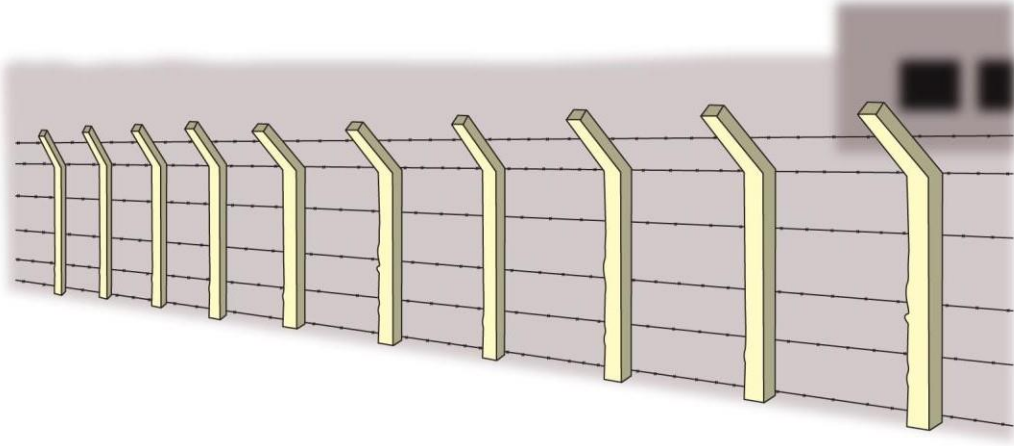
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3. Resim

**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:**

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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:**

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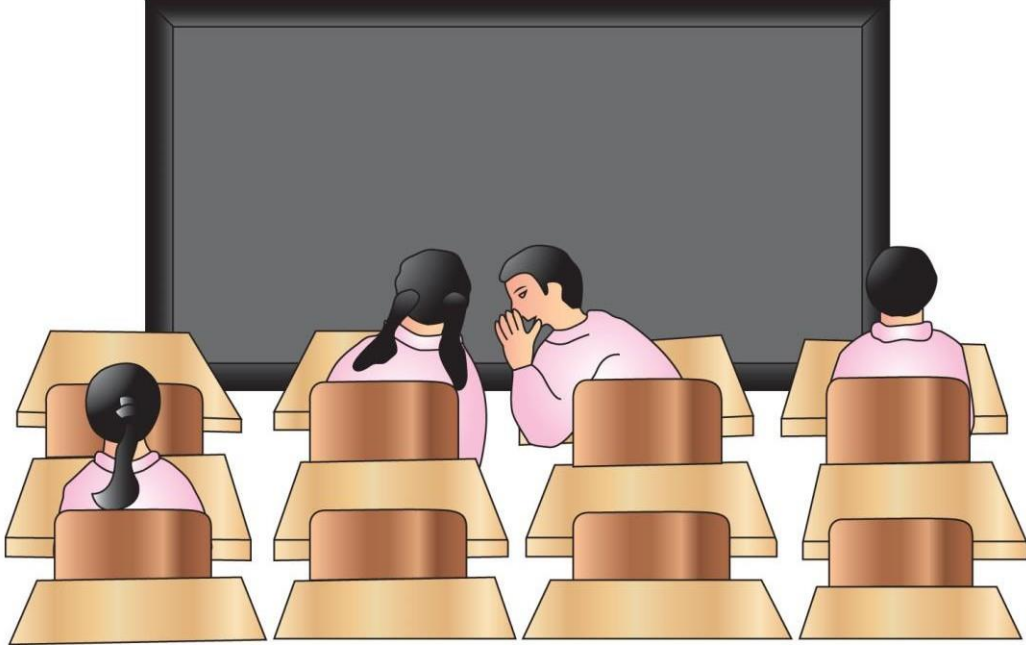
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5. Resim

**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:**

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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:**

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## Appendix 5. 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 başarımlarım iyi.  
1. Okul başarımlarım 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)

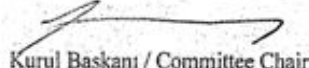
**Başvuru Sahibi / Applicant:** Elif Göcek

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

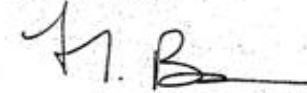
**Proje No. / Project Number:** 2017-40024-16.

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



Üye / Committee Member

Prof. Dr. Hale Bolak

  
Üye / Committee Member

Doç. Dr. Koray Akay



Üye / Committee Member

Doç Dr. Ayhan Özgür Toy

  
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Prof. Dr. Ali Demirci