

Attachment Styles and Degree of The Psychological Symptoms in Women Staying in a Shelter for Battered Women or in Their Home Where They were Exposed to Violence

Mine Gezen¹,
Esat Timuçin Oral²

¹Psychologist, Istanbul Metropolitan Municipality, Sehzadebasi Medical Center, Istanbul - Turkey
²Prof. Dr. Istanbul University of Commerce, Faculty of Science and Letters, Department of Psychology, Istanbul - Turkey

ABSTRACT

Attachment styles and degree of the psychological symptoms in women staying in a shelter for battered women or in their home where they were exposed to violence

Objective: Surveys in Turkey revealed that one third of women were exposed to physical violence by their partners and 25% of them lost their lives. The rate of murdered women in the last seven years has increased more than 1400 times. These findings display the importance of the problem. This research has been planned to put forward the attachment styles and identify the psychological symptom levels of women who were subject to violence and living at shelters, and women who were living with their spouses.

Methods: The sample of this study consists of 40 women who were subject to physical violence and continue to live with their spouses in the service area of Istanbul Metropolitan Municipality Counseling Centers, and 40 women who were subject to physical violence and living in three women's shelters in Istanbul. Symptom Check List (SCL-90), Relationship Scales Questionnaire and socio-demographic form were used for research.

Results: The comparison between these two groups were examined. Levels of symptoms related with somatization, obsessive-compulsive features, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety, paranoid ideation, psychoticism, sleep and eating disorders, feelings of guilt were found high in both groups. The relationship between secured attachment styles and obsessive-compulsive features, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety, paranoid ideation, psychotic and general symptom profiles showed statistically significant negative correlation.

Conclusion: According to attachment styles, there were no significant statistical differences between women exposed to violence and living at women's shelters and women who are exposed to violence but still living with their husbands; but the secure attachment style is higher in whom left their home at least once after the violence, comparing to women who never left the house. Besides, psychological symptoms were lower in women who were exposed to violence and had a secure attachment. Therefore, secure attachment style is a component for women to handle husband violence.

Key words: Attachment, psychological symptom, violence, woman

ÖZET

Kadın sığınma evinde yaşayan kadınlar ile şiddet gördüğü evde yaşamaya devam eden kadınların bağlanma biçimlerinin ve ruhsal belirti düzeylerinin incelenmesi

Amaç: Türkiye'de yapılan araştırmalarda, her üç kadından birinin eşinden şiddet gördüğüne, aile içi şiddete uğrayan kadınların %25'inin hayatını kaybettiğine ve son yedi yılda kadın cinayetlerinin yüzde 1400 oranında arttığına yönelik bulgular, sorunun önemini göstermektedir. Bu araştırmanın amacı, kadın sığınma evinde yaşayan fiziksel şiddet görmüş kadınlar ile eşleriyle birlikte yaşayan fiziksel şiddet görmüş kadınların bağlanma biçimleri ve ruhsal belirti düzeyleri arasındaki ilişkinin incelenmesidir.

Yöntem: Bu araştırmanın örneklemini, İstanbul Büyükşehir Belediyesi Psikolojik Danışmanlık Merkezlerinden hizmet alan, eşi ile birlikte yaşamaya devam eden, fiziksel şiddet görmüş 40 kadın ile İstanbul'da üç ayrı kadın sığınma evinde bulunan, fiziksel şiddet görmüş 41 kadın oluşturmuştur. Belirti Tarama Listesi (SCL-90), İlişki Ölçekleri Anketi ve sosyo-demografik form kullanılmıştır.

Bulgular: Araştırmaya katılan kadınların ruhsal belirtileri incelendiğinde, her iki grupta bulunan kadınların somatizasyon, obsesif-kompulsif özellikler, kişilerarası duyarlılık, depresyon, kaygı, öfke-düşmanlık, fobik anksiyete, paranoid düşünce, psikotizm, uyku ve yeme bozuklukları ve suçluluk duyguları ile ilgili belirtiler ve genel belirti düzeyinin yüksek düzeyde olduğu görülmektedir. Katılımcıların ruhsal belirtileri ve bağlanma stilleri arasındaki ilişki incelendiğinde, güvenli bağlanma ile obsesif-kompulsif özellikler, kişilerarası duyarlılık, depresyon, kaygı, öfke-düşmanlık, fobik anksiyete, paranoid düşünce, psikotizm ve genel belirti düzeyi arasında istatistiksel olarak anlamlı ve ters yönlü ilişkiler bulunmuştur.

Sonuç: Kadın sığınma evinde yaşayan ve şiddet görmüş kadınlar ile eşleriyle birlikte yaşayan ve şiddet görmüş kadınların bağlanma biçimleri arasında istatistiksel bir fark bulunmamış; ancak eşinden şiddet gördükten sonra evi en az bir kez terk eden grubun güvenli bağlanma düzeyi, eşinden şiddet gördükten sonra evi hiç terk etmemiş olan gruba kıyasla daha yüksek bulunmuştur. Ayrıca, güvenli bağlanan şiddet görmüş kadınlarda, ruhsal belirtiler de daha az görülmektedir. Sonuçta, güvenli bağlanma kadınların eşlerinden gördükleri şiddete başa çıkmasını kolaylaştıran bir unsur olarak öne çıkmaktadır.

Anahtar kelimeler: Bağlanma, ruhsal belirti, şiddet, kadın

Address reprint requests to / Yazışma adresi:
Psychologist Mine Gezen, Bukalidede Sok.
No: 3 Sarachane, Fatih, Istanbul - Turkey

Phone / Telefon: +90-212-455-1550

E-mail address / Elektronik posta adresi:
psychologist.mine@gmail.com

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INTRODUCTION

The World Health Organization describes the violence as “the knowingly / intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (1). In case of domestic violence, the violence is directed from the powerful to the powerless and women are mostly abused by their life partners (2,3).

Domestic violence against women may be grouped under 4 headings. According to this classification; physical violence is defined as using brute force as a tool of intimidation, suppression and sanction, sexual violence is defined as using sexuality as a tool of intimidation, suppression and sanction and controlling. While psychological or verbal violence is defined as intimidation, punishment and control of the opposite partner using behaviors and conversations, economic violence is defined as using economic sources and money as a tool of intimidation and control (4).

In a study conducted in Virginia Medical School, the oldest finding concerning domestic violence against women was the detection of the rate of lethal cranial fractures in 2000-3000 years old female mummies as 30-50%, while the same rate was 9-20% in male mummies. One of the best examples concerning the support to wife-beating by the prevailing public rules or even by the laws is the Pennsylvania State Law, forbidding husbands to beat their wife after 10.00 pm and on Sundays which was in force until 1970s (5,6).

In a study conducted by Altınay and Arat (7) in 2007, 35% of the female interviewees stated that they had been exposed to physical violence by their husbands at least once, 1 out of 6 men having a university degree were reported to apply physical violence to their spouse and gaining more money for the family than husband increased the risk of being beaten two fold.

In a study conducted by Karaçam et al. (8), 27.8% of the women defined violence acts occurred against them at any time of their married life and when they were asked the person(s) using violence, 92.6 % of the abused

pointed out their husbands, 3.7 % pointed out their husbands as well as their mother-in-law and father-in-law and 3.7% pointed out their mother-in-law and father-in-law. 40.7% of the women participating in a study conducted by Güler et al. (9) defined that they were exposed to violence by their husband.

The “attachment”, first conceptualized by Bowlby, is defined as a consistent and permanent affectional bond manifesting itself as the quest of the children for feeling safe, provision of their needs and affections intimacy (10,11). One of the underlying hypothesis of the attachment theory is the need of the babies for a figure providing their safety, security and protection requirements since they need a long lasting care and protection (12).

Based on the theory of Bowlby, Batholomew and Horowitz, examining the role of the attachment, suggested a new model called the “4-group Model of Attachment” that made significant contributions to the understanding of attachment in adulthood (13,14).

These Attachment Styles May Be Summarized As Follows:

Secure Attachment: In this attachment style self-image and the others model is positively perceived. Securely attached individuals see themselves as worthy to be loved and easily develop intimate relationships with the others. They do not worry about being alone or being accepted.

Preoccupied Attachment: It can be described as a combination of the negative self and and the positive other models. They are seriously worried about not being accepted and not being loved.

Dismissive Attachment: It is a combination of the positive self and negative others models. They feel themselves worthy of being loved, however they keep themselves away from intimate relationships due to their thoughts and negative expectations from the other people. Dismissively attached individuals do not want to establish intimacy, they protect themselves from disappointments by avoiding intimate relationship and they maintain their independency and invulnerability.

Fearful Attachment: It is a combination of negative self and negative others. They feel themselves unworthy, they worry about being hurt, losing or being rejected, consequently they avoid developing intimacy with the others.

In this study, it is aimed at analyzing the psychological symptoms, attachment styles, the factors that may affect them and their interactions in battered women staying at shelters or living with their spouse.

MATERIALS AND METHODS

A total of 81 women were included in the study. The study sample was constituted by 40 women exposed to violence and continued to live with their spouse, attending one of the Psychological Counseling Centers established by the Metropolitan Municipality of Istanbul in 10 counties of Istanbul between January 2011 - May 2011, and 41 women staying at three different shelters in Istanbul. The institutions where we conducted the study were selected as the possible medium for the women to express the violence that they had been exposed. In addition, these places were considered to contribute to the analysis of the effects of the attachment styles on the ability to move away from the violence medium and the effects of moving away from the violence medium on the psychological symptoms of the women.

40 women attending the Municipality Counseling Centers and 41 women staying at shelters, were interviewed and the volunteers were informed about the questionnaires and measures that would be administered and due to the privacy sensitivity, their verbal consents were obtained. All of the interviewees were included in the study.

Symptom Check List (SCL-90), Relationship Scales Questionnaire as well as Individual Identification Chart prepared by the investigator were used in the study.

Symptom Check List (SCL-90-R): SCL-90-R is constituted by quadripartite Likert type responses varying from "not to extremely" and while this test measures the stress level manifesting as psychological symptoms, high scores indicate functional impairments.

The SCL-90-R test was finalized by Deogatis (15) and the study on the validity-reliability of Turkish version was performed by Dağ (16). The test is constituted by 10 symptom groups in 9 subscales and one additional item.

The Relationship Scales Questionnaire: It was developed by Bartholomew (13) in order to measure attachment styles in adults and the study of the validity-reliability of Turkish version was performed by Sümer and Güngör (17). This process consists of the assessment of the answers of the participants on how they define themselves in 17 situations stated in the scales. The participants assessed the items in terms of how the items described them and their relationship upon a Likert type scale (as I am not agree at all=1, I am completely agree=4). Determination of the type of attachment that the participant was close, was essential.

Individual Identification Chart: Individual Identification Chart was developed by the investigators in order to determine the sociodemographic characteristics including the age, marital status, the way of the marriage, educational status, working status, personal income, number of children, their inmates, the duration of the violence exposure, the frequency of the violence exposure, family history of violence before her relationship.

Statistical Analysis

The results were assessed using the Statistical Package SPSS WINDOWS 15.00, by Pearson's Correlation analysis, independent groups' t test, Mann-Whitney U test and Kruskal Wallis-H test and the significance level of the analysis results was tested at the level of $p < 0.05$.

RESULTS

In our survey, the average age of the women living in the house where they were exposed to violence was 34.85 years. While 2 women were single and lived together with their partner without bonding by marriage, 9 had imam marriage and seventy women were legally married. All women mentioned their

partners as their spouse, for this reason the word of “spouse” was used instead of partner in our study. 37.5% of the women living in the house where they were exposed to violence and 56% of the women staying at the shelters stated that they had been exposed to violence also by their family in their childhood. 21.9% of the women staying at the shelters and 20% of the women living in the house where they were exposed to violence, stated that they had a paid job.

While 2.43% of the women staying at a shelter stated that they had flirted before getting married, 21.95% of them stated that they had a prearranged marriage, 17.07% of them had been compelled to get married by their family, 19.51% of them had eloped to marry to their spouse and 14.63% had been abducted by their spouse.

35% of the women living in the house where they were exposed to violence stated that they had flirted before getting married, 45.5% of them stated that they had a prearranged marriage, 7.5% of them had been compelled to marry by their family, 12.5% had eloped to marry to their spouse. When the battered women staying at shelters were asked the time they decided to apply to a shelter, the answers were “when I saw that my family would not be supportive” in 31.7% of the women, “when a life threatening danger emerged” in 19.5% of the women, “when the frequency of the violence exposure increased” in 12.2% of the women and “when the violence was directed towards the children” in 12.2% of the women.

14.63% of the women staying at shelter stated that the average duration of the violence exposure was 1 to 5 years, 63.4% of the women were exposed to violence by their spouse for a length of time longer than 5 years, the ongoing violence exposure for 1 to 5 years was reported by 27.5% of the women staying in shelter, 25% reported a period of time longer than 5 years and 27.5% stated that violence exposure still continued.

17% of the women staying in a shelter, stated that they had been exposed to violence once, 7.3% of the women stated the violence exposure 2-5 times a year, 12.2% of the women stated the violence exposure 5 to 10 times a year, 29.3% of them stated once a month or more frequently and 34% of the women had been exposed to violence every day. Among the women who lived in the

house where they had been exposed to violence, 5% reported physical violence once, 42.5% 2 to 5 times a year, 15% 5-10 times a year and 35% of the women reported violence once a month or more frequently.

When the psychological symptoms of the women exposed to spouse violence were assessed, subscales scores and an overall symptom level of 1.52 to 2.50 indicated a high level of complaints related to the psychological symptoms. Somatization, obsessive compulsive features, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety, paranoid thoughts, psychoticism, additional scale (symptoms related to sleep and eating disorders, guilt feelings) and overall symptom levels were observed as high. Fearful attachment scores (2.84) and dismissive attachment scores (2.67) were determined as high.

The psychological symptom subscales scores and overall symptom levels of the battered women living at shelters were also found as 1.51-2.50 similarly to the other group. Somatization, obsessive compulsive features, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety, paranoid thoughts, psychoticism, additional scale (symptoms related to sleep and eating disorders, guilt feelings) and overall symptom levels were observed as high. Fearful attachment scores (2.96) and dismissive attachment scores (2.92) were determined as high.

Although not statistically significant, the higher levels of obsessive compulsive features and anger-hostility scores were determined in the prearranged marriage group and the higher scores of anxiety, phobic anxiety, paranoid thoughts, psychoticism and overall symptom level scores were found in the women getting married after being abducted.

In a study conducted by Altınay and Arat (7), considering the interpretation about the women with higher education and income level who may pretend not to tell their complaint too much due to the shame and worry for infamizing their name, the educational and working states were thought to affect the level of psychological symptoms. No significant difference was found when the psychological symptoms of the women who were exposed or continued to be exposed violence were assessed according to their educational status. A

Table 1: The comparison of the average scores of the SCL-90 subscales and overall symptom level in working and non working women exposed to violence

	Non-Working (n= 63)		Working (n= 18)		Z	p
	Average of Range		Average of Range			
SCL-90						
Somatization	37.10		53.12		-2.53	0.012
Obsessive-compulsive features	36.92		53.76		-2.66	0.008
Interpersonal sensitivity	38.63		47.44		-1.39	0.165
Depression	39.05		45.88		-1.08	0.281
Anxiety	37.82		50.44		-1.99	0.047
Anger-Hostility	38.00		49.76		-1.86	0.063
Phobic anxiety	38.78		46.88		-1.28	0.201
Paranoid ideation	39.09		45.74		-1.05	0.294
Psychoticism	39.05		45.88		-1.08	0.281
Additional scale	37.44		51.82		-2.27	0.023
Overall symptoms level	37.82		50.44		-1.99	0.047

Z: Mann Whitney U Test, SCL-90: Symptom Check List

Table 2: The comparison of the mean scores of the SCL-90 subscales and overall symptom level of the battered women staying at shelters or living with their spouse

	Women's Shelter (n= 41)		Together with her Spouse (n= 40)		t	p
	Mean	S.D.	Mean	S.D.		
SCL-90						
Somatization	2.00	0.916	1.93	0.766	0.377	0.70
Obsessive-compulsive features	2.05	0.845	1.98	0.643	0.427	0.67
Interpersonal sensitivity	2.25	0.924	2.13	1.199	0.523	0.60
Depression	2.18	0.828	2.23	0.770	-0.242	0.81
Anxiety	2.05	0.935	1.96	0.772	0.479	0.63
Anger-Hostility	1.74	0.947	1.98	0.761	-1.252	0.21
Phobic anxiety	1.82	0.951	1.50	0.869	1.556	0.12
Paranoid ideation	1.93	0.919	1.82	0.692	0.585	0.56
Psychoticism	1.59	0.909	1.50	0.740	0.502	0.62
Additional scale	1.94	0.863	1.86	0.736	0.468	0.64
Overall symptoms level	1.97	0.791	1.92	0.634	0.331	0.74

t: Student T test, SCL-90: Symptom Check List

statistically significant difference was found between the averages of range when the psychological symptoms of the women who were exposed or continued to be exposed violence were assessed according to their working status ($p < 0.05$). Among the battered working women, the level of somatization, obsessive-compulsive disorder and the levels of additional scale and overall symptoms were found higher than the battered women in the non-working group. Among the other subscales; the levels of interpersonal sensitivity, depression, anger-hostility, phobic anxiety, paranoid thoughts and psychoticism did not differ according to the working state. According to the variables of the duration of the violence exposure and the frequency of the physical violence, no statistically significant difference was

found between the averages of the psychological symptoms of two groups (Table 1).

As a result of the independent group t test performed to determine whether the level of psychological symptoms and overall symptoms differed between the battered women staying at shelter and battered women living with their spouse, no statistically significant difference was found between the levels of psychological symptoms and overall symptoms between two groups (Table 2).

Apart from the secure attachment style, no statistically significant correlation was found between the attachment styles and psychological symptoms. A statistically significant negative correlation was found between the secure attachment style and somatization, obsessive-compulsive disorder, sensitivity, depression,

Table 3: The comparison of the Relationship Scales Questionnaire scores of the women who left or did not leave their spouses

Relationship Scale Questionnaire	Women who left their spouses (n= 59) Average of Range	Women who did not leave their spouses (n= 22) Average of Range	Z	p
Fearful Attachment	41.40	37.98	-0.59	0.56
Dismissive Attachment	40.94	39.26	-0.29	0.77
Secure Attachment	37.28	49.55	-2.08	0.04
Preoccupied Attachment	41.19	38.57	-0.45	0.65

Z: Mann Whitney U Test

anxiety, anger-hostility, phobic anxiety, paranoid thoughts and psychoticism and overall symptom level. According to this result, the increased level of secure attachment in battered women was associated with the lower psychological symptom level.

A significant difference was found in terms of the average of range of the secure attachment scores between the group of the women who left home and the group who did not. Aformentioned difference occurred in favor of the group of the women who had left their home after being exposed to violence. According to this result, the significantly higher levels of secure attachment were found in the group of the women who left their spouse after being exposed to violence (Table 3).

DISCUSSION

This study differs from the previous studies in terms of being the first study assessing the effects of the ongoing violence and terminated violence on the psychological symptoms and attachment styles. On the other hand, the study sample remained limited to 81 individuals due to the difficulties in achieving to the sample group. The lack of the assessments of the factors such as the relationship between the sheltering duration at shelter and psychological symptoms and attachment styles, the presence or absence of the life threatening danger, are the other restrictions of the study. Since the sheltering durations at the shelter were not declared by the shelter administration and the doubtful accuracy of the information obtained from the women, the sheltering duration was not stated clearly. Since the life threatening danger is a subjective expression and physical violence is perceived as a life threatening danger by almost all women, life threatening danger

could not be assessed in an objective and medical way. The detection of the high level of the complaints related to the psychological symptoms in both groups is also supported by many other studies. In a study conducted by Vahip and Doğanavşargil (18) among the patients attending psychiatry outpatient clinics, it was determined that while 73.9% of the women exposed to the physical violence were diagnosed with depression, 6.5% of them were diagnosed with anxiety disorder.

Medical conditions such as depression, anxiety, psychosomatic symptoms, loss of self esteem, suicide attempt and eating disorders in women exposed to violence reported by Karaçam et al. (8) were also consistent with the high level of somatization, depression, anxiety, eating disorders detected by SCL-90 in our study (8).

While the increased level of secure attachment was associated with decreased levels of psychological symptoms in both groups, this finding shows similarity with the results of the studies conducted by Ergin (19). Ergin pointed out that the individuals having secure attachment style revealed lower anxiety, depression, negative self, somatization and hostility scores than the individual who have insecure attachment style; in addition a higher correlation was found between the high scores in the anxious attachment dimension and psychological disorder symptoms when compared to the correlation between the high scores of avoidant attachment dimension and psychological disorders. This finding also shows similarity with the significant inverse correlations between the secure attachment and depression, anxiety, anger-hostility, overall symptom level detected by SCL-90 and Relationship Scales Questionnaire in our study.

In the studies conducted by Murphy and Bates (20) assessing the relationship between the adult attachment

styles and depressive personality tendency, a significant correlation was also found between the high scores of fearful and pre-occupied attachment styles and depression and negative self model. On the other hand Meyers (21) determined that securely attached individuals revealed a higher degree of personal perfection and lower degree of psychological restlessness compared to the avoidant and anxiously attached individuals.

In conclusion, according to the findings of our study, apart from the secure attachment style of the women staying at shelters, no statistically significant relationship was found between the other attachment styles and

psychological symptoms. There was an inverse correlation between the secure attachment and somatization, obsessive-compulsive features, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety and paranoid thoughts, psychoticism and overall symptom level and consequently the level of psychological symptoms decreased when the secure attachment level increased among the battered women living at shelters.

Anger-hostility, phobic anxiety and paranoid thought levels decreased also in battered women living with their spouse, when the secure attachment level increased.

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