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Research Article

# A Value Model for Depressive Symptoms and Hopelessness Among University Students in Turkey

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## Abstract

This study aimed to examine which values predicted depressive symptoms and hopelessness in Turkey. While it was hypothesized that values emphasizing universalism, benevolence, conformity, security, tradition, spirituality, self-direction, and achievement would predict lower levels of depressive symptoms and hopelessness, those values emphasizing power, stimulation, and hedonism would predict higher levels of depressive symptoms and hopelessness. Participants were 712 university students in Turkey. The Schwartz Values Survey Revised Turkish Version, the Beck Depression Inventory, and the Beck Hopelessness Scale were administered. Spirituality was observed as a distinct value category in Turkish culture. Higher levels of universalism predicted lower levels of depressive symptoms. While higher levels of self-direction and benevolence predicted lower levels of hopelessness, higher levels of achievement predicted higher levels of hopelessness. The findings partially fit Sagiv and Schwartz's value theory regarding the relationship between mental health and the growth and deficiency aspects of values. The findings suggested having congruent values with the environment (i.e. achievement) were not uniformly associated with positive affective states.

## Keywords

Values • Depressive symptoms • Hopelessness • Turkey

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## Depressive Symptoms and Hopelessness

The prevalence of depression tends to range across countries, from 1.5% in Japan to 27.3% in Chile among the general population (Tsai & Chentsova-Dutton, 2009), and from 16% to 27% among university students (Eisenberg, Gollust, Golberstein, & Hefner, 2007). High levels of depressive symptoms in youth are associated with serious consequences, including missed days of school and lower levels of education, a higher risk of smoking and of substance abuse, body dissatisfaction, eating disorders, bingeing, poor physical health, lower self-worth, loneliness, and suicidal ideation (Cohen, Pine, Must, Kasen, & Brook, 1998; Franko et al., 2005; Glied & Pine, 2002). Similar to depression, hopelessness is a negative affective state and a transition stage between depression and suicide (Beck, Steer, Kovacs, & Garrison, 1985). The prevalence of hopelessness was estimated to be 50% among inner-city adolescents in Alabama, US (Bolland, 2003). Increases in hopelessness were associated with increased depression (Abramson, Metalsky, & Alloy, 1989; Dixon, Heppner, Burnett, & Lipps, 1993). Moreover, hopelessness was found to be a better indicator of successful suicide attempts than was depression (Zhang & Li, 2013). Hopelessness is not unique to depression; it is also associated with other psychiatric disorders that predispose individuals to suicidal behavior, such as psychosis (Beck et al., 1985; Chang et al., 2014).

The prevalence of depressive symptoms among Turkish university students was observed to be between 18% and 35% (Bayram & Bilgel, 2008; Bilican, 2013; Cam-Celikel & Erkorkmaz, 2008; Ceyhan, Ceyhan, & Kurtyilmaz, 2005; Hisli, 1989; Unsal & Ayranci, 2008). In Turkey, risk factors for depression and hopelessness among college age students included genetic vulnerability to depression (Hamidi, Bildik, & Tatar, 2013), dissatisfaction with one's body image, low academic achievement levels (Ceyhan, Ceyhan, & Kurtyilmaz, 2009), being male, having fewer years in parental education, low achievement at school, financial difficulties, living away from one's parents, one's mother being unemployed, past psychiatric history (Cam-Celikel & Erkorkmaz, 2008), imposing violence on others, being exposed to domestic violence, the existence of chronic illness in the family (Uner & Ozcebe, 2008), low self-esteem, low social support, and low problem solving skills (Eskin, Ertekin, Harlak, & Dereboy, 2008).

Even though a wide range of biological, psychological, and social factors that predispose individuals to negative affective states (e.g. feelings of depression and hopelessness) were investigated, only a few studies investigating the role of values and depressive symptoms in Turkey were found to exist. Therefore, this study aims to expand the research in this area within the Turkish cultural context.

## Values

Values are stable individual preferences that are useful for describing and explaining behavior, that induce positive or negative emotional states in an individual, and that work as powerful reinforcers for behaviors (Mischel, 1990). Schwartz's model of values is the most widely tested model across cultures (Schwartz, 1992, 1996, 2012). The importance attributed to each value represents an individual's value system (Bilsky & Schwartz, 1994). As shown in Table 1, ten universal values include power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security (Schwartz & Boehnke, 2004). Schwartz (1992) originally tested spirituality as a value category. However, as it did not appear as a distinct category in some cultures, it was not included under the Schwartz Values Survey (SVS). The distinguishing characteristic of a value is the motivational content of the value. Conflict and compatibility in underlying motivations of values constitute a circular structure of value domains. Related values would be correlated positively and located closer to one another on the circumplex. On the other hand, values indicating conflicting motivational goals would correlate less positively or even negatively, would be located in opposing directions on the circumplex, and would represent relative conflict between value types (Roccas, Sagiv, Schwartz, & Knafo, 2002). In the SVS, the organization of values represent individualistic and collectivistic interests: values that are related to primarily individualistic interests (i.e. power, achievement, hedonism, stimulation, and self-direction) cluster together as a specific region as opposed to the values that are related to primarily collectivistic interests (i.e. benevolence, tradition, and conformity) which form another cluster. Values which can be grouped under both categories (i.e. security and universalism) share boundaries between these groups (Schwartz, 1992).

## Values and Mental Health

Previous research on values and mental health suggest that traditional gender role expectations were associated with higher levels of depression among Latino students (Cespedes & Huey, 2008). Increases in supportive (i.e. dependability, unity, and emotional closeness) and referent familism (i.e. behaviors being in line with familial expectations) values were related to lower levels of depressive symptoms among young individuals of Mexican-origin (Zeiders et al., 2013). Low affiliative obedience (respect for parental authority) was associated with greater levels of depressive symptoms in Mexican-American youth (Stein & Polo, 2014). Higher levels of familism and filial obligation values were associated with lower levels of depressive symptoms among Latino youth (Cupito, Stein, & Gonzalez, 2015). Endorsing spirituality was positively associated with hope (Ai, Park, Huang, Rodgers, & Tice, 2007). Gratitude buffered the effects of depressive symptoms and hopelessness (Kleiman, Adams, Kashdan, & Riskind, 2013). Endorsing humanistic

values (responsibility, friendship, reconciliation, respect, honesty, and tolerance) was associated with an increase in subjective wellbeing as measured by positive affect (i.e. lack of depression and anxiety), relationship quality with significant others, and life satisfaction (Seki & Dilmac, 2015). Benevolence and universalism were the strongest predictors of happiness in life (Ozdemir & Koruklu, 2011).

Sagiv and Schwartz (2000) were the pioneers in putting forward a comprehensive theory about the relationship between values and psychological symptoms. They classified values into two groups: those which represented growth, on one side, and deficiency needs, on the other. Self-direction, universalism, benevolence, achievement and stimulation represented growth needs. These values were hypothesized to improve one's psychological wellbeing as measured by lower levels of anxiety, depression, physical symptoms, higher self-actualization, and vitality. When individuals attained goals toward which these values were directed, these values continued to be important. Growth values were pursued even after one attained high levels of satisfaction. Priority given to autonomy, benevolence, and universalism promoted positive emotional states (Jensen & Bergin, 1988; Strupp, 1980). Therefore, these types of values were considered as psychologically healthy values. Higher levels of depressive symptoms were related to lower levels of importance attributed to Stimulation, Self-Direction, and Hedonism values (Jarden, 2010).

Deficiency needs, on the other hand, were important to individuals who were unable to attain the goals toward which the values directed them. Once the need was satisfied, the values that represented them became less important. Conformity, security, and power values were classified as representing deficiency needs and individuals deprived of these would place an emphasis on them as an expression to compensate for this deprivation. Individuals who felt unsafe, as if they lacked control, or threatened in their relationships with other people would prioritize these feelings and would eventually experience a rise to such negative emotional states as depression and anxiety (Bilsky & Schwartz, 1994; Sagiv & Schwartz, 2000). However, values were not systematically related to positive or negative psychological states. On the contrary, values contributed to positive or negative psychological states through their interaction with the value expectations of one's environment. Congruence between the values of an individual and the values in his or her environment was found to be an effective factor influencing the affective states of the individual. For example, when business students who attributed high importance to power and achievement experienced congruence with their environment's values, they experienced a greater sense of wellbeing (Sagiv & Schwartz, 2000). Similarly, teachers who experienced greater congruity between their values and those of their school reported lower stress (Rohan & Maiden, 2000).

Table 1  
*Definitions of Values* (Bardi & Schwartz, 2003, p.1208; Schwartz, 1992; Yapici et al., 2012)

Value types	Definition
Power	social status and prestige, control over people and resources
Achievement	personal success through demonstrating competence according to social standards
Hedonism	pleasure and sensuous gratification for oneself
Stimulation	excitement, novelty, and challenge in life
Self-Direction	independent thought and action in choosing, creating, and exploring
Universalism	understanding, appreciation, tolerance, and protection of the welfare of all people and of nature
Benevolence	preservation and enhancement of the welfare of people with whom one is in frequent personal contact
Tradition	respect, commitment and acceptance of customs and ideas that one's traditional culture provides the self
Conformity	restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms
Security	safety, harmony, and stability of society, of relationships, and of self
Spirituality	a spiritual life, holding to religious faith, belief in fate, experiencing the impact of spirituality in attitudes and behaviors

Schwartz's value theory is compatible with the self-determination theory (Deci & Ryan, 1985, 2002) which states that autonomy, relatedness, and competence are innate, intrinsic, and basic psychological needs. Values emphasizing satisfaction of autonomy (e.g. self-direction, stimulation), relatedness (e.g. universalism, benevolence), and competency (e.g. achievement) were expected to be associated with positive affective states. Extrinsic needs such as money, fame, public image, and control over others interfered with fulfillment of intrinsic needs. Individuals who pursued intrinsic values appeared to have better psychological functioning compared to those who pursued extrinsic values. Values of tradition, conformity, and security were considered as extrinsic values. Extrinsic aspirations for financial success, an appealing appearance, and social recognition were associated with lower vitality whereas intrinsic aspirations for self-acceptance and affiliation were associated with higher psychological well-being and less distress (Kasser & Ryan, 1996). A focus on physical appearance in women was associated with depression and anxiety (Fredrickson & Roberts, 1997). Individuals who were more oriented toward financial success and wealth were more susceptible to developing psychological disorders (Lapierre, Bouffard, & Bastin, 1997).

### Values in Turkey

There was a shift in values from 1930's to 1990's in Turkey. Traditional culture in the 1930's emphasized close personal relationships with family, relatives, and neighbors as well as obedience, closeness, and loyalty to parents and society (Imamoglu, 1987; Imamoglu, Kuller, Imamoglu, & Kuller, 1993; Kagitcibasi, 1973; Karakitapoglu Aygun & Imamoglu, 2002). As such, Turkey was initially conceptualized as being more on the collectivistic side of the continuum (Kagitcibasi, 1982). With social change and urbanization, family structures have become nuclear, material

interdependencies of family members have decreased, individualistic self-realization has become a goal, and families have begun to value autonomy, independence, and self-orientation. With this change however, the emotional interdependencies of family members, relatedness, and family connectedness have remained intact (Akyil, Prouty, Blanchard, & Lyness, 2014; Imamoglu and Imamoglu, 1992; Kagitcibasi, 1990). Individuals have equally valued self-direction and loyalty to the in-group, such as one's family. The Turkish Values of Children (VOC) Study indicated while utilitarian/economic VOC decreased over time, psychological VOC increased over three decades. While there was a decrease in material dependencies among family members, there was an increase in emotional interdependencies. Even though autonomy was not particularly encouraged in the traditional culture, it has become adaptive in the changing culture, especially at school and work (Kagitcibasi & Ataca, 2005). These studies indicate that current Turkish culture includes both individualistic and collectivistic characteristics.

Previous studies showed that spirituality had a distinctive role in the value system of individuals in Turkey and has increased in value in the last decade. Universalism, security, and benevolence were the most important values in Turkey, respectively (Kusdil & Kagitcibasi, 2000). Karakitapoglu Aygun and Imamoglu (2002) pointed out embracing both individualistic and collectivistic elements, individuals in Turkey were found to value universalism, benevolence, achievement, tradition, and spirituality. Having better education and being younger, compared to older, were negatively associated with tradition-spirituality and positively associated with universalism. Older adults valued tradition-spirituality and benevolence more compared to younger adults. Although tradition was valued less, compared to the earlier times, there was no decline in the amount of value assigned to benevolence. This traditional prosocial behavior continued to hold importance despite social change.

## Hypotheses

Individuals in Turkey consider both individualistic (those which are concerned with achievement and self-direction) and collectivistic values (those which are concerned with maintaining the connectedness of the members of the society) as important to them. Therefore, we expected that individuals in Turkey whose values reflect the value priorities of the culture in general would show less negative affect and individuals whose value priorities are incongruent with the societal value priorities would show more negative affect. Within this cultural context, the hypotheses are indicated below:

(i). Spirituality was expected to be a distinct value category, located close to tradition on the circumplex and opposite to self-direction. Including spirituality as a separate category enabled the authors to test Schwartz's original theory that spirituality

was the eleventh value under the collective region; to test previous studies' assertions that spirituality had a distinctive role among values in Turkey; and also to examine spirituality's relationship to mental health in Turkey.

(ii). Benevolence, universalism, conformity, security, spirituality, tradition, achievement, and self-direction were expected to be negatively correlated with depressive symptoms and hopelessness. On the other hand, hedonism, stimulation, and power were expected to be positively correlated with depressive feelings and hopelessness.

(iii). The third hypothesis aimed to examine the unique contribution of each value on depressive feelings and hopelessness. Benevolence, universalism, conformity, security, spirituality, tradition, achievement, and self-direction were expected to predict lower levels of hopelessness and depressive symptoms while hedonism, stimulation, and power were expected to predict higher levels of hopelessness and depressive symptoms.

## Method

### Participants

The participants consisted of 712 college students who attended the Education, Arts and Sciences, and Theology Faculties at Cukurova University in Adana, Turkey. Adana is located in the mid-south of Turkey and is the fifth largest city in the country. Sixty-two percent ( $n = 426$ ) of the participants were females, 38% ( $n = 262$ ) were males. Five percent were freshmen ( $n = 33$ ); 23% were sophomore ( $n = 160$ ); 28 % were juniors ( $n = 203$ ); and 44% were seniors ( $n = 316$ ). Participants' ages ranged from 17-27 with a mean years of 22.08 ( $SD = 1.63$ ). The students attended departments of Primary Education, Turkish Education, Computer Education and Educational Technology, Philosophy Group Education, and Teacher Training for the Religion and Ethics Courses in Primary Schools in the Faculty of Education ( $n = 392$ , 55%); Physics, Chemistry, Biology, Mathematics, and Turkish Language and Literature in the Faculty of Arts and Sciences ( $n = 271$ , 38%); and the Faculty of Theology ( $n = 49$ , 7%). The students in the above-mentioned departments were invited to participate in the study. Those who volunteered to participate were not compensated for attending the study.

### Materials

**The Schwartz Values Survey Revised Turkish Version (SVSRTV; Yapici, Kutlu, and Bilican, 2012).** The data regarding values gathered through administering a revised version of the Turkish translation (Kusdil & Kagitcibasi, 2000) of the Schwartz Values Survey (SVS, Schwartz, 1992), without including the 4 values Kusdil and Kagitcibasi

(2000) added to the SVS. Prior administration of the Turkish SVS (Kusdil & Kagitcibasi, 2000) to a pilot group in a previous study (Yapici et al., 2012) showed that the items “a spiritual life,” “devout,” and “reciprocation of favors” gathered under a new factor. Although these items included spiritual content, they were grouped under benevolence, security, and tradition in the SVS. While developing the SVSRTV, three new items, “experiencing the impact of spirituality in attitudes and behaviors,” “belief in a higher power,” and “belief in fate” were added to create a new value category: spirituality. Factor analyses showed that these items were homogenous under the spirituality category. The exploratory factor analysis yielded 11 factors, including the spirituality value category. Thus, the SVSRTV contained 62 questions and 11-value-categories. The Cronbach alpha value was .92 for the overall inventory, and it ranged from .63 to .88 for the individual scales (Yapici et al., 2012). The Cronbach alpha values for the subscales in this study were as follows: power (.62), achievement (.70), hedonism (.65), stimulation (.58), self-direction (.70), universalism (.78), benevolence (.78), tradition (.68), conformity (.63), security (.68), and spirituality (.87). The Cronbach alpha value was .94 for the overall inventory.

**Beck Depression Inventory (BDI).** The BDI is a 21-item multiple-choice self-report questionnaire measuring the emotional, cognitive, motivational, and behavioral aspects of depression (Beck, Ward, Mendelson, & Erbaugh, 1961). The symptoms assessed in the BDI include feeling depressed, feelings of sadness, worthlessness or guilt, pessimism, diminished ability to concentrate or indecisiveness, crying spells, loss of appetite, sleep difficulties, psychomotor retardation, fatigue or loss of energy, changes in weight and appetite, somatic problems, and loss of libido. The lowest score is 0 and the highest score is 63. Scores above 17 indicate a risk for clinical depression (Hisli, 1988). The reliability analysis showed the Cronbach’s alpha value to be .80 and the concurrent validity with MMPI-Depression scale to be .50 among college students (Hisli, 1989). The Cronbach alpha value of the BDI was .89 in this study.

**Beck Hopelessness Scale (BHS).** The BHS is a 20-item true-false statement self-report inventory measuring expectations in the short and long-term (Beck, Weismann, Lester, & Trexler, 1974). The scale has three subscales: feelings and expectations about the future, loss of motivation, and hope. The highest possible score on the BHS is 20, the lowest possible score is 0. High scores indicate higher levels of hopelessness whereas low scores represent the absence of hopelessness. Individuals with scores above 9 are under greater risk for suicide and need frequent monitoring (Brown, Beck, Steer, & Grisham, 2000). The reliability and validity studies of the Turkish version of the BHS showed the Cronbach’s alpha value to be .85 (Durak, 1994). Concurrent validity with the BDI was .69. The analyses were computed over the overall score rather than the subscale scores. The Cronbach alpha value of the BHS was .88 in this study.

## Statistical Analyses

First, a metric Multidimensional Scaling (MDS) was computed to confirm the validity of the Schwartz model for our study and to confirm the existence of spirituality as a separate value category. The goal of performing MDS was to provide a visual representation of the pattern of proximities among the set of values (Borg, Groenen, & Mair, 2012). The MDS represented values as points in multidimensional space where the distance between the value points reflect the empirical relation patterns among the values (Bilsky & Schwartz, 1994). Secondly, means and standard deviations of the value orientations were computed. In order to control for scale use differences, each individual's mean importance rating (MRAT) for the 62 values was calculated. The MRAT score was computed by totaling each individual's total score on all value items and then dividing it by the total number of items. The MRAT score was used as a third variable whose effect on the correlations between value priorities and depression and hopelessness was controlled for. Next, Partial Correlations were computed between value categories and depression and hopelessness scores controlling for the MRAT score and demographic variables (age, gender, years in college, department, and faculty of study). Using the Bonferroni approach to control for Type I errors across the 78 correlations, a  $p$ -value of .00 ( $.05/78 = .00$ ) was required for significance. Finally, Hierarchical Multiple Regression tests were computed to examine which value categories predicted depressive symptoms and hopelessness.

## Results

The MDS command was computed performing the ALSCAL. The fit measures showed a less satisfying stress of 0.26 and a more satisfying squared correlation index (RSQ) of 0.84 (any RSQ above 0.60 is considered good). As shown on Figure 1, the SSA showed spirituality to be distinct category. Following Schwartz's (1992, p. 22) criteria, 6 out of 7 items (86%) that were postulated a priori to constitute spirituality created a bounded region all underneath spirituality, and there were no more than 33% of the values postulated to constitute any other single type in that region (besides spirituality values, there was only one item of security in the region); and at least 70% of values in the region had been judged a priori as potentially reflecting the goals of the appropriate value type as one of their meanings. Therefore, spirituality was included under the values circumplex as a separate category.

There were 6 compatibilities that fit the theory: Power-achievement; hedonism-stimulation; self-direction-universalism; universalism-benevolence; tradition-spirituality-conformity; and conformity-security. There were 4 conflicts that fit the theory: Self-direction/stimulation vs. conformity/tradition; universalism/benevolence vs. power/achievement; hedonism vs conformity/tradition; spirituality vs. hedonism/power. Therefore, the structure of the values' dynamic relations met an acceptable level of expectations of the theory (Schwartz, 1992).

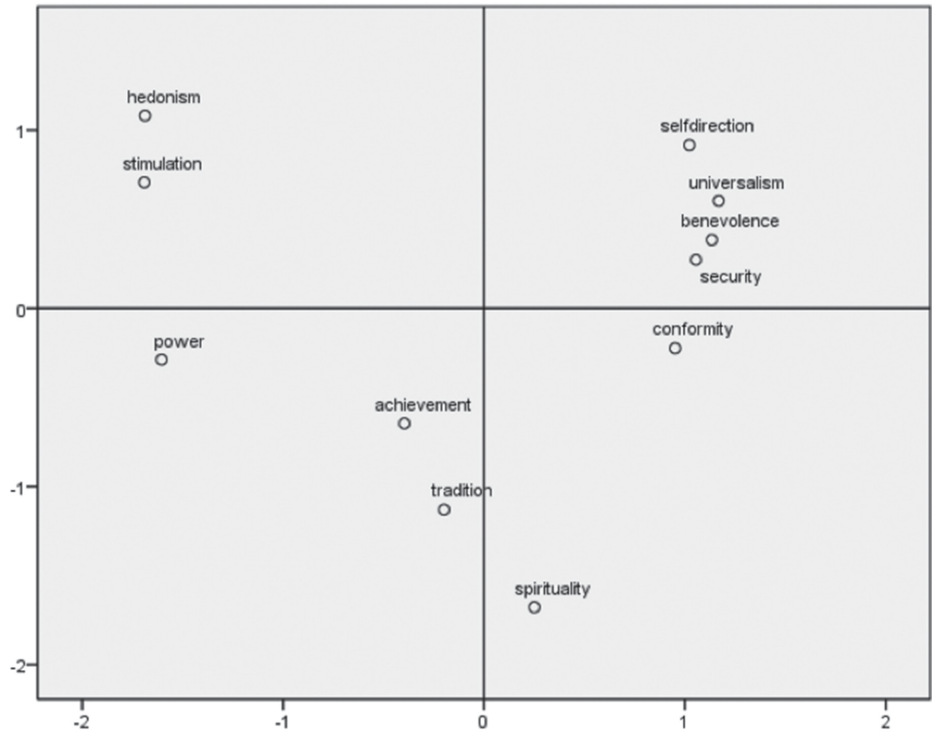


Figure 1. Two dimensional model of values.

As shown in Table 2, participants most highly valued universalism ( $M = 4.25$ ,  $SD = .52$ ) and self-direction ( $M = 4.25$ ,  $SD = .52$ ) equally, followed by benevolence ( $M = 4.21$ ,  $SD = .56$ ), security ( $M = 4.16$ ,  $SD = .51$ ), conformity ( $M = 4.06$ ,  $SD = .63$ ), achievement ( $M = 3.85$ ,  $SD = .68$ ), spirituality, ( $M = 3.83$ ,  $SD = .83$ ), tradition, ( $M = 3.79$ ,  $SD = .71$ ), stimulation, ( $M = 3.50$ ,  $SD = .77$ ), power, ( $M = 3.49$ ,  $SD = .68$ ), and hedonism ( $M = 3.49$ ,  $SD = .76$ ).

The mean BDI score was 13.45 ( $SD = 8.29$ ) and the mean BHS score was 4.87 ( $SD = 4.55$ ). Thirty percent of the participants scored above 17 on the BDI and 22% scored above 9 on the BHS. Correlation coefficients were computed among the eleven value priorities, depressive symptoms, and hopelessness. The results of the correlational analyses are presented in Table 2. As shown on Table 2, while achievement was significantly positively correlated with BDI scores, universalism was significantly negatively correlated with them. On the other hand, power and achievement were significantly positively correlated with BHS scores whereas self-direction and benevolence were significantly negatively correlated with them.

Hierarchical Multiple Regression analyses were computed using the Enter method to test whether values significantly correlated with depression and hopelessness predicted depression and hopelessness controlling for age, gender, years in college, department,

Table 2  
Partial Correlations, Means, and Standard Deviations for Value Categories, the BDI, and the BHS Scores Controlling for the MRAT, Gender, Age, and Faculty of Study

Scores	1	2	3	4	5	6	7	8	9	10	11	12	13	M	SD
1. BDI														13.48	8.26
2. BHS	.51**													4.83	4.49
3. Power	.07	.18**												3.49	.68
4. Achievement	.17**	.20**	.21**											3.85	.68
5. Hedonism	-.03	.10*	.23**	.09*										3.49	.76
6. Stimulation	.07	.06	.18**	.10**	.21**									3.49	.77
7. Self-direction	-.09*	-.14**	-.18**	.00	.04	.06								4.25	.52
8. Universalism	-.13**	-.10*	-.37**	-.18**	-.20**	-.09*	.21**							4.25	.52
9. Benevolence	-.11*	-.15**	-.33**	-.24**	-.14**	-.19**	.03	.20**						4.21	.56
10. Tradition	-.02	.02	-.08	-.16**	-.20**	-.08	-.17**	.02	-.00					3.78	.71
11. Conformity	-.03	-.11*	-.18*	-.08	-.20**	-.18**	-.09*	-.00	.09*	.06				4.06	.63
12. Security	-.11*	-.10*	-.08*	-.14*	-.19**	-.26**	-.05	.05	.04	-.21*	.03			4.16	.51
13. Spirituality	.09	.03	-.17**	-.11*	-.31**	-.23**	-.38**	-.32*	-.15**	.12*	.05	-.02		3.83	.83

Note. \* Coefficients are significant at  $p \leq .05$ .

. \*\* Using the Bonferroni approach, coefficients are significant at  $p = .00$ .

and faculty of study. As shown in Table 3, the results of the regression test indicated four predictors explained 11% of the variance in hopelessness,  $F(8, 618) = 8.61$ ,  $p < .01$ . It was found that gender ( $\beta = .14$ ), with males being more hopeless ( $M = 5.77$ ,  $SD = .32$ ); benevolence ( $\beta = -.20$ ); self-direction ( $\beta = -.17$ ); and achievement ( $\beta = .15$ ) significantly predicted hopelessness levels. The  $R^2$  change value was .04 for the first model (sig.  $F$  change = .000), and .07 for the second model (sig.  $F$  change = .000).

Next, the BHS scores were controlled for before regressing the BDI scores on the value scores in order to test the incremental validity of the values in predicting the BDI scores beyond the BHS scores. Control variables were entered into the first block, hopelessness was entered into the second block, and the values were entered into the third block. As shown in Table 4, the results showed that the first model did not significantly predict depressive symptoms,  $F(4, 552) = 1.72$ ,  $p > .05$ ; the second model explained 28% of the variance in depressive symptoms,  $F(5, 551) = 34.85$ ,  $p < .00$ ; and the third model explained 29% of the variance in depressive symptoms,  $F(7, 549) =$

Table 3  
Hierarchical Multiple Regression Analysis Summary for Demographic Variables and Values Predicting the BHS Scores

Step and predictor variable	B	SE B	$\beta$	t	$R^2$
Step 1					.04***
Gender	1.57	.38	.17	4.08***	
Age	-.05	.14	-.02	-.34	
Faculty of study	.08	.47	.02	.17	
Department	.14	.15	.09	.95	
Years of study	-.09	.25	-.02	-.36	
Step 2					.11***
Gender	1.31	.37	.14	3.51***	
Age	-.10	.13	-.03	-.73	
Faculty of study	-.11	.45	-.02	-.25	
Department	.13	.14	.08	.91	
Years of study	-.01	.25	-.00	-.06	
Power	.60	.32	.09	1.86	
Achievement	1.03	.36	.15	2.88**	
Self-direction	-1.43	.43	-.17	-3.35***	
Benevolence	-1.68	.41	-.20	-4.15***	

Note. \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

27.78,  $p < .00$ . It was found that universalism significantly ( $\beta = -.14$ ;  $p = .00$ ) predicted symptoms of depression. Direction of influence is negative for universalism. The  $R^2$  change value is .02 for the first model (sig.  $F$  change = .127), .26 for the second model (sig.  $F$  change = .000), and .01 for the third model (sig.  $F$  change = .007).

Table 4  
*Hierarchical Multiple Regression Analysis Summary for Demographic Variables, Hopelessness, and Values Predicting the BDI Scores*

Step and predictor variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	$R^2$
Step 1					.02
Gender	-.71	.75	-.05	-.95	
Age	.00	.26	.00	.01	
Faculty of study	.51	.92	.06	.55	
Department	-.14	.29	-.05	-.47	
Years of study	-1.01	.49	-.11	-2.07	
Step 2					.28***
Gender	-2.21	.65	-.13	-3.41***	
Age	.03	.23	.01	.12	
Faculty of study	.31	.79	.04	.39	
Department	-.23	.25	-.08	-.92	
Years of study	-.77	.42	-.08	-1.84	
The BHS scores	.96	.07	.52	14.05***	
Step 3					.29***
Gender	-2.37	.65	-.14	-3.65***	
Age	-.02	.22	-.00	-.07	
Faculty of study	.17	.79	.02	.22	
Department	-.23	.25	-.08	-.91	
Years of study	-.67	.42	-.07	-1.62	
The BHS scores	.91	.07	.50	13.16***	
Achievement	.82	.52	.07	1.58	
Universalism	-2.19	.69	-.14	-3.17**	

Note. \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$ .

## Discussion

The participants valued universalism and self-direction equally high in this study. Universalism is a value with both individualistic and collectivistic elements. Self-direction, on the other hand, is an individualistic value. Next, benevolence, considered as a collectivistic value, was valued highly by the participants. This finding indicates that the most favored values of the Turkish youth involve a synthesis of both individualistic and collectivistic characteristics.

Our first hypothesis was fully confirmed in this study. Spirituality appears to be a distinct value category in Turkey, located in between tradition and conformity on the values circumplex. The emergence of spirituality as a distinct category might result from spirituality having a regulatory role against adversities caused by rapid economic and social changes taking place in the last 30 years in Turkey. An increase in religious courses and religious high schools, which have provided a substantial amount of religious education since the 1970's may also have contributed to the

rise of spirituality in Turkey (Kusdil & Kagitcibasi, 2000). On the other hand, our second and third hypotheses were only partially confirmed, because only some of the values expected a priori correlated with and predicted feelings of depression and hopelessness. Universalism negatively correlated with the severity of depressive symptoms whereas achievement was, unexpectedly, positively correlated with feelings of depression. Self-direction and benevolence were negatively correlated with hopelessness symptoms whereas power and achievement were positively correlated with hopelessness symptoms. Universalism predicted lower levels of depressive symptoms. While self-direction and benevolence predicted lower levels of hopelessness, achievement predicted higher levels of hopelessness.

The findings confirm that universalism, benevolence, and self-direction are associated with positive affective states in Turkey. Therefore, this finding supports Bilsky and Schwartz's (1994) and Sagiv and Schwartz's (2000) proposition that universalism, benevolence, and self-direction represent growth needs and when individuals' values are congruent with their environment's values, these values are associated with better mental health states. As expected, the findings showed that universalism predicted lower levels of depressive feelings. In other words, an emphasis on understanding, appreciation, tolerance, and protection of others contributed to better psychological states. This finding supported Sagiv and Schwartz's (2000) proposition that concern for others promoted affective wellbeing. Similar to the findings in the West, having independent life choices protected individuals from negative psychological states in Turkish culture. Self-direction (i.e. creativity, freedom, independence, curiosity, and choosing one's own goals) and benevolence predicted lower levels of hopelessness. Increased levels of self-direction are likely to enable one to know himself or herself better, invest in the self, focus on future goals for the self, which then decreases hopelessness toward the future. Helping friends and family might help to maintain functional social relationships and thus decrease hopelessness. It appeared that universalism, self-direction, and benevolence were the three main values that tended to protect individuals from feelings of depression or hopelessness in Turkey. This finding suggests that a concern for both the self (self-direction) and others (universalism and benevolence) were indicative of positive emotional states in Turkish culture. An emphasis on wellbeing of both the self and others points out to the integration of individualistic and collectivistic aspects of Turkish culture. It appears that those who identify with this integrated aspect of Turkish culture tend to have fewer depressive symptoms.

On the other hand, conformity, security, and tradition predicted neither negative nor positive affective states. Even though the participants in this study reported that conformity, security, and tradition were important to them and that they were valued in the society since they maintained connectedness in the society; these three

values did not predict lower levels of depressive or hopelessness symptoms. Thus, this finding fails to support our hypothesis and suggests that these values do not necessarily promote positive affective states in Turkey. First, Turkish society has been evolving from a traditional society to a modern society; from being a collectivistic society to an individualistic society. However, it fails to be neither traditional nor completely modern. In this sense, Turkish society is a transitional society (Gunay, 2012; Yapici, 2015). Being in this transitional phase might defuse any protective power that conformity, security, and tradition could have on depressive symptoms and hopelessness. Second, conformity, tradition, and security promote harmonious social relations, accomplishing this by avoiding conflict and violation of group norms. On the other hand, these values might conflict with gratifying self-oriented needs. Also, they emphasize maintaining the status quo, which conflicts with finding creative solutions to group tasks (Schwartz, 2012). Failing to find a lack of relationship between these values and depressive symptoms and hopelessness might be due to the dual nature of these values, such that negative contributions of these values regarding mental health might be repealing the positive contributions. Overall, this finding suggests that maintaining social ties through facilitating the benefits of all humans and nature (i.e. universalism), rather than maintaining the status quo of one specific in-group (through traditions of the in-group, security of, and conformity to the in-group) is better associated with a lack of depressive feelings in Turkey.

Power, stimulation, and hedonism did not predict negative affective states in Turkey and were the least valued among all values in this study. Previous research showed when individuals perceived their communities as not valuing power, individual values of power were not predictive of depression (Mousseau, Scott, & Estes, 2014). Similarly, one might say the lack of relationship between depressive symptoms and power in this study could be associated to power not being highly valued among the participants. The age range of the participants corresponds to the Y generation in Turkey, who are characterized by a focus on flexibility in social hierarchy (Keles, 2011). Members of the Y generation value sincere and genuine relationships and disapprove of authoritarian attitudes (McCrindle & Wolfinger, 2009). Since an emphasis on power was not part of social relationships among the Y generation, power might have been irrelevant to protecting participants from feelings of depression and hopelessness. Hedonism and stimulation not being among the priority values of the young people in this study might have resulted from them having to focus on their studies and future job search rather than focusing on sensuous needs. Consequently, a low level of value associated to hedonism and stimulation might have caused this value to neither protect participants from nor provoke depressive symptoms and hopelessness. In addition, Kringlebach and Berridge (2010) stated that the most important factor in human happiness was interactions with other people. Seligman (1997) highlighted that the rise in depression rates resulted from people feeling disconnected from significant human relationships. Thus, rather than an emphasis on personal pleasures, a focus on

harmonious interpersonal relationships might predict levels of feelings depressed. A focus on hedonistic tendencies, sensuous gratification of the self, and stimulation might be independent of depressive symptoms and hopelessness.

Achievement was expected to negatively correlate with the severity of depressive symptoms and hopelessness because it is a highly appreciated value in Turkish society as it maintains competence according to social standards. In this study, a higher importance attributed to achievement predicted higher levels of depressive feelings and hopelessness, which was an unexpected finding. In the SVS, achievement values express displaying competence according to the cultural standards and obtaining social approval (Schwartz, 1992). In Turkish culture, achievement is highly valued, especially by young adults still in the education system and by their parents. In this sample, the participants rated achievement as important to them. First, since achievement is considered a growth value (Sagiv & Schwartz, 2000), it was expected to correlate negatively with negative affective states. Furthermore, as valuing achievement appears to be congruent to the values of Turkish culture, one would have expected that valuing achievement would promote positive affective states, and thus show negative correlations with depressive feelings and hopelessness. However, the reverse was observed; achievement congruence predicted hopelessness in Turkey. This finding suggests that predictions regarding the relationship between achievement and positive affective states in Turkey diverge from Sagiv and Schwartz's (2000) theory. This difference might result from an excessive emphasis put on young adults in Turkey to achieve in school. Starting from childhood, individuals in Turkey compete with each other at entrance exams in secondary school, high school, and college. The Turkish Statistical Institute (2015) revealed the unemployment rate in Turkey to be 11% in 2014. Thus, competition does not end upon graduating from college because one tenth of individuals continue to struggle to find jobs. Lack of employment opportunities after graduation was associated with increased levels of hopelessness among university students (Sahin, 2002). Therefore, achievement might have been associated with hopelessness due to having a history of being in competition at school, limited employment opportunities upon graduation, and being under risk of failure or even inability to meet parental academic expectations. Studies in Eastern cultures revealed parental academic pressure was positively associated with adolescents' depressive and anxiety symptoms (Lee, Wong, Chow, & McBride-Chang, 2006; Quach, Epstein, Riley, Falconier, & Fang, 2015).

The lack of relationship between spirituality and negative affect was unexpected, considering that spirituality provides meaning in life (Maslov, 1971) and a lack of meaning in life is associated with depression and hopelessness (Frankl, 1959). That a negative relationship between spirituality and severity of depressive symptoms and hopelessness does not exist reflects changes in how spirituality and religiosity might

be experienced in Turkey. Even though individuals reported valuing spirituality, whether they were intrinsically or extrinsically oriented was been measured in this study. It is possible that they might have been extrinsically (i.e. using spirituality as a means to an end; engaging in it and using it to achieve daily goals, such as feeling comforted and protected, or for gaining social status and self-justification) rather than intrinsically spiritually oriented (i.e. considering spiritual beliefs as ends in themselves; living religion/spirituality) (Allport & Ross, 1967). Consequently, spirituality might have failed to protect individuals from experiencing feelings of depression and hopelessness. Previous research has also showed that there was a positive correlation between depressive symptoms and extrinsically oriented religiosity (Cotton et al., 2005; Lesniak, Rudman, Rector, & Eklin, 2006; Murray-Swank et al., 2006); and a negative relationship between depressive symptoms and intrinsically oriented religiosity (Yapici & Bilican, 2014). Finally, positive emotions and responses to depressive symptoms were not assessed in this study. It is possible that while spirituality increases positive emotions, it does not necessarily reduce negative emotions (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008), but alters individuals' responses to negative emotions (Van Cappellen, Toth-Gauthier, Saroglou, & Fredrickson, 2016).

There are several limitations of this study. First of all, the findings can be interpreted when considering only university students and adults. As stated earlier, the participants were university students, with a mean age of 22. The participants' level of depressive symptoms in this study were similar to those observed in previous studies that employed university student participants (Bayram & Bilgel, 2008; Bilican, 2013; Cam-Celikel & Erkorkmaz, 2008; Ceyhan et al., 2005; Hisli, 1989; Unsal & Ayranci, 2008), and adults (Erdur et al., 2006; Tekbas, Ceylan, Hamzaoglu, & Hasde, 2003). However, the findings may not be generalized to older people in Turkey. There tends to be marked differences by age groups in depression. As opposed to some countries where 18 to 29 year-olds tend to be more depressed compared to individuals aged above 60 (American Psychiatric Association, 2013), depression rate tends to be higher among older people in Turkey, as it ranges between 35% to 69% among the elderly in Turkey (Arslantas, Unsal, & Ozbabalik, 2014; Hacıhasanoglu & Yildirim, 2009; Orhan et al., 2012). Living in a nursing home, having chronic physical difficulties, lack of social security, and being single are some of the reasons associated with increased depression among the elderly (Maral et al., 2001). Due to their life conditions, the value systems of older people might be different, and consequently, there might be different patterns of interaction between values and depressive feelings among older people. Similarly, different patterns might be observed in clinical samples. Since mean scores for depressive symptoms tend to be twice as high among clinical samples compared to nonclinical groups (Kapci, Uslu, Turkcapar, & Karaoglan, 2008), values associated with depressive feelings might vary in clinical populations. Future studies with older participants and clinical samples would help to understand these dynamics. Second, self-report measures were used in this study.

Observations, focus groups, and interviews might have yielded more detailed information. Self-report measures are also subject to social desirability bias, which might have affected the results. In addition, the BDI overall score only suggests a risk for having a clinical diagnosis of depression, it does not stand for a formal diagnosis. One should consider this fact while interpreting the findings of this study. Third, the data was cross-sectional. Longitudinal study designs would help overcome this limitation and offer more detailed explanations of the issues explored. Finally, the data was collected in the Eastern region of Turkey. Value systems and their interaction with feelings of depression and hopelessness might vary in other regions in Turkey.

### Conclusion

In conclusion, the findings revealed that the proposed relationships between mental health and the growth and deficiency aspects of values (Sagiv & Schwartz, 2000) were only partially valid in Turkey. This study showed that Sagiv and Schwartz's (2000) deficiency and growth theory has universal aspects, such that universalism, benevolence, self-direction appear to protect individuals from such negative affective states as depressive feelings and hopelessness. However, this study also pointed out that there was a unique element of the culture, i.e. value attributed to achievement, which diverged from the theory and indicated cultural difference of Turkey regarding the relationship between achievement, depressive feelings, and hopelessness. This finding was the most unexpected of all, as Turkish culture highly values achievement. Yet it was predictive of higher levels of depressive symptoms and hopelessness. This finding suggested that having congruent values with the environment are not always associated with positive affective states. Nonsignificant relationships between some of the values (i.e. conformity, security, tradition, spirituality, stimulation, hedonism, and power) and depressive symptoms and hopelessness suggested that these values did not have a predictive role on these negative affective states in Turkey.

### References

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, 96, 358–372.
- Ai, A. L., Park, C. L., Huang, B., Rodgers, W., & Tice, T. N. (2007). Psychosocial mediation of religious coping styles: A study of short-term psychological distress following cardiac surgery. *Personality and Social Psychology Bulletin*, 33, 867–882.
- Akyil, Y., Prouty, A., Blanchard, A., & Lyness, K. (2014). Parents' experiences of intergenerational value transmission in Turkey's changing society: An interpretative phenomenological study. *Journal of Family Psychotherapy*, 25, 42–65.
- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5, 432–443.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

- Arslantas, D., Unsal, A., & Ozbabalik, D. (2014). Prevalence of depression and associated risk factors among the elderly in Middle Anatolia, Turkey. *Geriatrics Gerontology International*, 14, 100–108.
- Bardi, A., & Schwartz, S. H. (2003). Values and behavior: Strength and Structure of Relations. *Personality and Social Psychology Bulletin*, 29, 1207–1220.
- Bayram, N., & Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, 43, 667–672.
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A ten-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, 142, 559–563.
- Beck, A. T., Ward, C. H., Mendelson, M. J., & Erbaugh J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561–571.
- Beck, A. T., Weismann, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The hopelessness scale. *Journal of Consulting and Clinical Psychology*, 42, 861–865.
- Bilican, F. I. (2013). Mental health related help-seeking attitudes and behaviors among Turkish college students. *International Journal of Mental Health*, 42, 43–59.
- Bilsky, W., & Schwartz, S. H. (1994). Values and personality. *European Journal of Personality*, 8, 163–181.
- Bolland, J. M. (2003). Hopelessness and risk behaviour among adolescents living in high-poverty inner-city neighbourhoods. *Journal of Adolescence*, 26, 145–158.
- Borg, I., Groenen, P. J. F., & Mair, P. (2012). *Applied multidimensional scaling*. New York, NY: Springer.
- Brown, G. K., Beck, A. T., Steer, R. A., & Grisham, J. R. (2000). Risk factors of suicide in psychiatric outpatients: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 68, 371–377.
- Cam-Celikel, F., & Erkorkmaz, U. (2008). Factors related to depressive symptoms and hopelessness among university students. *Archives of Neuropsychiatry*, 45, 122–129.
- Cespedes, Y. M., & Huey, S. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. *Cultural Diversity and Ethnic Minority Psychology*, 14, 168–172.
- Ceyhan, A. A., Ceyhan, E., & Kurtyilmaz, Y. (2005). Depression among Turkish female and male university students. *Social Behavior and Personality*, 33, 329–340.
- Ceyhan, A. A., Ceyhan, E., & Kurtyilmaz, Y. (2009). Investigation of university students' depression. *Eurasian Journal of Educational Research*, 36, 75–90.
- Chang, W. C., Chen, E. S., Hui, C. L., Chan, S. K., Lee, E. H., & Chen, E. Y. (2014). The relationships of suicidal ideation with symptoms, neurocognitive function, and psychological factors in patients with first-episode psychosis. *Schizophrenia Research*, 157, 12–18.
- Cohen, P., Pine, D. S., Must, A., Kasen, S., & Brook, J. (1998). Prospective associations between somatic illness and mental illness from childhood to adulthood. *American Journal of Epidemiology*, 147, 232–239.
- Cotton, S., Larkin, E., Hoopes, A., Cromer, B. A., & Rosenthal, S. L. (2005). The impact of adolescent spirituality on depressive symptoms and health risk behaviors. *Journal of Adolescent Health*, 36, 529.e7– 529.e14.

- Cupito, A. M., Stein, G. L., & Gonzalez, L. M. (2015). Familial cultural values, depressive symptoms, school belonging and grades in Latino adolescents: Does gender matter? *Journal of Child and Family Studies*, 24, 1638–1649.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York, NY: Plenum.
- Deci, E. L., & Ryan, R. M. (2002). *Handbook of self-determination research*. Rochester, NY: University of Rochester Press.
- Dixon, W. A., Heppner, P. P., Burnett, J. W., & Lips, B. J. (1993). Hopelessness and stress: Evidence for an interactive model of depression. *Cognitive Therapy and Research*, 17, 39–52.
- Durak, A. (1994). Validity and reliability study of Beck Hopelessness Scale Beck. *Turkish Journal of Psychology*, 9, 1–11.
- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77, 534–542.
- Erdur, B., Ergin, A., Turkcu, I., Parlak, I., Ergin, N., & Boz, B. (2006). A study of depression and anxiety among doctors working in emergency units in Denizli, Turkey. *Emergency Medicine Journal*, 23, 759–763.
- Eskin, M., Ertekin, K., Harlak, H., & Dereboy, C. (2008). Prevalence of and factors related to depression in high school students. *Turkish Journal of Psychiatry*, 19, 382–389.
- Frankl, V. (1959). *Man's search for meaning*. New York, NY: Washington Square.
- Franko, D. L., Striegel-Moore, R. H., Bean, J., Tamer, R., Kraemer, H. C., Dohm, F. A., ... Daniels, S. R. (2005). Psychosocial and health consequences of adolescent depression in Black and White young adult women. *Health Psychology*, 24, 586–593.
- Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95, 1045–1062.
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory. *Psychology of Women Quarterly*, 21, 173–206.
- Glied, S., & Pine, D. S. (2002). Consequences and Correlates of Adolescent Depression. *Archives of Pediatrics and Adolescent Medicine*, 156, 1009–1014.
- Gunay, U. (2012). *Din sosyolojisi* [Sociology of religion]. Istanbul, Turkey: İnsan Yayınları.
- Hacıhasanoğlu, R., & Yıldırım, A. (2009). Erzincan Huzurevinde yaşayan yaşlılarda depresyon ve etkileyen faktörler [Depression among the elderly in Erzincan nursing home and influential factors]. *Turkish Journal of Geriatrics*, 12, 25–30.
- Hamidi, F., Bildik, T., & Tatar, A. (2013). The risk and protective factors associated with depressive symptoms in adolescents: A comparative study. *Anatolian Journal of Psychiatry*, 14, 145–151.
- Hisli, N. (1988). Beck Depresyon Envanteri'nin geçerliği üzerine bir çalışma [A study on the reliability and validity of the Beck Depression Inventory with depression patients.]. *Psikoloji Dergisi*, 22, 118–126.
- Hisli, N. (1989). Reliability and validity of Beck Depression Inventory in university students. *Journal of Psychology*, 7, 3–13.
- Imamoglu, E. O. (1987). An interdependence model of human development. In C. Kagitcibasi (Ed.), *Growth and Progress in cross-cultural psychology* (pp. 138–145). Lisse, Holland: Swets and Zeitlinger.

- Imamoglu, E. O., & Imamoglu, V. (1992). Life situations and attitudes of the Turkish elderly toward institutional living within a cross-cultural perspective. *Journal of Gerontology: Psychological Sciences*, 47, 102–108.
- Imamoglu, E. O., Kuller, R., Imamoglu, V., & Kuller, M. (1993). The social psychological worlds of Swedes and Turks in and around retirement. *Journal of Cross-Cultural Psychology*, 24, 26–41.
- Jarden, A. (2010). *Relationships between personal values, and depressed mood and subjective wellbeing* (Doctoral dissertation, University of Canterbury, Christchurch, New Zealand). Retrieved from [http://ir.canterbury.ac.nz/bitstream/handle/10092/5205/thesis\\_fulltext.pdf?sequence=1&isAllowed=y](http://ir.canterbury.ac.nz/bitstream/handle/10092/5205/thesis_fulltext.pdf?sequence=1&isAllowed=y)
- Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice*, 19, 290–297.
- Kagitcibasi, C. (1973). Psychological aspects of modernization in Turkey. *Journal of Cross Cultural Psychology*, 4, 157–174.
- Kagitcibasi, C. (1982). Old-age security value of children and development. *Journal of Cross-Cultural Psychology*, 13, 29–42.
- Kagitcibasi, C. (1990). Family and socialization in cross-cultural perspective: A model of change. In J. Berman (Ed.) *Nebraska Symposium on Motivation: Cross-cultural perspectives* (pp. 135–200). Lincoln: University of Nebraska Press.
- Kagitcibasi, C., & Ataca, B. (2005). Value of children and family Change: A three-decade portrait from Turkey. *Applied Psychology: An International Review*, 54, 317–337.
- Kapci, E. G., Uslu, R., Turkcapar, H., & Karaoglan, A. (2008). Beck Depression Inventory II: Evaluation of the psychometric properties and cut-off points in a Turkish adult population. *Depression and Anxiety*, 25, E104–E110.
- Karakitapoglu Aygun, Z., & Imamoglu, E. O. (2002). Value domains of Turkish adults and university students, *The Journal of Social Psychology*, 142, 333–351.
- Kasser, T., & Ryan, R. M. (1996). Further examining the American dream: Differential correlates of intrinsic and extrinsic goals. *Personality and Social Psychology Bulletin*, 22, 280–287.
- Keles, H. N. (2011). Y kuşağı çalışanlarının motivasyon profillerinin belirlenmesine yönelik bir araştırma [A research on determining motivation profiles of generation y employees]. *Organizasyon ve Yönetim Bilimleri Dergisi*, 3, 129–139.
- Kleiman, E. M., Adams, L. M., Kashdan, T. B., & Riskind, J. H. (2013). Grateful individuals are not suicidal: Buffering risks associated with hopelessness and depressive symptoms. *Personality and Individual Differences*, 55, 595–599.
- Kringelbach, M. L., & Berridge, K. C. (2010). The Neuroscience of happiness and pleasure. *Social Research*, 77, 659–678.
- Kusdil, E. M., & Kagitcibasi, C. (2000). Value orientations of Turkish teachers and Schwartz's theory of values. *Türk Psikoloji Dergisi*, 45, 59–76.
- Lapierre, S., Bouffard, L., & Bastin, E. (1997). Personal goals and subjective well-being in later life. *International Journal of Aging and Human Development*, 45, 287–303.
- Lee, M. T. Y., Wong, B. P., Chow, B. W. Y., & McBride-Chang, C. (2006). Predictors of suicide ideation and depression in Hong Kong adolescents: Perceptions of academic and family climates. *Suicide and Life-Threatening Behavior*, 36, 82–96.

- Lesniak, K. T., Rudman, W., Rector, M. B., & Elkin T. D. (2006). Psychological distress, stressful life events and religiosity in younger African American adults. *Mental Health, Religion and Culture*, 9, 1–28.
- Maral, I., Aslan, S., İlhan, M., Yildirim, A., Candansayar, S., & Bumin, M. A. (2001). Depression and Risk Factors: A Comparative Study on Elderly Persons Living at Home and in Nursing Homes. *Turkish Journal of Psychiatry*, 12, 251–259.
- Maslow, A. H. (1971). *The farther reaches of human nature*. New York, NY: Viking.
- McCrimble, M., & Wolfinger, E. (2009). *The ABC of XYZ: Understanding the Global Generations*. Sidney: UNSW Press.
- Mischel, W. (1990). Personality dispositions revisited and revised: A view after three decades. In L. A. Pervin (Ed.), *Handbook of personality: Theory and research* (pp. 111–134). New York, NY: Guilford Press.
- Mousseau, A. C., Scott, W. D., & Estes, D. (2014). Values and depressive symptoms in American Indian Youth of the Northern Plains: Examining the potential moderating roles of outcome expectancies and perceived community values. *Journal of Youth and Adolescence*, 43, 426–436.
- Murray-Swank, A. B., Lucksted, A., Medoff, D. R., Yang, Y., Wohlheiter, K., & Dixon, L. B. (2006). Religiosity, psychosocial adjustment and subjective burden of persons, who care for those with mental illness, *Psychiatric Services*, 57, 361–365.
- Orhan, F. O., Tuncel, D., Tas, F., Demirci, N., Ozer, A., & Karaaslan, M. F. (2012). Relationship between sleep quality and depression among elderly nursing home residents in Turkey. *Sleep Breath*, 16, 1059–1067.
- Ozdemir, Y., & Koruklu, N. (2011). Investigating relationship between values and happiness among university students. *YYU Journal of Education Faculty*, 1, 190–210.
- Quach, A. S., Epstein, N. B., Riley, P. J., Falconier, M. K., & Fang, X. (2015). Effects of Parental Warmth and Academic Pressure on Anxiety and Depression Symptoms in Chinese Adolescents. *Journal of Child and Family Studies*, 24, 106–116.
- Roccas, S., Sagiv, L., Schwartz, S. H., & Knafo, A. (2002). The big five personality factors and personal values. *Personality and Social Psychology Bulletin*, 28, 789–801.
- Rohan, M. J., & Maiden, W. (2000). *Investigations into “value fit.”* (Unpublished manuscript). University of New South Wales, Sydney, Australia.
- Sagiv, L., & Schwartz, S. H. (2000). Value priorities and subjective well-being: Direct relations and congruity effects. *European Journal of Social Psychology*, 30, 177–198.
- Sahin, A. (2002). İlahiyat fakültesi öğrencilerinin umutsuzluk düzeyleri üzerine bir araştırma [A study on the hopelessness level of undergraduate students of divinity faculty]. *Selçuk Üniversitesi İlahiyat Fakültesi Dergisi*, 13, 143–157.
- Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in Experimental Social Psychology*, 25, 1–65.
- Schwartz, S. H. (1996). Value priorities and behavior: Applying a theory of integrated value systems. In C. Seligman, J. M. Olson, & M. P. Zanna (Eds.), *The psychology of values: The Ontario symposium* (Vol. 8 pp. 1–24). Hillside, NJ: Lawrence Erlbaum.
- Schwartz, S. H. (2012). An Overview of the Schwartz Theory of Basic Values. *Online Readings in Psychology and Culture*, 2(1). <http://dx.doi.org/10.9707/2307-0919.1116>
- Schwartz, S. H., & Boehnke, K. (2004). Evaluating the structure of values with confirmatory factor analysis. *Journal of Research in Personality*, 38, 230–255.

- Seki, T., & Dilmac, B. (2015). Predictor relationships between the values the adolescents have and their levels of subjective well-being and social appearance anxiety: A Model Proposal. *Education and Science, 40*, 57–67.
- Seligman, M. E. P. (1997). *Learned optimism*. Keynote Address, Association of University and College Counseling Center Directors (AUCCCD) national convention, Virginia Beach, VA.
- Stein, G. L., & Polo, A. J. (2014). Parent-child cultural value gaps and depressive symptoms among Mexican American youth. *Journal of Child and Family Studies, 23*, 189–199.
- Strupp, H. H. (1980). Humanism and psychotherapy: A personal statement of the therapist's essential values. *Psychotherapy, 17*, 396–400.
- Tekbas, O. F., Ceylan, S., Hamzaoglu, O., & Hasde, M. (2003). An investigation of the prevalence of depressive symptoms in newly recruited young adult men in Turkey. *Psychiatry Research, 119*, 155–162.
- Tsai, J. L., & Chentsova-Dutton, Y. (2009). Understanding depression across cultures. In I. H. Gotlib, & C. L. Hammen (Eds.), *Handbook of depression* (pp. 467–491). New York, NY: Guilford.
- Turkish Statistical Institute. (2015). *Hane halkı işgücü istatistikleri, 2014*. Retrieved March 11, 2015 from <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=16014>
- Uner, S., & Ozcebe, H. (2008). Assessment of depression and risk factors using Beck Depression Inventory in high school students. *Erciyes Medical Journal, 30*, 250–258.
- Unsal, A., & Ayranci, U. (2008). Prevalence of students with symptoms of depression among high school students in a district of Western Turkey: An epidemiological study. *Journal of School Health, 78*, 287–293.
- Van Cappellen, P., Toth-Gauthier, M., Saroglou, V., & Fredrickson, B. L. (2016). Religion and well-being: The mediating role of positive emotions. *Journal of Happiness Studies, 17*, 485–505.
- Yapici, A. (2015). Religious life of Turkish youth in the process of modernization and secularization. In Z. Agilkaya-Sahin, H. Streib, A. Ayten, & R. H. Hood (Eds.), *Psychology of Religion in Turkey* (pp. 107–136). Leiden: Brill.
- Yapici, A., & Bilican, F. I. (2014). Depression severity and hopelessness among Turkish university students according to various aspects of religiosity. *Archive for the Psychology of Religion, 36*, 53–69.
- Yapici, A., Kutlu, O., & Bilican, F. I. (2012). Value orientations of teacher candidates. *Electronic Journal of Social Sciences, 11*, 129–151.
- Yesilada, B., & Noordijk, P. (2010). Changing values in Turkey: Religiosity and tolerance in comparative perspective. *Turkish Studies, 11*, 9–27.
- Zeiders, K., Updegraff, K. A., Umana-Taylor, A. J., Wheeler, L. A., Perez-Brena, N. J., & Rodriguez, A. S. (2013). Mexican-origin youth's trajectories of depressive symptoms: The role of familism values. *Journal of Adolescent Health, 53*, 648–654.
- Zhang, J., & Li, Z. (2013). The association between depression and suicide when hopelessness is controlled for. *Comprehensive Psychiatry, 54*, 790–796.