

THE RELATIONS AMONG GENERATIVITY, MEANING IN LIFE AND
DEPRESSIVE SYMPTOMS IN TURKISH ELDERLIES: A MEDIATION MODEL

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DEPRESSIVE SYMPTOMS IN TURKISH ELDERLIES: A MEDIATION
MODEL**

submitted by **AYLİN ARAS** in partial fulfillment of the requirements for the degree
of **Master of Science in Psychology, the Graduate School of Social Sciences of
Middle East Technical University** by,

Prof. Dr. Yaşar KONDAKÇI
Dean
Graduate School of Social Sciences

Prof. Dr. Sibel KAZAK BERUMENT
Head of Department
Department of Psychology

Prof. Dr. Özlem BOZO ÖZEN
Supervisor
Department of Psychology

Examining Committee Members:

Prof. Dr. Bengi ÖNER ÖZKAN (Head of the Examining Committee)
Middle East Technical University
Department of Psychology

Prof. Dr. Özlem BOZO ÖZEN (Supervisor)
Middle East Technical University
Department of Psychology

Prof. Dr. Hatice DEMİRBAŞ
Ankara Hacı Bayram Veli University
Department of Psychology



I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last Name: Aylin ARAS

Signature:

ABSTRACT

THE RELATIONS AMONG GENERATIVITY, MEANING IN LIFE AND DEPRESSIVE SYMPTOMS IN TURKISH ELDERLIES: A MEDIATION MODEL

Aras, Aylin

M.S., The Department of Psychology

Supervisor: Prof. Dr. Özlem Bozo Özen

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The aim of the present master's thesis was to investigate the association between generativity and depression, as well as the mediating role of meaning in life in this association among Turkish elderly population. Data were collected from 152 older individuals aged between 65 and 88. The results of the current study revealed that generativity was not associated with depression. Regarding the meaning in life, although the association between generativity and the search for meaning in life was insignificant, generativity was positively associated with the presence of meaning in life. Similarly, while the presence of meaning in life was not associated with geriatric depression, the search for meaning in life was positively associated with depression. The findings of mediation analysis revealed that neither the presence of meaning in life nor the search for meaning in life mediated the association between generativity and depression among Turkish elderly individuals. The findings of the present study

were discussed in light of the existing literature. The strengths and limitations of the study, clinical implications of the findings, and the directions for future research were presented.

Keywords: Generativity, Meaning in Life, Depression, Aging



ÖZ

TÜRK YAŞLI NÜFUSUNDA ÜRETKENLİK, YAŞAMIN ANLAMI VE DEPRESİF BELİRTİLER ARASINDAKİ İLİŞKİLER: BİR ARABULUCULUK ANALİZİ

Aras, Aylin

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Bu yüksek lisans tez çalışmasının amacı, Türkiye’deki yaşlı nüfusun üretkenlik düzeyleri ve depresif semptomları arasındaki ilişkiyi ve bu ilişkide hayattaki anlamın aracı değişken rolünü incelemektir. Çalışmanın örneklemini yaşları 65 ve 88 arasında değişen 152 kişiden oluşmaktadır. Çalışmanın sonucunda, yaşlıların üretkenlik düzeyleri ile depresif semptomları arasında anlamlı bir ilişki bulunamamıştır. Yaşamdaki anlamla ilgili olarak, üretkenlik ile yaşamdaki anlam arayışı arasında anlamlı bir ilişki bulunamamasına rağmen, üretkenlik yaşamdaki anlamın varlığıyla pozitif yönde bir ilişki göstermiştir. Benzer şekilde, yaşamda anlamın varlığı geriatrik depresyon ile anlamlı bir ilişki göstermezken, yaşamda anlam arayışı depresyon ile pozitif yönde ilişki göstermiştir. Arabuluculuk analizi bulgularına göre, yaşamda anlam varlığı ve anlam arayışının, yaşlı bireylerin üretkenlik düzeyleri ve depresif semptomları arasındaki ilişkiye aracılık etmediği bulunmuştur. Çalışmanın bulguları ilgili alan yazın ışığında tartışılmış ve çalışmanın güçlü yönleri, sınırlılıkları,

bulguların klinik sonuçları tartışılarak gelecekteki arařtırmalar için öneriler sunulmuřtur.

Anahtar Kelimeler: Üretkenlik, Yařamda Anlam, Depresyon, Yařlılık



To the little girl who gives me strength with her tiny smile...



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CHAPTER 1

INTRODUCTION

1.1. Older Adults and Depression

The elderly population is growing rapidly all over the world and this rate of increase is much faster than in the past [World Health Organization (WHO), 2018] and all other age groups [United Nations (UN), Department of Economic and Social Affairs, 2019]. According to World Bank data, the world population aged 65 and over constituted 8.87% of total population in 2018 while it was only 4.97% of the total population in 1960 (The World Bank Group, 2019). This dramatic increase in life expectancy and the decrease in fertility rates are the key drivers of aging world population [Orimo et al., 2006; Podesva & Palici, 2015; UN, 2019]. According to World Population Prospects by 2050, 16% of the world population, or one in six people in the world, is expected to be over the age of 65 although this rate was reported as 9% in 2019. Moreover, the number of individuals aged 80 and over is predicted to triple from 143 million in 2019 to 426 million in 2050, and the average life expectancy is estimated to be 77.1 by 2050 (UN, 2019). However, it is expected that 80% of the older population will be living in low- and middle-income countries by 2050. As one of the developing/middle income countries, in parallel with world population trends, the proportion of the aging population is getting older in Turkey and this increase is occurring at a greater rate than any other age groups [Turkish Statistical Institute (Türkstat), 2020]. According to the available data, the Turkish elderly population was 9.1% relative to the total population in 2019, while it was only 3.5% in 1960. This proportion is expected to reach 25.6% in 2080. In the last five years, the growth rate in this age group reached to 7.550.727 people in 2019, an increase of 21.9%, which shows the rapid pace of growth more dramatically (Türkstat, 2020). Therefore, it is crucial to understand the older population and the features of this group of individuals

in more detail, since this social transformation will give direction to the individual, family and society in the future.

In most countries, people aged 65 and above are accepted as being elderly (Orimo et al., 2006; WHO, 2020) and the aging period is mostly equated with a time of losses. As lifespans increase, older adults encounter many challenges, such as physical constraints, health problems, loss of social contact through retirement, children leaving home, loss of spouses and friends, which in turn lead to loneliness, decreases in life satisfaction and increases in negative affectivity (Naef, Ward, Mahrer-Imhof, & Grande, 2013; Rubio, Dumitrache, Cordon-Pozo, & Rubio-Herrera, 2016; Tanjanai, Moradinazar, & Najafi, 2017). Therefore, in older adulthood the process of getting used to life's transitions mostly manifests itself as depression, which is one of the most prevalent diseases threatening the aging population (Chang-Quan et al., 2010; Singh, Mazi-Koywal, & Thalitaya, 2015). It was indicated that nearly one-quarter of the elderlies show symptoms of clinical depression (Singh et al., 2015; Wolkowitz, Reus, & Mellon, 2011), and in Turkey, this rate was reported as 18% in a study (Kulaksızoğlu et al., 2005). Given that the rate of older adults growing in the population increases and their health-related quality of life is deteriorated by depression (Ito & Matsushima, 2017; Silva et al., 2017), it is important to understand the core psychological correlates of depression among elderly individuals.

Not all individuals aged 65 and over experience clinical depression. There must be a number of factors making life more meaningful for older adults, which in turn would prevent them from developing depressive symptoms and enable older adults to remain functional despite many losses experienced during this stage of life. Perhaps, as Erikson stated, the period of old age may not be as negative as has been thought (2014/1982). In that sense, this study aims to provide a deeper understanding for the period of old age and some of the protective factors against depression in old age. Therefore, in the present study, the association between generativity and depressive symptoms in elderly individuals will be studied. Moreover, the role of finding meaning in life in the association between generativity and depressive symptoms will be examined in a Turkish elderly sample.

1.1.1. Geriatric Depression

Depression is one of the most prevalent psychiatric disorders and a common cause of disability in adults aged 65 years and older. Community-based epidemiological studies have reported the prevalence of major depression among the elderly as ranging from 1% to 5%, yet estimates for clinically significant symptoms of depression were somewhat higher, ranging from approximately 8% to 16% worldwide (for a review, see Barua, Ghosh, Kar, & Basilio, 2011; Blazer, 2003; Fiske, Wetherell, & Gatz, 2009; McCall & Kintziger, 2013; Singh et al., 2015). However, it seems that reports of the prevalence of depressive symptoms in adults aged 65 and over vary significantly across studies due to differences in the methods and samples used (Beekman, Copeland, & Prince, 1999; Blazer, 2003) as well as in social, cultural and ethnic characteristics of the communities in which the studies are carried out (Bretanha et al., 2015).

When looking at the prevalence of geriatric depression in Turkey, it can be said that the rates are in line with world trends in elderly depression such that the prevalence of depression in those 65 and over was 10-20%, with significantly higher rates at the higher end of the continuum (Kulaksızoğlu et al., 2005; Uçku & Küey, 1992). For example, in a study conducted with 147 individuals aged 65 and over, it was found that 17.7% of the sample had depression. This rate was significantly higher in women (Şimşek, Yümin, Sertel, Öztürk, & Yümin, 2010). Similarly, in a more recent study, while 53% of individuals aged 65 and over had mild depression, 39% had moderate depression, and 7.7% had severe depression. Surprisingly, it was reported that proportion of people with depression in old age bracket was higher than in other age groups (Ağırman, Gençer, Arıca, Kaya, & Eğici, 2017; Fiske et al., 2009). In another study published in 2019, 27.6% of 323 randomly selected elderly people aging 65 and over showed depressive symptoms (Yılmaz & Karaca, 2020). Moreover, as expected in Turkey, the rate of depression in treatment and care settings was higher than community settings in concordance with world depression trends (Kaya, 1999). Thus, these findings, which are based on a standard measurement tool called the Geriatric Depression Scale (GDS), imply that in advanced adulthood, since depressive symptoms manifested in a spectrum and rates fluctuate from sample to sample, it is difficult to talk about precise rates of depression in older adults. Nevertheless, it is

obvious that geriatric depression is seen in a significant proportion of older adults and it poses a serious public health problem threatening the well-being of this group of individuals.

By its very nature, old age depression differs from its earlier presentations in terms of its symptoms, etiology, risk factors and potential outcomes (Fiske et al., 2009). For example, older adults are less likely to manifest affective and biological symptoms and more likely to endorse symptoms of psychomotor retardation, cognitive changes, somatic symptoms, sleep disturbances, low energy, loss of interest in living, hopelessness and excessive worries about the future compared to younger individuals with depression (for more information, see Blazer, 2003; Fiske et al., 2009; Singh et al., 2015). Moreover, regardless of the role of any predisposing factors, as most of the studies – but not all – have reported, having low income, low education, dysfunctions in activities of daily living, being women, living alone, dissatisfaction with life, having no leisure time activity and increased sedentary behavior are considered as potential risk factors for depression for that age group (Ağırman et al., 2017; Kaya, 1999; Kulaksızoğlu et al., 2005; McCall & Kintziger, 2013). In the same vein, old age depression is associated with functional impairment, physical, cognitive and social disability (Blazer, 2003; McCall & Kintziger, 2013), reduced quality of life and life satisfaction (Şimşek et al., 2010). It is also characterized by lower rates of recovery and higher rates of suicide (Kaya, 1999; Şimşek et al., 2010). For instance, according to Türkstat 2013 data, the suicide rate was the highest among people in the 75 and over with a ratio of 8.08 per 100.000 people (Türkstat, 2013), and older adults are more likely than their younger counterparts to succeed in their attempts. All of these effects in turn increase the risk of mortality (Blazer, 2003; Şimşek et al., 2010), lead to the inevitable utilization of health-care services and economic and social resources (Courtin & Knapp, 2017). Nevertheless, depression in later life often goes unrecognized and untreated due to physicians' underdiagnoses or older adults' not reporting symptoms as it is mostly seen as a part of normal aging, the side effects of other medical conditions or fears of stigmatization (Eriksson et al., 2020; Gregg, Fiske, & Gatz, 2013; Kulaksızoğlu et al., 2005; Rodda, Walker, & Carter, 2011; Singh et al., 2015), which in turn further complicates the course of the depression. Thus, given its substantial prevalence, its negative course and adverse outcomes for the individual, family and society in general, and

considering the fact that little attention is given to late life depression, it is important to understand the core psychological mechanisms that can prevent depression in older adults to facilitate successful aging.

1.2. What is Generativity?

Generativity is one of the contributors to successful aging (Fisher, 1995; Villar, 2012). As an important psychological and developmental process, generativity was defined as “the concern in establishing and guiding the next generation” (Erikson, 1963, p. 267). The concept was first introduced by Erik Erikson more than 55 years ago as part of his theory of psychosocial development. He proposed eight life stages with each stage having its unique developmental challenges and crises that need to be appropriately resolved for healthy personality development to occur. Through the successful resolution of each stage, the individual acquires the competencies of each stage, which in turn ensures greater maturity and life-long psychological well-being (Erikson 1963, 1982).

The crisis of generativity versus stagnation is the seventh of these eight life stages. Erikson (1963) considered generativity as the primary developmental tension of middle adulthood. According to Erikson (1963; 2014/1982), building on successfully resolved previous stages at this stage, the developmental necessity of “need to be needed” becomes relatively dominant and turns into a meaningful crisis as a result of the influence of both internal impulses and social and cultural norms. During this stage, an adult is full of concerns of making the world a better place for younger generations and leaving a legacy by giving back to society. In that sense, a generative person endeavors to bear, nurture and guide the next generation through the utilization of previously developed repertoires (Ehlman & Ligon, 2012; Karacan, 2007). Thus, the concept of generativity is closely linked with productivity, creativity and altruism, yet it cannot be fully explained by these constructs (Schoklitsch & Baumann, 2012). Being motivated by higher-order needs such as achieving ego-integrity together with the belief in the goodness of the species (Erikson, 2014/1982), a generative adult moves from a self-centered attitude to an other-centered orientation (Slater, 2003). However, not everyone finds a way, or feels a need, to contribute to others. These stagnated adults may feel disconnected or unproductive, or they may have a sense that

they are not needed or useful. Erikson (2014/1982), nevertheless, argues that even in our most productive and creative individuals, this sense of stagnation may occur and this perception may take over whomever is no longer actively involved in productivity issues.

Generativity can be expressed in multiple ways. For Erikson, the best manifestation of generativity occurs through parenting or related caring behaviors, such as when having a child, bearing and raising children, looking after dependents etc. Erikson was also aware that not all parents are generative, and generativity cannot be restricted to the domain of parenting (Erikson, 1963). One can also be generative without having a child. In generativity, there is also self-directed generative desires in the form of enriching the components that make up the identity of the person (Erikson, 2014/1982). Thus, generativity can be expressed in variety of ways, such as through mentoring, teaching, guiding the next generation, altruistic activities such as volunteering, religious involvement, friendships, working and even in leisure-time activities (McAdams & de St Aubin, 1992). That is to say, any activities aimed toward bettering the world for current and future generations and fulfilling the need for “symbolic immortality” can be a way of achieving generativity as opposed to experiencing stagnation crises (McAdams & de St. Aubin, 1992, p. 5).

Erikson’s view of generativity as a discrete stage was disputed by several theoreticians. Kotre was the first to expand on the generativity construct based on Erikson’s ideas (Schoklitsch & Baumann, 2012). In spite of Erikson’s view of generativity as a one-dimensional construct, Kotre (1984, 1996) proposed a multidimensional theory of generativity. He described four major types of generativity, namely biological, parental, technical and cultural generativity. According to him, biological generativity involved producing, bearing and nursing offspring. Parental generativity was expressed via nurturing, loving and disciplining behaviors or initiating offspring, be they biological or non-biological, to family structure and culture so as to secure the family in the future. Teaching specific abilities such as cooking, writing, reading to less skilled individuals pertains to technical generativity; and finally, endeavoring to convey the cultural symbols and meanings of a society to younger generations is the means of cultural generativity. Additionally, Kotre believed that one can express these four types of generativity either in an agentic or communal manner or both; and none

of these four types of generativity is restricted to a particular life period of an adult (Karacan, 2007; Schoklitsch & Baumann, 2012). Moreover, building on the work of Kotre, Snarey et al. (1987) reconceptualized generativity as being composed of three different facets including biological, parental and societal generativity. Much emphasis was given to the role of parenting on the development of generativity, and it was concluded that not all parenting is generative. For parenting to be generative, there must be commitment and sacrifice on the part of the parent (Snarey, 1993). In this way, Snarey's developmental view of generativity made a substantial contribution to the psychology literature regarding the role of fathers and parental involvement for the achievement of generativity.

Despite Kotre's (1984) and Snarey's (1987) important theoretical formulations that expand on Erikson's view of generativity, the research regarding this construct has been sparse and unsystematic. The first attempt to organize these notions into a systematic framework was made by McAdams and de St. Aubin (1992). Unlike the Erikson's view of generativity as a construct "located within the individual," McAdams and de St. Aubin reformulated the model of generativity by relating the person to the social world -just like attachment- since they thought that generativity was motivated by both cultural demands and inner needs. That is, McAdams and de St. Aubin (1992) saw generativity as a configuration of seven psychosocial features, namely inner desire, cultural demands, conscious concern for the younger generations, belief in the goodness of the species, commitment to taking responsibility, generative actions and narratives (McAdams & de St. Aubin, 1992). Moreover, McAdams used a variety of methodologies to assess generativity. To measure individual differences in different facets of generativity, McAdams & de St. Aubin (1992) designed self-report measures of generative concern (the Loyola Generative Scale) and generative behaviors (the Generative Behavior Checklist), and also qualitative methodologies, such as content analysis of autobiographical memories tapping into generative narration. These three measurement strategies in turn lay the groundwork for assessment, interpretation and evaluation of generativity and pave the way for further empirical research. Furthermore, McAdams and de St. Aubin (1992) disputed Erikson's view of generativity as a strict sequential stage of adulthood and redefined this construct as a lifelong, dynamic process. Their contention that the reason for generativity becoming gradually salient in adulthood is due to increasing cultural

demand and that generative concern cannot be restricted to middle-adulthood making generativity an age-independent developmental task.

Although generativity was seen as the developmental crisis of middle adulthood, it was realized that it should also be an important life goal beyond the middle-age years due to its contributions to successful aging (Cheng, 2009). However, no consensus has been reached on the role of generativity in old age and the timeframe of its manifestation. For instance, in spite of thinking about generativity as a midlife stage, Erikson elucidated that older people “can and need to maintain a grand-generative function” (Erikson & Erikson, 1997, p. 63). He suggested that grandparenthood gives them a second chance to achieve generativity, and for them to be able to stay really alive, a minimum of vital involvement in generative activities is necessary. Similarly, McAdams and de St. Aubin (1992) pointed out the close association between middle and old age generativity by pretending that old people differ from middle-aged adults only in some dimensions of generativity. That is, when they used the measures of generative concern, commitment, narration and action, they realized that young, middle-aged, and older adults differed only in their levels of generativity depending on the measure used, and it was assumed that narration may be especially important for the elderly in terms of integrating their identity into a coherent generativity script (McAdams & de St Aubin, 1992). On the other hand, the concept of generativity did not receive sufficient attention in the gerontology literature and most studies have been conducted on adults before their early 70s (Schoklitsch & Baumann, 2011, 2012). Although somewhat mixed, the paucity of research supported these theoretical assumptions and indicated the importance of generative functioning in the final decades of life (see Einolf, 2014; Keyes & Ryff, 1998; Stewart & Vandewater, 1998).

As already mentioned previously, in most societies, elderly people stay active and their health-related quality of life has increased. With increasing life expectancy, marriage and childbearing have been delayed, which has made it possible for older adults to spend more years with their grandchildren and great-grandchildren (Cheng, 2009; Villar, 2012). Additionally, their desires to be useful and the need for symbolic immortality increase their productive contributions both to themselves and to society, which changes their roles from being resource consumers to resource providers (Kruse & Schmitt, 2012; Schoklitsch & Baumann, 2011; Villar, 2012). Moreover,

generative concerns and behaviors in older adulthood may also provide them with opportunities to regenerate generativity related to previously unresolved issues (Schoklitsch & Baumann, 2012). Furthermore, thinking of the fact that such an active and productive life in elderly years is a key component of successful aging and psychological well-being (An & Cooney, 2006; Fisher, 1995; Gruenewald, Liao, & Seeman, 2012), and given the scarcity of generativity research revealing these associations in the geriatric population (Schoklitsch & Baumann, 2011, 2012), it is essential to acknowledge more deeply the contributions of generativity to the well-being of older adults.

1.2.1. Generativity and Depression

Erikson and Erikson (1997, p.63) statement “lack of vital involvement often ... bring old people to psychotherapy. Much of their despair is, in fact, a continuing sense of stagnation” implies that the development of generativity among the elderly is one of the protective factors for one’s psychological well-being. Several studies have investigated this association between generativity and mental health, with mental health mostly operationalized as psychological well-being, life satisfaction, psychosocial adaptation, social engagement, and quality of life (An & Cooney, 2006). A number of studies attempted to understand this relationship and a positive association was demonstrated in most of them. For example, in a study providing the most extensive evidence regarding the association between generativity and psychological well-being, with a sample of 3.032 individuals aging between 25 and 74 Keyes and Ryff (1998) found that nearly all measures of generativity significantly predicted psychological well-being. Additionally, they realized that older adults aged 60 and over participated in a wider range of generative behaviors than their younger counterparts. Other similar studies indicated that engaging in generative behaviors was one of the robust indicators of successful aging in adults aged 60 and over (Baltes & Baltes, 1990; Fisher, 1995); for example, participating in volunteer activities, receiving and providing social support to significant others, staying active (Schoklitsch & Baumann, 2012) increased their well-being, life satisfaction, decreased their negative affectivity, and influenced their social relationships positively (see An & Cooney, 2006; Gruenewald et al., 2012; Navarro-Prados, Serrate-Gonzalez, Muñoz-Rodríguez, & Díaz-Orueta, 2018;

Schoklitsch & Baumann, 2012; Yuen, Huang, Burik, & Smith, 2008) even 10 years later (Gruenewald et al., 2012). These findings were also confirmed in a very recent study conducted in 2018 with 342 participants with a mean age of 68 (Navarro-Prados et al., 2018). In fact, the specified association was stronger when a facet of generativity called generative concern was used (for review, see Ann & Cooney, 2006; Schoklitsch & Baumann, 2011). On the other hand, a few studies revealed no or even negative relations between generativity and some components of mental health (Schoklitsch & Baumann, 2012). For instance, when the association between parents' well-being and generativity was examined, Morfe, Hooker, Carpenter, Mix and Blakeley (2004) found a negative relationship between generativity and well-being for women. Schoklitsch and Baumann (2011) concluded that if different aspects of generativity were used, stronger relations could be revealed between generativity and psychological well-being. However, for now, it is not possible to assume that the more generative an older adult is, the more he/she is psychologically healthier.

As can be inferred from the aforementioned data, the limited number of studies looking at the association between generativity and psychological well-being have mostly focused on quality of life and life satisfaction. Nevertheless, the fact that depression - the most common psychiatric disorder seen in that population - deteriorates the psychological well-being of older adults, it would be imperative to understand the relation between generativity and depressive symptoms as one of the crucial indicators of mental health among the elderly. Only a few of studies have endeavored to reveal this association. For example, McKeering (2007) looked at the relations between generativity, grief and mental health problems among separated fathers, with mental health operationalized as depression, anxiety, and the stress levels of the participants. Basically, they found generativity as a "protective buffer" for separated fathers' depression in addition to anxiety, stress and grief. In another study, Miller, Sorokin, and Fogg (2013) attempted to elucidate the predictors of depressed mood in former Soviet immigrant couples. In doing so, they recruited 154 couples aged between 40-79, who had been living in the US for 6 years on average, and they found that lower perceived generativity was one of the predictors of depressed mood, especially for the women. Song, Cha, Choi, and Jung (2015) focused specifically on elderly generativity and its relation with depressive symptoms in a sample of 129 grandmothers. Being

grounded on Erikson's ideas regarding grandparenting roles as an important expression of generativity among the elderly, their research confirmed that higher levels of elderly generativity account for lower levels of depressive symptoms in that population. Similarly, a very recent study empirically tested the benefits of volunteering, an obvious manifestation of generativity, in older adults' well-being. In this study, 384 participants aged 50-96 were randomly assigned to either an intervention group or an active control group. At the end of the study, it was seen that being assigned to the volunteering intervention group decreased depressive symptoms of older adults at the 6-month follow-up (Jiang, 2020). Nevertheless, the study conducted by Vatan and Gençöz (2009) with nursing-home residents in Turkey, could not find any significant relation between generativity and depression in spite of a negative association between generativity and hopelessness as well as between generativity and death anxiety. These limited numbers of studies looking at the association between depression and generativity have either studied this issue in certain groups in terms of specific generativity roles, or for those aiming to understand the manifestation of this association in the elderly population also including middle-aged adults in their studies. Thus, given the scarcity of empirical evidence for older age groups as well as the methodological differentiations of existing studies, it is not possible to assume a similar association between generativity and depression. In this regard, more research is needed to understand the nature and the existence of generativity in community dwelling older adults over 65 in addition to the question of whether having generativity decreases the possibility of developing depressive symptoms in that age group.

Until now, the theoretically inferred role of generativity as a protective factor against experiencing depressive symptoms among the elderly was discussed. However, this theoretically propounded relationship raises the question of how the sense of generativity buffers the depressive symptoms of older adults. In other words, it is not clear in either theory or empirical research what mechanisms or processes explain the proposed association between generativity and geriatric depression. Here, it is important to recognize that another strong drive for human beings is to find meaning and significance in their lives; and the failure to find a personal meaning in life has long been associated with psychological distress, including major depression (Frankl, 2019/1963). Remembering that the successful resolution of generativity

versus stagnation crises is crucial for human beings to achieve an integrated sense of self in their final stages of the life cycle, achieving generativity may also be one of the sources of meaning. All these indicate that as meaning in life can be a remarkable pathway through which generativity may be linked to lower levels of depressive symptoms among old individuals, identification of the proposed mechanism may fill a theoretical gap in the psychology literature in addition to stimulating research into potential explanations of successful aging.

1.3. Meaning in Life

Having opened their eyes to life full of uncertainties, human beings try to make sense of the world throughout their life since “being in the world” in itself is an anxiety provoking situation. That is, being surrounded by existential anxieties such as loneliness, mortality and loss, human beings have an innate motive to question life itself, its significance and one’s own place in the world, even in the most painful situations. Historically, people’s tendency to make sense of the world attracted the attention of many philosophers. Heidegger, Nietzsche, Kierkegaard, Sartre and many others asked many questions and sought answers regarding life’s meaning, absurdity, purpose and one’s place in a meaningless world (Koole, 2010; Yeniçeri, 2013). Although relatively new in the psychology literature, existential psychologists have also attempted to understand the individual’s place in life and his/her subjective experiences in the face of these existential concerns. In that sense, the meaning issue has been argued at two levels. While mostly the philosophical question of what the “meaning *of* life” pertains to the meaning, significance, existence and purpose of life in general, the issue of “meaning *in* life” addresses people’s unique concerns regarding one’s worthiness, significance and personal existence and meaning in the world (Debats, 1996; Yeniçeri, 2013). Yet, according to Glaw, Kable, Hazelton, and Inder (2017), for centuries, the complex question of what the meaning of life is has remained unanswered due to the mystical and complicated nature of the universe. In that sense, what every individual should do to be able to cope with the meaninglessness of life in the face of death is to create their unique life’s meaning (Yeniçeri, 2013). Decades ago, Frankl (1965) realized that it was not possible to talk about a universal meaning fitting into everyone’s life. What is important for human beings is having one’s own special mission in life to carry out. In that sense, everyone should question

the meaning of one's life, rather than asking what the meaning of life is (Frankl, 1963/2019).

1.3.1. Theoretical Background of Meaning in Life Literature

As mentioned above, seeing the meaning concept as a well-being indicator, many psychologists have attempted to conceptualize the meaning in life issue. One of the earliest efforts were by Alfred Adler, who conceptualized meaning as one's response to life's restrictions and limits (Adler, 1931), and Abraham Maslow, who thought of meaning as a "property within the person." In his self-actualization theory, Maslow saw meaning in life as a meta-motive, which can only be achieved after the satisfaction of lower needs (Debats, 1996). However, these and other conceptualizations of meaning are only a part of a comprehensive theory of personality. It was not until Frankl that a theory would be shaped around the meaning in life issue.

The guiding theoretical framework, focusing on the importance of meaning in life in the psychology literature, had been formulated by Viktor Emil Frankl. Based on his cruel experiences in Nazi concentration camps, Frankl concluded that most human beings need something to live for and only existence of such a meaning can help human beings to survive even under exceptionally painful circumstances. He argued in his most influential book titled *Man's Search for Meaning* (Frankl, 2019/1963) that human beings are characterized by a "will to meaning," which is an innate drive to find meaning and significance in one's life (Frankl, 2019/1963). He did not accept this will to meaning as being a secondary drive resulting from instinctive impulses, or as a motivational force that can only be fulfilled after the satisfaction of lower needs as the Maslow had proposed. Frankl saw it as a fundamental motive that makes it unique and special for every human being. Moreover, contrary to the psychoanalytic view that was predominant at the time, Frankl thought of a person not as the configuration of defense mechanisms, but as a responsible creature who can live for the sake of his/her ideals and values and even have the ability to die for them.

As part of his existential formulations, Frankl developed "logotherapy" with which he believed would alleviate existential distress in his clients by assisting patients in finding meaning in their lives (Glaw et al., 2017). Logotherapy aimed to encourage patients to recognize their responsibilities as well as support them to determine what

they would do with themselves and with their own lives in the face of the limited nature of life. According to logotherapy, the meaning in life can be discovered in three different ways, namely through work, love, and pain. Frankl believed that working, creating or producing something gives someone a purpose in life, which in turn increases life satisfaction. Experiencing something good, appreciation of beauty or loving a person with his/her uniqueness is the second way to attain meaning. According to Frankl, developing an attitude in the face of life's inevitable pains is the third way to find meaning in life since only when pain becomes meaningful, it ceases suffering and potentially leads to inner peace (Frankl, 2019/1963).

Frankl also rejected the view that man's search for meaning, or the sense of meaninglessness, is a cause or result of disease. That is, it is neither pathological nor pathogenic. Frankl merely viewed it as a byproduct of an individual's efforts to find meaning and create existential distress (Glaw et al., 2017). However, according to Frankl, as long as this meaninglessness is prolonged, it can create a feeling known as "existential vacuum," which is characterized by feelings of boredom, emptiness and apathy. That is why he associated failure to achieve meaning with psychological distress and several psychological problems such as depression, hopelessness, aggression, and a loss of will to live. Frankl believed that logotherapy should be used as a supplement to psychotherapy so that a therapist could alleviate symptoms of psychogenic origin as well as physical origin by filling the existential boredom in the patient (Frankl, 2019/1963).

Support for Frankl's ideas came from one of the most prominent existential psychologists, Irvin Yalom (1980), who developed a form of therapy addressing the importance of meaningfulness of life as essential for mental health. He saw human life without existential meaning, goals or values as unsatisfactory and a leading cause of major depression and related psychopathologies. Yalom identified four distinct existential concerns of human beings: freedom, isolation, meaninglessness/absurdity, and the inability of death; and thought that ineffectively coping with these anxieties is the reason for psychopathology (Yalom, 1980). For this reason, Yalom emphasized the importance of creating a personal meaning in the face of absolute meaninglessness of the world and commitment to their chosen meanings for individuals not to feel despair and overwhelmed (Debats, 1996; Yalom, 1980).

Although the accumulation of empirical and theoretical arguments has linked the meaning in life concept with positive traits, personal growth, psychological strengths and especially with psychological well-being (e.g., Peterson & Park, 2014; Ryan & Deci, 2001; Ryff & Singer, 1998; Seligman & Csikszentmihalyi, 2000), it was not until the last decade that the meaning in life construct had been systematically defined and measured. Considering that the absence of meaning had already been equated with the search for meaning in life (Steger, Kashdan, Sullivan, & Lorentz, 2008), Steger and his colleagues attempted to encompass all of the major definitions of meaning (Steger, Frazier, Oishi, & Kaler, 2006). They described meaning in life as “the sense made of, and significance felt regarding, the nature of one’s being and existence” (Steger et al., 2006, p. 81) and conceptualized the construct as having two independent dimensions: the presence of meaning in life and the search for meaning in life. The presence of meaning refers to the subjective feeling that a person’s life is meaningful, whereas the search for meaning encompasses one’s active efforts and desires toward finding or augmenting meaning in life. According to Steger et al. (2008), even though both having and searching for meaning are the fundamental human motivations, people differ in the degree to which they search for meaning. Moreover, it is possible to seek and add further meaning while feeling great meaningfulness at the same time. This point of view in addition to the development of a structurally sound measurement tool, called the Meaning in Life Questionnaire, added greater theoretical and empirical flexibility and it enabled more accurate estimations of the correlations between meaning in life and related constructs such as well-being (Steger et al., 2006). Empirical research using the two subscales of meaning construct revealed that the presence of meaning was related to positive well-being indicators such as higher life satisfaction, positive emotions, lower levels of depression and negative emotions, whereas the search for meaning in life was positively associated with neuroticism, depression, and a number of negative emotions in most of the studies (e.g., Hallford, Mellor, Cummins, & McCabe, 2018; Park, Park, & Peterson, 2010; Steger et al., 2006; Steger, Mann, Michels, & Cooper, 2009). Still considering that the search for meaning might arise from different underlying motivations in different people, Steger et al. (2006) attracted attention to the possible inconsistencies regarding the association between searching for meaning and psychological well-being.

All in all, many theorists have thought the meaning in life construct as an important factor to cope with the feelings of emptiness and despair resulting from meaninglessness and inevitable facts of life. This point of view has been supported in the literature because meaning in life has long been strongly associated with eudemonic well-being (Baumester, 1991; Ryff & Singer, 1998; Steger, Kashdan, & Oishi, 2008). That is, research has supported the link between the lack of meaning in life and psychological distress in the sense that having less meaning in life was correlated with mental health problems such as hopelessness, depression, anxiety, suicidal ideation, addiction problems, lower levels of life-satisfaction, quality of life and happiness (Braden, Overholser, Fisher, & Ridley, 2015; Mascaro & Rosen, 2006; Pezirkianidis, Galanakis, Karakasidou, & Stalikas, 2016; Steger et al., 2006). For instance, when life meaning was investigated in a sample of 60 depressed veterans over a 4-month period, meaning in life was found as a protective factor against depression, hopelessness, and suicidal ideation, since it was associated with reduced hopelessness and recovery from depressed episodes 4-months later (Braden et al., 2015). Therefore, given the fact that meaning in life is a significant protective factor against depression, it will be beneficial to investigate the contributions of this association to successful aging.

1.3.2. Meaning in Life and Depression in Old Age

The importance of meaning in life as an important contributor to mental health and psychological well-being has long been discussed both theoretically and empirically. However, according to Steger et al. (2006), the role of meaning in life may be greater for elderly individuals than for younger individuals. This may be because this period is dominated by preoccupations with past failures in addition to physical and social losses, which in turn can increase the propensity to think about existential concerns such as the meaninglessness of the world, the inevitability of death, loneliness and so on, resulting in regret, bitterness, feelings of despair and heightened levels of depressive symptoms. In that sense, the negative relation between depression and meaning in life mentioned above may be even stronger in elderly individuals when focusing on old people's increased need to have a coherent and integrated view of themselves and their life as well as their need for self-transcendence.

A small number of research has supported the proposed association between meaning in life and depression for older adults (i.e., Hallford et al., 2018; Steger, Oishi, & Kashdan, 2009; Volkert et al., 2019). For instance, when Volkert et al. (2019) investigated the role of meaning in life in 2104 community-dwelling older adults with depression, they realized that lower levels of meaning in life increased the possibility of suffering from depression in that age group. It was concluded that lack of meaning in life is a crucial risk factor for the development and persistence of current depressive disorders in this population. Yet, as Steger et al. (2006) recommended, studies considering the subfactors of the meaning in life construct will provide more consistent results regarding the association between meaning in life and depression in the elderly. In that sense, Steger et al. (2009) assessed meaning in life in four life stage groups (emerging adulthood, young adulthood, middle-age adulthood, and older adulthood) consisting of 8756 people being able to reveal the age-related differences in levels of presence of and search for meaning and their psychological correlates across the life span. The results of this comprehensive study showed that those in the later stages showed a higher presence of meaning scores, whereas those in the earlier stages of life reported a greater search for meaning in their lives. Additionally, while presence of meaning was an important indicator of well-being for all age groups, the search for meaning was associated with greater distress and lower levels of well-being for those of a more advanced age. A very recent study conducted by Hallford et al. (2018) confirmed these findings, but to a lesser degree for the search for meaning subscale. That is, they found that presence of meaning was positively correlated with life satisfaction, well-being across a range of domains, and psychological resources, and that the search for meaning was negatively associated with these variables, but to a lesser degree in later, older-adulthood relative to earlier life stages. Overall, these findings imply that presence of meaning is an important resource for successful aging, whereas the search for meaning may be associated with worse mental health, with more detrimental results among those at an older age. Nevertheless, results regarding the search for meaning and its relationship with mental health outcomes, and specifically with depressive symptoms, are still inadequate and inconsistent. Moreover, the scarcity of studies specifically focusing on the role of both facets of meaning in life in developing depressive symptoms other than well-being outcomes in older adulthood necessitates further research.

Until now, the importance of meaning in life as a contributor to psychological well-being and its possible protective role against depressive symptoms in older adulthood has been discussed. Developing a deeper insight into how older persons find meaning in their life, what their sources of meaning might be and through what mechanisms older adults achieve meaning and thus integrated sense of self may suggest ways to prevent geriatric depression and advance successful aging.

1.3.3. Meaning in Life and Generativity

There is little knowledge in the psychology literature about the sources from which meaning is derived. According to Pederson et al. (2018), there is a higher need for a broader construct that brings meaning to the life of all individuals from different cultural and/or religious backgrounds, or with different world views, which is applicable to every human being. In that sense, generativity, being one of the strong motivations of all human beings, can be a way through which individuals acquire meaning in their lives since as discussed previously, generativity gives individuals a sense of purpose and belongingness in the manner of achieving symbolic immortality. From the theoretical perspective, Erikson (1963) remarked on the importance of engaging in generative activities during adulthood in order to give meaning to individuals' lives. He defined the inability to find a meaningful way to express oneself and accept one's life as stagnation. Erikson also thought the successful resolution of this generativity versus stagnation crises as a crucial component of older adults' achieving ego integrity, which was associated with feelings of order and meaning assigned to the entirety of one's life. The inability to succeed in the generativity crises was linked with feelings of despair. In his later writings, he also emphasized the importance of older adults' maintenance of a grand-generative function of having a coherent view of their life (Erikson & Erikson, 1997). In brief, all these indicate that attaining generativity in older adulthood is a critical factor for the development of a meaningful and coherent way of looking to one's life, which has been linked with positive mental health outcomes. Later on, McAdams and de St Aubin (1992) further elaborated on these presumptions by arguing that older adults define their identities through a life story that provides their life with unity, purpose and meaning. This coherent life story, called a generativity script, includes what they have done and produced in the past in addition to their current generative actions

(Kruse & Schmitt, 2012). Nevertheless, although generativity has already been linked theoretically with meaning in life, to our knowledge, not much research has been conducted on the proposed relation of elderly generativity with meaning in life. A very recent study conducted by Pedersen et al. (2018) to investigate the possible sources of meaning has shown generativity to be the strongest related factor of all 26 sources of meaning. However, it should be noted that the generativity construct was measured as part of a scale tapping the assigned dimensions of meaning, which needs confirmation. The second and only study that could be found focusing directly on the proposed relation of generativity with meaning in life in elderly individuals supported these assumptions since they not only found a significant association between generativity and meaning in life, but also evidenced the significant correlation between generativity and well-being in the elderly across four different cultural groups, i.e., Cameroonian, German, Czech, and Hong Kong Chinese participants (Hofer et al., 2014). Nevertheless, it is noteworthy that they tapped into only one dimension of the meaning in life construct, namely the presence of meaning. All in all, although the aforementioned two studies are important in terms of bringing Erikson's theory to the empirical field, studies conducted in this area are still insufficient. There is still a need for scientific evidence regarding the relation of generativity with both dimensions of meaning in life as well as their role in the development of geriatric depression as an important public health issue for the elderly.

1.4. General Aims and Hypotheses of the Current Study

In the literature given above, the increased prevalence of depression and its detrimental effects on elderly individuals in addition to the protective roles of both generativity and meaning in life against occurrence of depressive symptoms in the elderly were discussed. Moreover, the theoretically implied role of generativity as an important source of meaning in life in the elderly were also mentioned. Taking all those relations and Erikson's premises regarding the development of healthy psychological functioning in old age into account, it was suggested in the current study that the negative relation of generativity with depressive symptoms might be explained by the presence of meaning in life in elderly individuals. To the best of our knowledge, no study has examined the relation between generativity, meaning in life, and depressive symptoms in the elderly population. Moreover, despite the theoretical formulations

between generativity and presence of meaning in life, no research has looked at the association of generativity with the search for meaning subscale.

In this sense, the present study aimed to understand the relations among generativity, presence and the search for meaning in life, and depressive symptoms among the elderly, and it was hypothesized that:

1. Higher levels of generativity would be associated with lower levels of depression.
2. Higher levels of generativity would be related to (a) higher scores on the presence of meaning subscale and (b) lower scores on the search for meaning subscale.
3. (a) The presence of meaning would be associated with lower levels of depressive symptoms, whereas (b) the search for meaning would be associated with higher levels of depressive symptoms.
4. The association between generativity and depressive symptoms would be mediated by meaning in life scores of the elderly.

CHAPTER 2

METHOD

2.1. Participants

The sample of the present study was composed of 152 community-dwelling older adults ageing between 65 and 88 with a mean of 70.99 ($SD = 5.18$). Of the sample, 27% ($n = 41$) were female and 73% ($n = 111$) were male. In terms of educational background, 40.8% ($n = 62$) of the participants had graduated from primary school, 9.9% ($n = 15$) from secondary school, 15.8% ($n = 24$) from high school, and 23.7% ($n = 36$) of the sample were university graduates. Moreover, 5.9% ($n = 9$) of the participants were not literate and 3.9% ($n = 6$) stated their educational status as being “other.” Furthermore, the majority of the participants were married ($n = 130$, 85.5%), 3 (2%) were single, 4 (2.6%) were divorced/living apart, and 15 (9.9%) were widowed. Regarding participants’ occupation and working status, 115 (75.7%) were retired, 23 (15.1%) were not working, 6 (3.9%) were still working, and 8 (5.3%) were retired but still working. When the participants were asked where they had spent the longest period of their life, the majority ($n = 86$, 56.6%) of them reported as city, 40 (26.3%) as district, and 26 (17.1%) as village. Most of the participants had at least one child ($n = 148$, 97.4%), and the number of children they had ranged between 0 and 7 ($M = 2.71$, $SD = 1.3$). Only 4 (2.6%) participants were childless. With respect to living arrangements, most of the participants ($n = 96$, 63.2%) reported living with their spouses, 34 (22.4%) were living with both spouses and children, 7 (4.6%) were living with their children, 12 (7.9%) were living alone, 2 (1.3%) stated that they were living with family of origin/other, such as with a parent, and 1 (0.7%) participant did not specify her living arrangement. Participants were also asked with whom they would like to live with. The majority of the participants reported that they wish to live with

their spouse ($n = 87$, 57.2%). The remaining 13 (8.6%) participants wanted to live with their children, 34 (22.4%) wished to live together with both their spouse and children, and 8 (5.3%) stated that they wanted to live alone. Three (2%) of the respondents refrained from stating with whom they wanted to live.

Regarding perceived income levels, 17 (11.2%) of the participants categorized themselves as members of high-income group, 104 (68.4%) of them as being member of middle-income group, and 31 (20.4%) reported themselves as belonging to low income group. In terms of their physical health status, great majority of participants reported one or more physical disability ($n = 109$, 72.7%), 42 (27.6%) stated they had no physical illness. Of the participants who have a physical illness(es), 83 (54.6% of the sample) reported that they are receiving either medical or physical treatment for their physical conditions, which included diabetes, blood pressure, cholesterol, rheumatism, heart diseases, etc. Only 15 (9.9%) participants stated having at least one psychological health condition, and 10 of them (6.6% of the sample) indicated they had received psychological treatment for their problems. Additionally, 140 (92.1%) answered yes to the question of whether there are people they meet regularly, and 145 (95.39%) individuals stated having at least one activity that keeps them busy during the day (see Table 1).

Table 1. *Demographic Characteristics of the Sample*

<i>Variables</i>	<i>N</i>	<i>%</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Age			70.99	5.18	65-88
Gender					
Female	41	27			
Male	111	73			
Education					
Illiterate	9	5.9			
Primary School	62	40.8			
Secondary School	15	9.9			
High School	24	15.8			
University	36	23.7			
Other	6	3.9			
Marital status					
Married	130	85.5			
Single	3	2			
Divorced/live apart	4	2.6			
Widowed	15	9.9			
Working status					
Retired	115	75.7			
Working	6	3.9			
Never worked	23	15.1			
Retired but still working	8	5.3			
Residence status					
City	86	56.6			
District	40	26.3			
Village	26	17.1			
Child status					
Yes	148	97.4%	2.71	1.30	0-7
No	4	2.6			
Living arrangement					
Spouse	96	63.2			
Spouse and children	34	22.4			
Children	7	4.6			
Alone	12	7.9			
Family of origin/other	2	1.3			
Missing	1	.7			
Whom they would like to live					
Spouse	87	57.2			
Spouse and children	34	22.4			
Children	13	8.6			
Alone	8	5.3			
Missing	3	2			
Income level					
Low	31	20.4			
Middle	104	68.4			
High	17	11.2			
Physical health problems					
Yes	109	71.7			
No	42	27.6			
Missing	1				
Treatment for physical health problem					
Yes	83	54.6			
No	68	44.7			
Missing	1	.7			
Psychological health problems					
Yes	15	9.9			
No	136	89.5			
Missing	1	.7			
Treatment for psychological health problems					
Yes	10	6.6			
No	141	92.8			
Missing	1	.7			
Having peer groups					
Yes	140	92.1			
No	12	7.9			
Having daily activities					
Yes	145	95.39			
No	7	4.61			

2.2. Materials

For the current research, participants were given a questionnaire set comprising an informed consent form, a demographic information form, the Loyola Generativity Scale (LGS), the Meaning in Life Questionnaire (MLQ), and the Geriatric Depression Scale (GDS).

2.2.1. Demographic Information Form

The demographic information form included questions about age, gender, marital status, education level, employment status, number of children, perceived income level, type of residency, and living arrangement. The participants were also asked about their history of physical and psychological illness and related treatments in addition to the presence of people they meet regularly (see Appendix B).

2.2.2. Mini-Mental State Examination (MMSE)

The scale was developed by Folstein, Folstein, and McHugh (1975) to measure older adults' cognitive functioning in a standardized format. It is the most commonly used cognitive state examination test since it contains 11 questions and takes only 5 to 10 minutes to complete. Items are categorized in five dimensions, namely orientation to time and place, memory, attention and calculation, recall, and language. The maximum score that can be obtained from the test is 30 and a score of 23 or lower indicates cognitive damage (Folstein et al., 1975; Vertesi et al., 2001). The test also takes into account patients' age, educational level, their financial, physical and social statuses in the interpretation of the results, which leads to more accurate scoring.

Güngen, Ertan, Eker, Yaşar, and Engin (2002) conducted the Turkish standardization of the scale to eliminate the differences in the application and scoring. The results revealed high discriminant validity and interrater reliability with a .99 correlation coefficient and a .92 kappa value. The results of the analyses indicated that the MMSE is a reliable and valid instrument for the diagnosis of mild dementia in the Turkish elderly population. Moreover, Güngen et al. (2002) found the cut-off score for the scale as 23/24, with the highest sensitivity (.91) and specificity (.95) for the educated participants. When Keskinoglu et al. (2009) re-examined the Turkish version of the

scale in both educated and uneducated community dwelling older adults, they revealed cut-off scores of 22/23 for the educated individuals, and 18/19 for those uneducated with the highest sensitivity and specificity levels.

For the current study, the cut-off value of 23 and 19 were settled for the educated and uneducated participants, respectively (see Appendix C).

2.2.3. The Loyola Generativity Scale (LGS)

The Loyola Generativity Scale (LGS) was developed by McAdams and de St. Aubin (1992) to assess individual differences in terms of generative concern. The instrument contains 20 items that are rated on a 4-point Likert type scale with the extremes labeled as 'not at all' (0) and 'always' (4). Six items in the scale are phrased negatively in which low scores indicate high generative concern, and the minimum and maximum scores that can be obtained from the scale are 0 and 80, respectively. The items of the scale were developed based on Erikson's theory of generativity and McAdams and de St. Aubin's (1992) conceptualizations of generative concern. In this sense, items contain theoretically salient ideas of generativity including past and current generative desires and behaviors, such as concerns for passing on knowledge and skills to the next generation, making significant contributions to the betterment of society or one's community, doing things that will outlive oneself and endure, and being productive and creative. In this sense, the scale obtains items such as "If I were unable to have children of my own, I would like to adopt children." and "I have made and created things that have had an impact on other people." The LGS also has a single factor structure and its high correlations with related measures of generativity as well as low correlations with the scale of social desirability established convergent and discriminant validity of the scale. Cronbach's alpha coefficients were also calculated as .83 for the adult sample and .84 for the college sample, proving a high internal consistency reliability of the scale.

Although no attempt has been made for the standardization of the LGS for the Turkish sample, Vatan and Gençöz (2009) used the scale in their study to measure the generative concerns of older adults living in nursing homes. For this, they translated and back-translated the scale, which in turn revealed a great similarity to the original scale. In addition, to increase the scale sensitivity, items were rated on a 5-point Likert

type scale ranging from 1 (never) to 5 (always). The internal consistency reliability of the LGS was found as .95. In addition, to set up the validity of the scale, a set of correlation analyses were conducted. Accordingly, the scale was negatively correlated with the BDI ($r = -0.30, p < 0.05$) and the Templer Death Anxiety Scale ($r = -0.21, p < 0.05$). For the current study, the adaptation of Vatan and Gençöz (2009) was used and Cronbach's alpha coefficient for the present sample was established as .80 (see Appendix D).

2.2.4. Meaning in Life Questionnaire (MLQ)

The Meaning in Life Questionnaire was developed by Steger et al. (2006) to measure meaning in life in two dimensions. This 10-item scale comprises two subscales called the presence of meaning in life (MLQ-P) and the search for meaning in life, with each subscale having five items. The presence of meaning subscale was developed to measure the extent to which participants feel that their lives are meaningful. It includes statements such as "I have a good sense of what makes my life meaningful." and "I have discovered a satisfying life purpose." The search for meaning subscale (MLQ-S) assesses the extent of respondents' drive and orientation toward finding meaning and significance in their lives. The representative questions of the subscale are as follows: "I am always looking to find my life's purpose." "I am seeking a purpose or mission for my life." Scores for both subscales are rated on a 7-point Likert type scale (1: absolutely untrue, 7: absolutely true), and the minimum and maximum scores that can be obtained on each dimensions of the scale are 5 and 35, respectively. Higher scores on each dimension reveal a higher presence of, or search for meaning in life. Moreover, analyses revealed high internal consistency reliability for each subscale (for MLQ-P, $\alpha = 0.86$ and for MLQ-S, $\alpha = 0.87$), good convergent and discriminant validities, and a robust factor structure for both MLQ dimensions. The MLQ-P also indicated better discriminant validity than existing meaning measures (Steger et al., 2006).

The Turkish standardization of the scale has been made by many researchers (e.g., Demirdağ & Kalafat, 2018). Yet, as being offered highly similar results with the original study, the standardization of Yazar (2015) was used for the current study. Yazar's study revealed that MLQ is a highly reliable and valid instrument to measure

meaning in life in Turkish sample. The two domains of the scale revealed high internal consistency reliabilities for presence ($\alpha = .90$) and search for meaning ($\alpha = .91$) subscales. In terms of convergent and discriminant validities, the translated version of the scale showed substantial positive and negative correlations with the related constructs. Furthermore, the negative and weak correlations between MLQ-P and MLQ-S ($r = -0.21, p < 0.001$) were accounted for as evidence of divergent validity. The Turkish MLQ revealed a highly robust factor structure and high stability over three weeks, which is also similar to the original scale. In the present study, the Cronbach's alpha coefficients of the subscales were found to be .80 and .86 for the presence of meaning and search for meaning subscales, respectively (see Appendix E).

2.2.5. Geriatric Depression Scale (GDS)

The Geriatric Depression Scale (GDS) was developed by Yesavage et al. (1983) to measure the level of depression in the last week in elderly adults. It is one of the most widely used instruments to measure depression in the elderly population (Ertan & Eker, 2000). It is composed of 30 items that are answered in a yes/no format. Participants are asked to respond to questions (e.g., "Do you enjoy getting up in the morning?", "Do you feel that your situation is hopeless?") on the basis of how they have felt over the previous week. In the scoring of the scale, 1 point is given for each response in favor of depression and 0 points are given to the answers that do not support depression. The total score that can be obtained from the scale ranges between 0 and 30 with high scores indicating higher depressive symptoms. The Cronbach's alpha coefficient of .94 indicated a high degree of internal consistency reliability of the GDS. Moreover, the computed correlations between the GDS and the Zung Self-Rating Depression Scale (SDS) as well as the GDS and Hamilton Rating Scale for Depression (HRS-D) revealed statistically reliable correlations of .84 and .83, respectively. This in turn indicated the convergent validity of the GDS. In terms of sensitivity and specificity of the GDS, a cut-off score of 14 yielded a sensitivity rate of 80% and a specificity rate of 100% in the elderly. Based on these findings, Yesavage et al. (1983) concluded that scores between 0 and 10 should be seen as normal and scores of 11 and above should be considered as possible markers of depression.

The Turkish adaptation, reliability and validity analyses were conducted by Ertan, Eker, and Şar (1997) with results revealing a high Cronbach's alpha coefficient ($\alpha = .91$ for the total scale, indicating high internal consistency of the scale. The Turkish version of the scale did also have adequate discriminant and convergent validities. Scores of 14 and above were classified as the presence of depressive symptoms among the elderly (Ertan et al., 1997; Ertan & Eker, 2000). In this sample, the scale indicated good internal consistency with a Cronbach's alpha value of .80 (see Appendix F).

2.3. Procedure

After receiving approval from the Middle East Technical University Human Subjects Ethics Committee (see Appendix A), participants aged 65 and over were either contacted via face-to-face meetings or they were reached through their relatives. The participants were recruited from various towns in Turkey such as Ankara, Bursa, Istanbul, Kocaeli, Mersin and Niğde. They were first verbally informed about the nature of the study, and from those who accepted to participate in the study, a signed informed consent form was obtained (see Appendix G). Then, the cognitive status of the respondents was assessed with the Mini-Mental State Examination Test, and those having obtained scores above the cut-off point were given questionnaires. A majority of the participants completed the questionnaires with the help of the researcher. In the scope of research, they filled out the demographic information form, the Loyola Generativity Scale, the Meaning in Life Questionnaire and the Geriatric Depression Scale in a counterbalanced order, which took them approximately 30 minutes to complete.

CHAPTER 3

RESULTS

3.1. Statistical Analysis

For the data analyses, the Statistical Package for Social Sciences (SPSS) version 22 for Windows was utilized. While the correlations among the variables were investigated via Pearson correlation analysis, the mediation analyses were conducted via the Process macro of Hayes (2018) to understand the mediator role of meaning in life in the relation between generativity and depression.

Prior to statistical analyses, the data was screened for the accuracy of data entry and missing values. Two participants, who have more than 5% missing values for any of the scales, were excluded from the data. To deal with the rest of the missing values, separate expectation and maximization (EM) analyses were performed. After generating an EM-imputed data set, composite scores of each subscale were tested for normality. Although distributions of the Loyola Generativity Scale (LGS), Search for Meaning in Life Questionnaire (MLQ-S), and Geriatric Depression Scale (GDS) were close to normal, the Presence of Meaning in Life Scale (MLQ-P) was highly negatively skewed and the scale generated 7 univariate outliers. After deletion of these outliers, the skewness scores (-1.099 , $SE = .202$) were still problematic and analysis indicated 5 new outliers. When these outliers were also removed, the scale was still distributed non-normally with a skewness of -1.031 ($SE = .206$). The multivariate outlier analysis was also performed with the original data by calculating the Mahalanobis distance, but the results did not reveal any multivariate outliers for the variables. Since the results of the analysis did not change when the outliers were removed from the data respectively, all those participants were kept in the dataset. To deal with the normality problem in MLQ-P subscale, logarithmic transformations were performed. After the

transformations, the scale still distributed negatively and the results revealed only slight changes in the magnitude of the existing correlations. In other words, no significant changes were detected in the results of data analyses conducted with non-transformed and transformed values. Therefore, the original data composed of 152 participants were reserved for main analyses.

3.2. Descriptive Analyses

The descriptive statistics (i.e., mean, standard deviation, and minimum-maximum scores) of the measures for LGS, Meaning in Life Questionnaire (MLQ) and its MLQ-P and MLQ-S subscales, and GDS were summarized in the Table 2.

Table 2. *Descriptive Statistics for the Variables of the Study*

Variables	<i>N</i>	<i>M</i>	<i>SD</i>	Min-Max (within the study)	Min-Max (for the scales)
Generativity	152	77.15	12.08	43-100	20-100
Meaning in Life					
Presence of meaning	152	28.38	7.16	5-35	5-35
Search for meaning	152	17.52	9.76	5-35	5-35
Geriatric Depression	152	10.75	4.97	3-23	1-30

3.3. Bivariate Correlations among the Variables of the Study

Pearson's bivariate correlation analyses were conducted to reveal the associations among older adults' generativity, presence of and search for meaning in life, and their depression scores. The results showed that of meaning in life dimensions, only the presence of meaning was positively and significantly correlated with generativity ($r = .39, p < .01$); yet, there was no significant relation of generativity with search for meaning ($r = .11, p = .19$) and depression ($r = .03, p = .71$). The mediator variable of the study, the presence of meaning in life, was not significantly correlated with search for meaning ($r = .08, p = .34$) and depression ($r = -.10, p = .23$). Finally, it was found that depression was negatively and significantly correlated only with search for meaning in life ($r = .19, p < .05$) (see Table 3).

Table 3. *Pearson's Correlation Coefficients of the Study Variables*

	1	2	3	4
1. Generativity	(.80)			
2. Presence of meaning	.394**	(.80)		
3. Search for meaning	.107	.078	(.86)	
4. Geriatric depression	.030	-.099	.192*	(.80)

Note 1. *Correlation is significant at the 0.05 level (2-tailed),

**Correlation is significant at the 0.01 level (2-tailed).

Note 2. Scores shown within the parentheses on the diagonal represent the Cronbach's alpha coefficients of the measures

3.4. Mediation Analyses

In order to investigate the nature of the association between generativity and geriatric depression, and the mediator roles of presence of meaning and search for meaning, a mediation analysis was conducted by using PROCESS macro for IBM SPSS developed by Hayes (2018). Even though the bivariate correlations between most of the study variables were not significant, a simple mediation analysis was performed to see the indirect effect of generativity on depression through meaning in life (presence of and search for) since Hayes proposed that it is possible that the predictor variable can exert an indirect effect on the outcome variable through a mediator variable even in the absence of a direct association (Hayes, 2009). In that sense, 95% bias corrected bootstrap confidence intervals were set based on 10000 bootstrap samples.

Results revealed that generativity was a significant predictor of presence of meaning ($b = .23$, $SE = .04$, $p < .001$), but not of search for meaning ($b = .08$, $SE = .07$, $p = .23$). Moreover, although search for meaning significantly predicted depression ($b = .10$, $SE = .04$, $p < .05$), the presence of meaning did not ($b = -.09$, $SE = .06$, $p = .13$). Similarly, the direct effect of generativity on depression was not significant ($b = .02$, $SE = .04$, $p = .57$) when the mediating effects of presence of and search for meaning were controlled. Moreover, the indirect effect of presence of and search for meaning were calculated by using 10000 bootstrap samples; yet, results did not reveal any significant mediating effects of presence of ($b = -.02$, $boot SE = .02$, 95% CI $[-.06, .01]$) or search for meaning ($b = .01$, $boot SE = .01$, 95% CI $[-.00, .02]$) in the association between generativity and depression scores of older adults (see Figure 1 and Figure 2).

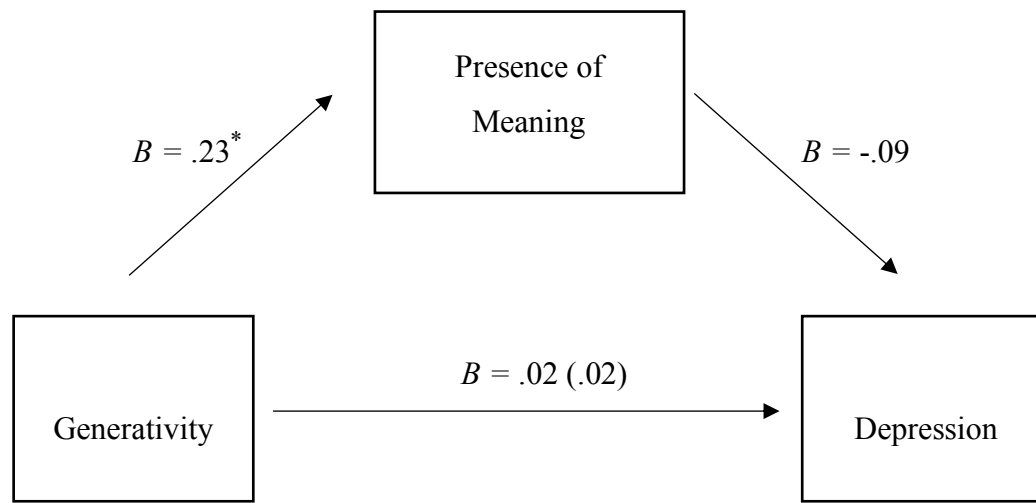


Figure 1. Generativity and Depression with Presence of Meaning as the Mediator

Note 1. * $p < .001$

Note 2. Unstandardized regression coefficients are indicated.

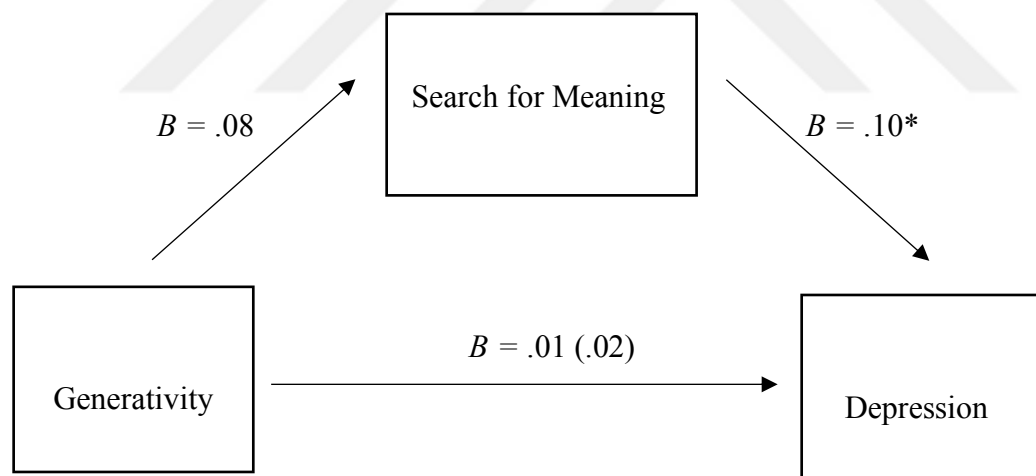


Figure 2. Generativity and Depression with Search for Meaning as the Mediator

Note 1. * $p < .05$

Note 2. Unstandardized regression coefficients are indicated.

CHAPTER 4

DISCUSSION

The main aim of the present study was to investigate the associations between generativity and depressive symptoms in adults aged 65 and over as well as the mediator role of meaning in life in this association. In the present chapter, firstly, the results of the analyses will be discussed in light of the literature. Afterward, the strengths and limitations of the study, clinical implications of the findings, and the directions for future research will be presented.

4.1. Discussion of the Findings in Relation to the Study Hypotheses

Despite already proved relation of generativity with positive psychological health indicators, the literature on the relation between generativity and depression was scarce and unsystematic. In order to understand the nature and existence of generativity and its theoretically inferred relation with depression in community-dwelling older adults, the current study firstly hypothesized that higher levels of generativity in old adulthood would be associated with lower levels of depression. However, the results did not reveal any significant link between generativity and depression in this specific sample. Although limited in number, studies looking at the relation of generativity with depressive symptoms indicated the protective role of generativity against depressive symptoms (e.g., McKeering, 2007; Song et al., 2015), the study conducted by Vatan and Gençöz (2009) could not reveal any significant association between generativity and depression in Turkish nursing-home residents. These results were intriguing especially when the association between hopelessness and generativity (Vatan & Gençöz, 2009) is considered since hopelessness has long been considered as one of the core components of depression (Assari & Lankarani, 2016). On the other hand, it may be plausible when we think about how the construct

of generativity has been operationalized and measured in these studies. Studies supporting this relation have measured specific aspects of generativity such as parenting, grandparenthood or voluntary activities; yet, both in this and in the Vatan and Gençöz's (2009) studies, generativity was measured in terms of generative concern, which was, as a general personality trait, defined as the conscious preoccupation with the well-being of the younger generations (de St. Aubin & McAdams, 1995). As the researcher observed, this scale might be open to social desirability since respondents inclined to give higher responses to questionnaire items even though they had stated that they had no such thoughts previously. This is presumable when the association between self-assessed generativity and social desirability scale (Schoklitsch & Baumann, 2012) was taken into account.

With regard to the meaning in life, a negative relation between generativity and search for meaning was expected. However, the results indicated a non-significant positive correlation between generativity and search for meaning subscale. Although lack of earlier studies investigating this relation makes it difficult to draw any conclusion, this surprising positive relation may be explained by the Park et al.'s (2010) finding that when in the existence of a satisfying meaning, the search for meaning may be associated with positive well-being outcomes like higher life-satisfaction and greater happiness, due to one's evaluation of searching process as a process of psychological growth and development. In that sense, concerns for the betterment of future generations might add ongoing effort to one's meaning-making process; yet, without having any serious attempt to understand the nature of this association or reaching a significant relation, the conclusions drawn from this finding would be no more than speculations. On the other hand, the hypothesis about the positive relation of generativity with the presence of meaning was confirmed. As mentioned previously, Pedersen et al. (2018) found generativity as the strongest associated factor of meaning among 26 defined sources of meaning. Similarly, consistent with the current result, Hofer et al. (2014) revealed a significant association between generativity and meaning in life across four different cultural groups (i.e., Cameroonian, German, Czech, and Hong Kong Chinese participants). Having been conducted in a different cultural context as well as obtaining a somewhat higher association, the current study added more to Hofer's study. In that sense, generativity can be more confidently assumed as an important predictor of the presence of meaning. However, these results

render the question of why the generativity is a source of meaning for older adults. One possible explanation may come from the perspective of attachment theory. That is, when considering human beings' basic need for relatedness as well as older adults' loneliness and their increased need for social support in the face of physical and psychological losses, it is plausible to think that for older adults, generative concerns and actions may be a way to satisfy their powerful need for intimacy. This reliance on younger ones by giving back to them may render one's life with unity and purpose. Evidence also indicated the association between relational closeness with significant others and greater meaning in life (for review, see Mikulincer & Shaver, 2013). Indeed, the explanations given to questionnaire items during the data collection process were supportive of this view since respondents specified their sources of meaning as mostly their families, especially as leaving something behind to their children and descendants. Nevertheless, some other mechanisms may also be influential on the relation between generativity and the presence of meaning in life.

Another unexpected result was about the positive, yet non-significant, correlation between the two subscales of meaning in life. In the literature, while the presence of meaning in life was mostly equated with desirable psychological outcomes, the results for the search for meaning was generally in the opposite pattern (Hallford et al., 2018; Steger et al. 2009). Although most of the previous investigations have revealed inverse correlations between the two subscales or denoted them as distinct constructs (Park et al. 2010; Steger et al., 2009), findings regarding the nature of the search for meaning subscale were still inconclusive. The underlying reason of this inconsistency might be the dual nature of the search for meaning (Steger et al., 2008). That is, according to Steger et al. (2008), search for meaning should not be treated as independent from the presence of meaning since the presence of meaning can buffer the deleterious link between the search for meaning and physical and psychological health outcomes. In this regard, research has documented that search for meaning is positively correlated with well-being when the person has a satisfying meaning in life, and only not having a substantial meaning in life can lead to increases in the search for meaning and its adverse outcomes (Steger et al., 2008; Steger et al., 2009). Likewise, Hallford et al. (2018) disputed that older adults may search for new sources of meaning in addition to their

existing meanings due to changes in various domains of their lives. This, in turn, may lead to disparity in correlations of the two subscales. When looking at the meaning in life scores in this sample, these arguments can make sense since older adults who reported both higher meaning in life and slightly higher search for meaning scores at the same time tended to respond to the items of the search for meaning in a positive way. Even so, this complexity shows the necessity of refining existing conceptualizations of meaning in life subscales. Without the ability to reveal intercorrelations between existing subscales, our ability to understand both theoretical and empirical correlates of meaning in life will be hampered.

With respect to the relations of meaning subscales with depression, firstly, it was realized that the presence of meaning dimension was found to be negatively associated with depressive symptoms. Although the direction of the relation was in line with the literature, the association between the presence of meaning and depression was insignificant and the amount of this correlation was lower than previous studies since studies looking at this relation revealed highly significant positive correlations previously (i.e., Hallford et al., 2018; Steger et al., 2009; Volkert et al., 2019). Likewise, a very recent study conducted with Turkish community-dwelling older adults also found a significant negative correlation between the presence of meaning and geriatric depression (Durmuş, 2019). Presumably, this inconsistency between the current and previous results might be due to methodological reasons. In other words, the restriction in range problem may be the reason for the lower and non-significant correlation since the presence of meaning in life scores of the participants tended to be highly negatively skewed. Thus, the consistency and possible reasons for this novel finding should be addressed in future studies. Secondly, with regards to the search for meaning dimension, the current result confirmed the significant positive association of search for meaning in life with geriatric depression. Despite the low correlation score, this finding was in line with the literature and supported the view that older adults with a high search for meaning in life tend to be more likely to have depressive symptoms (e.g., Steger et al., 2008; 2009).

Lastly, the results of the mediation analysis revealed that neither presence of meaning nor the search for meaning subscales of the global meaning in life measure mediated the association between generativity and depressive symptoms for older

adults. This result was not surprising when considering the nonsignificant correlation between generativity and depression, and also, inability of generativity to significantly predict the depressive symptom levels of older adults. Thus, it cannot be assumed that generativity can decrease depressive symptoms by giving meaning to one's life, or generative concerns decrease one's need to search for meaning which in turn decreases the development of depressive symptoms in older adults. Considering that no prior research aimed to understand this theoretically implied role of meaning in life in this association, it would not be appropriate to reach a definite conclusion with a single study. It should also be considered that sample characteristics or some methodological reasons might be responsible for these nonsignificant results. For example, in the current study, the instrument preferred to measure generativity was developed for the use with middle adults, and it contains some items that might be problematic for older individuals (Schoklitsch & Baumann, 2012). As an example, the scale contains some items asking older adults' thoughts regarding their past wishes to adopt children or become a teacher. Some other variables may also account for the unrevealed prediction. For instance, the results of Cheng (2009) and Tabuchi, Nakagawa, Miura, and Gondo (2015) highlighted that the concept of generativity is meaningful only in the context of intergenerational interaction. It does not only depend on the motivations of the older individuals, so the concept of generativity and its related outcomes should be evaluated in the context of the interplay between the young and old (Cheng, 2009; Tabuchi et al., 2015). For such reasons, it may be worthwhile to further study this hypothesis by integrating possible mechanisms and using more precise instruments designed to measure elderly generativity.

4.2. Clinical Implications of the Study

At the very beginning, the rapidly increasing proportion of elderly people both in the world and in Turkey, as well as the higher need for studies focusing on the psychological needs of this group were discussed. With this situation in mind, the current study aimed to understand individual-level factors that can have an effect on successful aging. Specifically, this research attempted to uncover the mechanism by which generativity is linked to geriatric depression, and results shed light on various issues regarding the mental health of older adults at both the clinical and societal levels. First of all, present findings have revealed the neglected association between

generativity and the presence of meaning of life. Thus, it can now be suggested that generativity is one of the critical factors that adds meaning and significance to the life of the elderly. This, in turn, disputes the notion that the construct of generativity is only specific to middle-adulthood. Given the importance of the presence of meaning in life to psychological well-being, boosting generative activities of an older adult's life may increase his/her feelings of fulfillment and significance. Additionally, as theory implies, generative concern contributes to the inner growth and maturity of an older adult (Villar, 2012). Therefore, psychotherapies conducted with older adults can screen the generative desires of the older client to recognize his/her unresolved developmental crisis. Issues like challenges to one's generativity as well as ways to achieve it can be added to the solution-focused therapy process. At the societal level, the development of age-friendly interventions that allow older adults to contribute younger generations, not only would make older individuals feel worthwhile but also would change the ageist attitudes directed to them. For instance, studies utilizing generativity-based interventions reported increased psychological and physical health benefits for older adults at the follow-up (Jiang et al., 2019; Moienia et al., 2020).

As the current research confirmed the positive association between search for meaning and depression in an elderly sample, it would be highly valuable to target this issue in psychotherapy. As the depression and search for meaning can feed each other (Glaw et al., 2017), at the very beginning of the therapy, the factors leading to loss of meaning in life, such as loneliness and decreases in functionality, can be specified with the client. Although, as mentioned before, the search for meaning during later years of life may have more detrimental effects on the psychological health of an elderly (Park et al. 2010), interventions targeting meaning can lead to improvements in one's attainment of meaning (Braden et al., 2015). In that sense, psychotherapies tailored to the clients' specific needs and the developmental challenges such as life review intervention (Kennedy & Tanenbaum, 2000) or meaning therapy (Wong, 2010), which are centered on the attainment of one's meaning in life, can help the patient to alleviate feelings of alienation and existential distress.

4.3. Strengths of the Study

The present study has several strengths. First of all, to our knowledge, no prior study tried to understand the relation among generativity, two subscales of meaning in life, and depressive symptoms in the elderly population. The principle benefit of this study was that it revealed the theoretically-driven role of generativity as one of the sources of meaning in older adults. Moreover, the present study ought to draw attention to some predefined components of successful aging and their interrelations in a Turkish sample which was representative of the elderly population in terms of its diverse demographic characteristics. The usage of a cognitive screening instrument can be seen as another strength of the study since even mild cognitive impairment could confound the outcomes of the study. A final strength of the study might be its sample size since studies conducted with older adults tend to include smaller samples.

4.4. Limitations of the Present Study

Notwithstanding these strengths, several limitations of the study have been acknowledged. Initially, the data were collected via self-report measures, so this might have led to social desirability. During data collection, it was observed that participants tried to satisfy the expectations of the researcher. They tended to give highly positive answers to the questionnaires even if they had never thought about their life's meaning. Secondly, as the data were collected via convenience sampling and the design of the study was cross-sectional, the external validity of the study can be limited. Put another way, it is neither possible to generalize the results to wider populations nor to infer causality from the present data. Another limitation was about sample characteristics. The sample was mostly composed of participants with middle-income level and most of the participants were male. The reason for this discrepancy might be that most of the females did not want to participate in the study believing that they would have trouble in answering the items. Regarding the income level, the participants felt more comfortable choosing the middle-income level.

Concerning the measures of the study, as mentioned above, Loyola Generativity Scale (LGS) was developed to measure generativity levels of middle-adults. Still, there is a high need for studies examining the sensitivity of the scale for older people. And even if it is appropriate for older adults, the scale was not standardized for Turkish culture.

Additionally, although the meaning in life measure had satisfactory psychometric properties to use with the Turkish sample, the age range of the participants was between 17 and 58 in the adaptation study (Yarar, 2015). Hence, the scale may not have appropriate reliability, validity, or sensitivity levels for use with Turkish older adults since during the data collection, the majority of the participants had difficulty in understanding and answering the questions based on the specified manner. Thus, research outcomes might be biased due to the limitations of the questionnaires discussed above.

Thinking that generativity entails giving back to the next generation through generative activities such as participating in volunteer activities, it is highly feasible that those with low generative concern as well as those with high depressive symptoms might not want to take part in the current research. Therefore, no matter how study requires voluntary participation, this possibility limits the generalizability of the results. In that sense, results should be evaluated with caution. A final limitation is the scarcity of prior research since the lack of previous evidence restricts the conclusions build on existing studies.

4.5. Directions for the Future Research

There are still big gaps in the literature regarding the aforementioned associations and how the later stages of Erikson's theory contribute to older adults' psychopathology. In that sense, future research should utilize different methods and measurement strategies such as longitudinal research designs, qualitative studies to reveal the uniqueness of individual psyche, and implicit psychological tests instead of self-report data to eliminate the effects of conscious psychological processes such as social desirability. Moreover, since there is much to learn about the predictors of successful aging, replication of findings with different study variables, such as with possible underlying motivations leading generative behavior including feelings of intimacy, loneliness and fear of death, and with different age groups is highly essential. Further research should also measure generativity with its different types such as generative commitments and narration since different features of generativity may be more critical to use with the elderly (Schoklitsch & Baumann, 2012). As the meaning in life measure was too hard to answer for this elderly sample, and they inclined to detailly

express what contributes to their life's meaning, the development of a measurement tool sensitive to this population's characteristics or utilization of qualitative questions would be fruitful.

The dependent variable of the study, i.e., depressive symptoms, was not reflective of the population characteristics since it did not include people with more severe depression. In that sense, the study can be replicated with diverse inpatient groups. Besides depression, if the psychological well-being of the older adults was evaluated with constructs that are not pathology oriented such as quality of life, life satisfaction, or ego-integrity, the study might reveal different results.

4.6. Conclusion

Beginning with Erikson, the desire to be generative has long been associated with meaning related concepts. For instance, it was seen as an important footstep to achieve ego-integrity. Additionally, the theory was criticized in terms of not providing much information on how one progresses from one stage to another. Thinking that generative feelings cannot fade away suddenly in older age, and asking why the resolution of generativity leads to ego-integrity and psychological well-being, the current study mainly aimed to understand the relations among generativity, meaning in life, and depressive symptoms of older adults. Although most of the study hypotheses await further research, the study confirmed that generativity is one of the important sources from which older adults derive meaning in their life and that searching for a meaning in life is likely to increase the development of depressive symptoms in this specific age group. Although the exploratory nature of the study restricts the interpretations, it opens the door to future studies and paves the way for clinical and public interventions by pointing out the specific psychological needs of elderly individuals.

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APPENDICES

APPENDIX A. APPROVAL OF THE MIDDLE EAST TECHNICAL UNIVERSITY HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

DUMLUPINAR BULVARI 06800
ÇANKAYA ANKARA/TURKEY
T: +90 312 210 22 91
F: +90 312 210 79 59
ueam@metu.edu.tr
www.ueam.metu.edu.tr

Sayı: 28620816 *82*

20 Şubat 2019

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Özlem Bozo ÖZEN

Danışmanlığını yaptığınız *Aylin ARAS'ın "Yaşlılarda Depresyon ve Yaşam Doyumunun Yordayıcısı Olarak Üretkenlik: Hayatta Anlamların Aracı Rolü"* başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve 073-ODTÜ-2019 protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Tülün Gençöz
Prof. Dr. Tülün GENÇÖZ

Başkan

Ayhan
Prof. Dr. Ayhan SOL

Üye

Prof. Dr. Ayhan Gürbüz DEMİR

Üye

Yasar Kondakci
Prof. Dr. Yasar KONDAKÇI (4.)

Üye

Emre Selçuk
Doç. Dr. Emre SELÇUK

Üye

Pınar Kaygan
Doç. Dr. Pınar KAYGAN

Üye

Ali Emre Turgut
Dr. Öğr. Üyesi Ali Emre TURGUT

Üye

**APPENDIX B. DEMOGRAPHIC INFORMATION FORM / DEMOGRAFİK
BİLGİ FORMU**

• Cinsiyetiniz: _____

• Yaşınız: _____

• Eğitim durumunuz:

Okur-yazar değil _____

Lise _____

İlkokul _____

Üniversite _____

Ortaokul _____

Diğer _____

• Medeni Durumunuz:

Evli _____

Hiç evlenmemiş _____

Boşanmış/Ayrı yaşıyor _____

Dul (eşi vefat etmiş) _____

• Mesleğiniz: _____

• Çalışma durumunuz: ☐ Çalışıyor ☐ Emekli

Çalışıyor ise hangi işte: _____

• Yaşamınızın en uzun kısmını nerede geçirdiniz:

İl _____

İlçe _____

Köy _____

• Çocuğunuz var mı? ☐ Evet ☐ Hayır

Evet ise kaç çocuğunuz var? (parantez içinde yaşlarını belirterek sıralayınız)

• Kimlerle birlikte yaşıyorsunuz? _____

• Kiminle yaşamak isterdiniz? _____

- Aylık gelir miktarınızı nasıl değerlendirirsiniz?

☐ Düşük

☐ Orta

☐ Yüksek

- Herhangi bir fiziksel rahatsızlığınız var mı? Var ise adını belirtiniz:

- Herhangi bir psikolojik rahatsızlığınız var mı? Var ise adını belirtiniz:

- Fiziksel ya da psikolojik tedavi görüyor musunuz? Varsa hangi tedaviler?

- Düzenli olarak görüştüğünüz insanlar var mı? Varsa kimler?

- Gün içinde sizi meşgul edecek bir aktiviteniz/meşgaleniz var mı? Varsa nelerdir?

**APPENDIX C. MINI-MENTAL STATE EXAMINATION (MMSE) / MİNİ-
MENTAL DURUM TESTİ**

YÖNELİM (Toplam puan 10)

- Hangi yıl içindeyiz()
- Hangi mevsimdeyiz ()
- Hangi aydayız()
- Bu gün ayın kaçı()
- Hangi gündeiz()
- Hangi ülkede yaşıyoruz()
- Şu an hangi şehirde bulunmaktasınız.()
- Şu an bulunduğunuz semt neresidir()
- Şu an bulunduğunuz bina neresidir ()
- Şu an bu binada kaçınıcı kattasınız. ()

KAYIT HAFİZASI (Toplam puan 3)

Size birazdan söyleyeceğim üç ismi dikkatlice dinleyip ben bitirdikten sonra tekrarlayın

(Masa, Bayrak, Elbise) (20 sn süre tanınır) Her doğru isim 1 puan ()

DİKKAT VE HESAP YAPMA (Toplam puan 5)

100'den geriye doğru 7 çıkartarak gidin. Dur deyinceye kadar devam edin.

Her doğru işlem 1 puan. (100, 93, 86, 79, 72, 65) ()

HATIRLAMA (Toplam puan 3)

Yukarıda tekrar ettiğiniz kelimeleri hatırlıyor musunuz? Hatırladıklarınızı söyleyin.

(Masa, Bayrak, Elbise). ()

LİSAN (Toplam puan 9)

a) Bu gördüğünüz nesnelerin isimleri nedir? (saat, kalem) 2 puan (20 sn tut) ()

b) Şimdi size söyleyeceğim cümleyi dikkatle dinleyin ve ben bitirdikten sonra tekrar edin.

“Eğer ve fakat istemiyorum” (10 sn tut) 1 puan ()

c) Şimdi sizden bir şey yapmanızı isteyeceğim, beni dikkatle dinleyin ve söylediğimi yapın.

“Masada duran kâğıdı sağ/sol elinizle alın, iki elinizle ikiye katlayın ve yere bırakın lütfen”

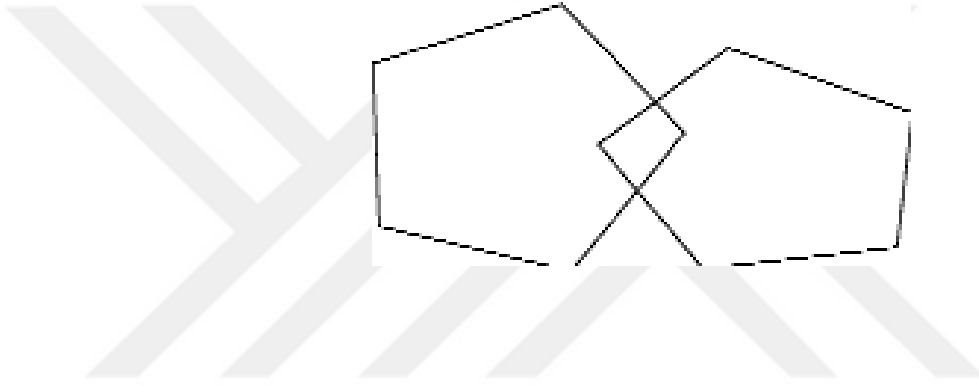
Toplam puan 3, süre 30 sn, her bir doğru işlem 1 puan ()

d) Şimdi size bir cümle vereceğim. Okuyun ve yazıda söylenen şeyi yapın. (1 puan)

“GÖZLERİNİZİ KAPATIN” (arka sayfada) ()

e) Şimdi vereceğim kâğıda aklınıza gelen anlamlı bir cümleyi yazın. (1 puan) ()

f) Size göstereceğim şeklin aynısını çizin. (arka sayfada) (1 puan) ()



**APPENDIX D. THE LOYOLA GENERATIVITY SCALE (LGS) / LOYOLA
ÜRETKENLİK YAŞANTILARI ÖLÇEĞİ**

Aşağıdaki ifadelerin sizi ne kadar yansıttığını belirtilen rakamları işaretleyecek belirtiniz lütfen

1 = Hiçbir zaman 2 = Nadiren 3 = Ara sıra 4 = Çoğu zaman 5 = Her zaman

1) Tecrübelerimi, bilgilerimi aktarmaya çalışırım.	1	2	3	4	5
2) Diğer kişilerin bana ihtiyacı olduğunu düşünmüyorum.	1	2	3	4	5
3) Öğretmen olarak çalışmış olmayı isterdim.	1	2	3	4	5
4) Birçok kişinin hayatında farklılık yarattığımı düşünüyorum	1	2	3	4	5
5) Hayır işlerine katılmıyorum.	1	2	3	4	5
6) Diğer kişilere yararı olacağını düşündüğüm şeyler yaratmaya ve üretmeye çalışırım.	1	2	3	4	5
7)Yaptığım birçok işte yaratıcı olmaya çalışırım.	1	2	3	4	5
8)Ölümümünden sonra uzunca bir süre hatırlanacağımı düşünüyorum.	1	2	3	4	5
9) Toplumun evsizlere yiyecek ve barınak sağlamak gibi bir sorunluluğu olduğunu düşünmüyorum.	1	2	3	4	5
10) Diğer kişiler benim topluma önemli katkılar sağladığımı söyleyeceklerdir.	1	2	3	4	5
11) Kendi çocuklarım olmasaydı evlâtlık edinirdim.	1	2	3	4	5
12) Diğer kişilere öğretmeye çalıştığım önemli özelliklerim, yeteneklerim var.	1	2	3	4	5
13) Ölümümünden sonra arkada kalacak bir şeyler yaptığımı düşünmüyorum.	1	2	3	4	5
14) Genellikle yaptığım şeylerin diğerleri üzerinde pozitif etkileri yoktur.	1	2	3	4	5
15) Diğer kişilere katkı sağlayacak hiçbir şey yapmadım.	1	2	3	4	5
16) Hayatım boyunca birçok kişiye gruba katkı sağlayacak çeşitli aktivitelerde bulundum.	1	2	3	4	5
17) Diğer kişiler benim çok üretken bir kişi olduğumu söylerler.	1	2	3	4	5
18) Yaşadığım çevreyi daha iyi hale getirmek gibi bir sorumluluğum olduğunu düşünüyorum.	1	2	3	4	5
19) İnsanlar tavsiyelerim için bana gelirler.	1	2	3	4	5
20)Yaptıklarımın ve katkılarımın ben öldükten sonra da var olacağını, yaşayacağını düşünüyorum.	1	2	3	4	5

**APPENDIX E. MEANING IN LIFE QUESTIONNAIRE (MLQ) / YAŞAMIN
ANLAMI ÖLÇEĞİ**

Lütfen hayatınızı ve varoluşunuzu neyin önemli ve kayda değer hale getirdiğini düşünmek için bir dakikanızı ayırıp, olabildiğince dürüst ve kesin bir şekilde aşağıdaki ifadelere yanıt verin. Bu ifadeleri yanıtlarken, doğru veya yanlış cevapların olmadığını ve cevaplarının kişiden kişiye değişebileceğini unutmayınız. İfadeleri aşağıdaki ölçeğe göre yanıtlayınız.

Kesinlikle Yanlış 1	Çoğunlukla Yanlış 2	Kısmen Yanlış 3	Doğru veya Yanlış Diyemem 4	Kısmen Doğru 5	Çoğunlukla Doğru 6	Kesinlikle Doğru 7
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- _____ 1. Hayatımın anlamını biliyorum.
- _____ 2. Hayatımı anlamlı hissettirecek bir şey arıyorum.
- _____ 3. Her zaman hayatımın amacını bulma arayışındayım.
- _____ 4. Hayatımın net bir amacı vardır.
- _____ 5. Hayatımı neyin anlamı kıldığını bilirim.
- _____ 6. Hayatım için tatmin edici bir amaç keşfettim.
- _____ 7. Sürekli, hayatımı kayda değer hale getirecek bir şeyler arıyorum.
- _____ 8. Hayatım için bir amaç ya da misyon arıyorum.
- _____ 9. Hayatımın net bir amacı yok.
- _____ 10. Hayatımda bir anlam arıyorum.

**APPENDIX F. GERIATRIC DEPRESSION SCALE (GDO) / GERİATRİK
DEPRESYON ÖLÇEĞİ**

Lütfen yaşamınızın son bir haftasında kendinizi nasıl hissettiğinize ilişkin aşağıdaki soruları kendiniz için uygun olan yanıtı işaretleyerek yanıtlayınız.

	EVET	HAYIR
1) Yaşamınızdan temelde memnun musunuz?		
2) Kişisel etkinlik ve ilgi alanlarınızın çoğunu halen sürdürüyor musunuz?		
3) Yaşamınızın bomboş olduğunu hissediyor musunuz?		
4) Sık sık canınız sıkılır mı?		
5) Gelecekte umutsuz musunuz?		
6) Kafanızdan atamadığınız düşünceler nedeniyle rahatsızlık duyduğunuz olur mu?		
7) Genellikle keyfiniz yerinde midir?		
8) Başınıza kötü bir şey geleceğinden korkuyor musunuz?		
9) Çoğunlukla kendinizi mutlu hissediyor musunuz?		
10) Sık sık kendinizi çaresiz hissediyor musunuz?		
11) Sık sık huzursuz ve yerinde duramayan biri olur musunuz?		
12) Dışarıya çıkıp yeni bir şeyler yapmaktansa, evde kalmayı tercih eder misiniz?		
13) Sıklıkla gelecekte endişe duyuyor musunuz?		
14) Hafızanızın çoğu kişiden daha zayıf olduğunu hissediyor musunuz?		
15) Sizce şu anda yaşıyor olmak çok güzel bir şey midir?		

16) Kendinizi sıklıkla kederli ve hüzünlü hissediyor musunuz?		
17) Kendinizi şu andaki halinizle değersiz hissediyor musunuz?		
18) Geçmişle ilgili olarak çokça üzülüyor musunuz?		
19) Yaşamı zevk ve heyecan verici buluyor musunuz?		
20) Yeni projelere başlamak sizin için zor mudur?		
21) Kendinizi enerji dolu hissediyor musunuz?		
22) Çözümsüz bir durum içinde bulunduğunuzu düşünüyor musunuz?		
23) Çoğu kişinin sizden daha iyi durumda olduğunu düşünüyor musunuz?		
24) Sık sık küçük şeylerden dolayı üzülür müsünüz?		
25) Sık sık kendinizi ağlayacakmış gibi hisseder misiniz?		
26) Dikkatinizi toplamakta güçlük çekiyor musunuz?		
27) Sabahları güne başlamak hoşunuza gidiyor mu?		
28) Sosyal toplantılara katılmaktan kaçınır mısınız?		
29) Karar vermek sizin için kolay oluyor mu?		
30) Zihniniz eskiden olduğu kadar berrak mıdır?		

APPENDIX G. INFORMED CONSENT FORM / GÖNÜLLÜ KATILIM FORMU

Bu araştırma, ODTÜ Psikoloji Bölümü Yüksek Lisans öğrencisi Aylin Aras tarafından Prof. Dr. Özlem Bozo Özen danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Araştırmanın amacı, 65 yaş üzeri bireylerde yaşam doyumu ve depresif semptomlar ile ilişkili faktörler hakkında bilgi toplamaktır. Araştırmaya katılmayı kabul ederseniz, sizden beklenen, anketlerde yer alan bir dizi soruyu cevaplandırmaktır. Bu çalışmaya katılım ortalama olarak 20 dakika sürmektedir.

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Ankette, sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak, sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Anket, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda, anketi uygulayan kişiye, anketi tamamlamadığınızı söylemek yeterli olacaktır.

Anket sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü Yüksek Lisans öğrencisi Aylin Aras (E-posta: aras.aylin@metu.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad

Tarih

İmza

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APPENDIX H. TURKISH SUMMARY / TRKE ZET

TRK YALI NFUSUNDA RETKENLİK, YAAMIN ANLAMI VE DEPRESİF BELİRTİLER ARASINDAKİ İLİKİLER: BİR ARABULUCULUK ANALİZİ

1. GİRİ

1.1. Yalı Yetikinler ve Depresyon

Yalı poplasyonu dnya genelinde gittike artmakta ve bu artı oranı gemie gre [World Health Organization (WHO), 2018] ve diğerk ya gruplarına oranla ok daha hızlı ilerlemektedir [United Nations (UN), Department of Economic and Social Affairs, 2019]. Yaam beklentisindeki artı ve doğurganlık oranlarındaki d, yalanan dnya nfusunun temel itici glerini oluturmaktadır [Orimo ve ark., 2006; Podea & Palici, 2015; UN, 2019]. Dnya nfus eğilimlerine paralel olarak Trkiye'de de yalı nfus oranı gittike artmakta ve bu artı hızı diğerk tm ya gruplarından daha yksek oranda gereklemektedir [Turkish Statistical Institute (Trkstat), 2020]. Bu sosyal dnm gelecekte bireye, aileye ve topluma yn vereceğinden, yalı nfusu ve bu ya grubunun zelliklerini anlamak daha da nem kazanmaktadır.

oğ lkede, 65 ya ve st kiiler yalı olarak kabul edilmekte (Orimo ve ark., 2006; WHO, 2020) ve yalanma sreci fiziksel, bilisel ve sosyal alanda yaanılan bozulmalar nedeniyle oğnlukla kayıplar dnemi olarak grlmektedir. Bu dnemde deneyimlenen zorluklar da yalnızlığa, yaam doyumunda azalmaya ve olumsuz duygulanımın artmasına neden olmakta (Naef, Ward, Mahrer-Imhof, & Grande, 2013; Rubio, Dumitrache, Cordon-Pozo, & Rubio-Herrera, 2016; Tanjanai, Moradinazar, & Najafi, 2017), oğnlukla da depresyona yol amaktadır (Chang-Quan ve ark., 2010; Singh, Mazi-Koywal, & Thalitaya, 2015). Yapılan alımalar hem dnyada hem Trkiye'de yalıların yaklaık drtte birinin klinik depresyon belirtileri gsterdiğini bildirmektedir (Kulaksızıoğlu ve ark., 2005; Singh ve ark., 2015; Wolkowitz, Reus, & Mellon, 2011).

Görüldüğü üzere 65 yaş ve üzerindeki tüm bireyler klinik depresyon belirtileri göstermez. Dolayısıyla, yaşlı yetişkinler için hayatı daha anlamlı kılarak, onların depresif belirtiler geliştirmelerini engelleyen ve yaşamın bu aşamasında yaşanan birçok kayba rağmen yaşlı yetişkinlerin işlevsel kalmasını sağlayan bir dizi faktör olmalıdır. Erikson'un da belirttiği gibi, yaşlılık dönemi sanıldığı kadar olumsuz bir dönem olmayabilir (2014/1982). Bu anlamda bu çalışma, yaşlılık dönemine ve yaşlılıkta depresyona karşı koruyucu faktörlerden bazılarını daha derin bir kavrayış sağlamayı amaçlamaktadır.

1.1.1. Geriatrik Depresyon

En yaygın psikiyatrik bozukluklardan biri olan depresyon, 65 yaş ve üzeri bireylerde semptomları, etiyolojisi, risk faktörleri ve olası sonuçları açısından erken dönemde görülen depresif belirtilerden farklılık gösterir (Fiske ve ark., 2009). Örneğin, yaşlı yetişkinlerin genç bireylere göre duygusal ve biyolojik semptomları gösterme olasılığı daha düşük; somatik semptomlar, uyku bozuklukları, psikomotor gerilik, geleceğe yönelik aşırı endişe gibi belirtileri gösterme olasılığı daha yüksektir (daha fazla bilgi için bkz. Blazer, 2003; Fiske ve ark., 2009; Singh ve ark., 2015). Aynı şekilde, yaşlılık depresyonu fonksiyonel bozukluk, fiziksel, bilişsel ve sosyal yetersizlik (Blazer, 2003; McCall & Kintziger, 2013), düşük yaşam kalitesi ve yaşam doyumu (Şimşek ve ark., 2010), daha düşük iyileşme oranları ve daha yüksek intihar oranları ile karakterizedir (Kaya, 1999; Şimşek ve ark., 2010). Tüm bu etkiler ölüm riskini artırmakta (Blazer, 2003; Şimşek ve ark., 2010), sağlık hizmetleri ile ekonomik ve sosyal kaynakların kaçınılmaz kullanımına yol açmaktadır (Courtin & Knapp, 2017). Buna rağmen, yaşamın sonraki dönemlerinde depresyon genellikle göz ardı edilmektedir (Eriksson ve ark., 2020; Kulaksızoğlu ve ark., 2005). Dolayısıyla başarılı yaşlanmayı kolaylaştırarak yaşlı yetişkinlerde depresyonu önleyebilecek temel psikolojik mekanizmaları anlamak önemlidir.

1.2. Üretkenlik (Generativity)

Başarılı yaşlanmanın önemli faktörlerinden biri olan üretkenlik (*generativity*) kavramı (Fisher, 1995), ilk olarak Erikson'un psikososyal gelişim kuramında ortaya atılmıştır. Erikson'un (1963) sekiz yaşam evresinden yedincisi olan üretkenliğe karşı durağanlık

krizinin, orta yetişkinlikte içsel dürtülere ve sosyal-kültürel normlara bağlı olarak baskın hale geldiğini öne sürmüştür. Bu aşamadaki yetişkin birey, dünyayı genç nesiller için daha yaşanabilir bir yer haline getirme ve topluma kendinden bir miras bırakma kaygısı taşır. Üretkenlik, ebeveynlik veya ilgili bakım davranışları yoluyla ifade edilebileceği gibi gelecek nesillere rehberlik etme, gönüllülük, dini katılım, arkadaşlıklar, çalışma ve hatta boş zaman aktiviteleri gibi yollarla da ifade edilebilir (Erikson, 2014/1982; McAdams & de St Aubin, 1992).

Erikson'un üretkenliği orta yaşa özgü bir aşama olarak görmesi birçok kuramcı tarafından eleştirildi. Erikson'un üretkenlik kavramı üzerine inşa ettiği çalışmaları ile Kotre (1984, 1996) çok boyutlu bir üretkenlik teorisi önerdi. Ebeveyn üretkenliği, biyolojik, teknik ve kültürel üretkenlik olmak üzere dört ana üretkenlik türünü tanımlayan Kotre, bu dört tür üretkenliğin hiçbirinin belirli bir yaşam süresiyle sınırlı olmadığını öne sürdü. Ancak üretkenlik kavramını sistematik bir çerçeve içinde düzenlemeye yönelik ilk girişim McAdams ve de St. Aubin tarafından yapılmıştır (1992). Erikson'un, aksine üretkenliği yaşam boyu gelişen, dinamik bir süreç olarak yeniden tanımlayan McAdams ve de St. Aubin (1992) üretkenliğin hem kültürel talepler hem de iç ihtiyaçlar tarafından motive edildiğini düşünerek yedi psikososyal özelliğin bir konfigürasyonu olarak gördükleri bir üretkenlik teorisi formüle ettiler. Bu teori ile bu yapının yaştan bağımsız bir gelişimsel görev olduğunu vurguladılar. Daha sonraki çalışmalarında Erikson ve Erikson (1997) yaşlı yetişkinlerin de üretkenliklerini sürdürmelerinin gerekliliğini savundular. Öte yandan, üretkenlik kavramı gerontoloji literatüründe yeterince ilgi görmemiş ve çoğu çalışma 70'li yaşların altındaki yetişkinler ile yapılmıştır (Schoklitsch ve Baumann, 2011, 2012).

1.2.1. Üretkenlik ve Depresyon

Erikson ve Erikson (1997, s.63) “yaşlıları psikoterapiye götüren... yaşamsal katılım eksikliğidir” cümlesi ile yaşlılar arasında üretkenliğin gelişmesinin, kişinin psikolojik iyiliği için koruyucu faktörlerden biri olduğunu öne sürmektedir. Birçok çalışmada üretkenlik ve ruh sağlığı arasında olumlu bir ilişki bulunmuş ancak ruh sağlığı çoğunlukla yaşam-doyumu, psikolojik iyi oluş, yaşam kalitesi olarak ele alınmıştır (örn., An & Cooney, 2006; Gruenewald ve ark., 2012; Navarro-Prados, Serrate-Gonzalez, Muñoz-Rodríguez, & Díaz-Orueta, 2018; Schoklitsch

& Baumann, 2012; Yuen, Huang, Burik, & Smith, 2008). Yalnızca birkaç çalışma, yaşlılar arasında ruh sağlığının önemli göstergelerinden biri olan depresif semptomların üretkenlik düzeyi ile ilişkisini anlamaya çalışmıştır. Bulguların çoğu üretkenliğin depresyon ile negatif yönde ilişkili olduğunu ortaya koysa da (Jiang, 2020; McKeering, 2007; Miller, Sorokin, & Fogg, 2013; Song, Cha, Choi, & Jung, 2015), Türkiye’de huzur evi sakinleri ile yapılan çalışmada, üretkenlik ile umutsuzluk ve üretkenlik ile ölüm kaygısı arasında negatif bir ilişki olmasına rağmen, üretkenlik ve depresyon arasında anlamlı bir ilişki bulamamıştır (Vatan & Gençöz, 2009). Depresyon ve üretkenlik arasındaki ilişkiye bakan bu sınırlı sayıdaki çalışma, bu konuyu belirli gruplarda spesifik üretkenlik rolleri açısından (örn., ebeveynlik, gönüllü aktivite gibi) incelemiş ya da bu ilişkinin yaşlı nüfustaki tezahürünü anlamayı amaçlayan çalışmalar ise aynı zamanda orta yaşlı yetişkinleri de örnekleme dahil etmiştir. Bu nedenle, üretkenliğe sahip olmanın o yaş grubunda depresif belirtiler geliştirme olasılığını azaltıp azaltmadığı sorusuna ek olarak, 65 yaş ve üstü yaşlı yetişkinlerde üretkenliğin doğasını anlamaya yönelik daha fazla araştırmaya ihtiyaç vardır.

Üretkenliğin yaşlı yetişkinlerin depresif semptomlarını nasıl ve hangi mekanizmalar aracılığıyla önleyebileceğine yönelik açıklamalar hem teorik hem bilimsel anlamda kısıtlıdır. Üretkenliğin yaşlı bireyin entegre bir benlik duygusu geliştirmesindeki rolü ve insanoğlu için bir başka güçlü dürtü olan hayatta anlam bulmanın major depresyon dahil olmak üzere birçok psikolojik sıkıntıya karşı (Frankl, 2019/1963) koruyucu rolü düşünüldüğünde, hayattaki anlam, üretkenliğin yaşlı bireyler arasında daha düşük seviyelerde depresif belirtilerle bağlantılı olabileceği dikkate alınmalıdır.

1.3. Hayatta Anlam

Belirsizliklerle dolu hayata gözlerini açan insanoğlu, yaşamı boyunca dünyayı anlamlandırmaya çalışır. Yalnızlık, ölüm ve kayıp gibi varoluşsal kaygılar ile çevrili birey, en acı durumlarda bile hayatın kendisini, anlamını ve dünyadaki yerini sorgulamak için doğuştan gelen bir güdüye sahiptir. Bu durum, yüzyıllardır birçok filozofun dikkatini çekmiş ancak Heidegger, Nietzsche, Kierkegaard, Sartre gibi birçok filozof hayatın anlamı, amacı ve anlamsız bir dünyada kişinin yerini sorgulamıştır (Koole, 2010; Yeniçeri, 2013). Psikoloji literatüründe nispeten yeni

olmasına rağmen, varoluşçu psikologlar, varoluşsal kaygılar karşısında daha çok bireyin yaşamdaki yerini ve öznel deneyimlerini anlamaya çalışmışlardır (Debats, 1996; Yeniçeri, 2013). Evrenin mistik ve karmaşık yapısı nedeniyle, yaşamın genel anlamının ne olduğu konusundaki karmaşık soru yüzyıllardır cevapsız kalmıştır (Glaw, Kable, Hazelton, & Inder, 2017). Bu noktada, her bireyin ölüm karşısında hayatın anlamsızlığıyla baş edebilmesi için yapması gereken, kendine özgü yaşam anlamını yaratmaktır (Frankl, 1963/2019).

1.3.1. Hayatta Anlamın Teorik Arka Planı

Psikoloji literatüründe yaşamda anlam bulmanın önemine odaklanan kılavuz teori Viktor Emil Frankl tarafından formüle edilmiştir. Nazi toplama kamplarındaki insanlık dışı deneyimlerine dayanarak, çoğu insanın yaşamak için bir şeye ihtiyacı olduğu ve yalnızca böyle bir anlamın varlığının, olağanüstü acı verici koşullar altında bile insanların hayatta kalmasına yardımcı olabileceği sonucuna vardı. Bireyin “anlam istemi” ni doğuştan gelen bir dürtü kabul eden Frankl, uzun süren anlamsızlık hissinin de can sıkıntısı, boşluk ve ilgisizlik duygularıyla karakterize edilen "varoluşsal boşluk" olarak bilinen bir duygu yaratabileceğini öne sürmüştür. Bu yüzden yaşamda anlam bulamama durumunu psikolojik sıkıntı, depresyon, umutsuzluk, saldırganlık ve yaşama isteği kaybı gibi çeşitli psikolojik problemlerle ilişkilendirmiştir (Frankl, 2019/1963).

Son on yıla kadar sistematik bir kavramsallaştırması olmayan hayatın anlamı kavramı, Steger ve arkadaşları tarafından hayatta anlam varlığı ve anlam arayışından oluşan iki bağımsız boyuta sahip bir kavram olarak yeniden tanımlanmıştır. Steger’a göre anlam varlığı, bir kişinin yaşamının anlamlı olduğu duygusuna atıfta bulunurken, anlam arayışı kişinin yaşamda anlam bulmaya veya artırmaya yönelik aktif çabalarını ve arzularını kapsar (Steger, Frazier, Oishi, & Kaler, 2006; Steger, Kashdan, Sullivan, & Lorentz, 2008). Anlam yapısının iki alt ölçeğini kullanan araştırmalar, anlamın varlığının yüksek yaşam doyumu, olumlu duygular, düşük depresyon düzeyleri gibi olumlu iyi oluş göstergeleri ile ilişkili olduğunu, hayatta anlam arayışının ise çalışmaların çoğunda nevroitiklik, depresyon ve bir dizi olumsuz duygu ile ilişkili olduğunu ortaya koymuştur (e.g., Hallford, Mellor, Cummins, & McCabe, 2018;

Park, Park, & Peterson, 2010; Steger ve ark., 2006; Steger, Mann, Michels, & Cooper, 2009).

1.3.2. Yaşlılıkta Hayatın Anlamı ve Depresyon

Hayattaki anlamın rolü gençlere oranla yaşlı bireyler için daha önemli olabilir (Steger ve ark., 2006). Bu dönemde, fiziksel ve sosyal kayıpların yanı sıra geçmiş başarısızlıklarla ilgili meşguliyetlerin artması dünyanın anlamsızlığı, ölümün kaçınılmazlığı, yalnızlık gibi varoluşsal endişeler hakkında düşünme eğilimini artırabilir. Bu da pişmanlık, acı, umutsuzluk duyguları ve yüksek depresif belirtilerle sonuçlanır. Ayrıca yaşlıların kendileri ve yaşamları hakkında tutarlı bir görüşe sahip olma arzularının yanı sıra kendini aşma ihtiyaçları da göz önünde bulundurulduğunda hayatta anlam ve depresyon arasındaki ilişki bu grupta daha güçlü olabilir.

Az sayıda araştırma, yaşlı yetişkinler için yaşamdaki anlam ve depresyon arasında bahsedilen ilişkiyi desteklemiştir (örn., Hallford ve ark., 2018; Steger, Oishi, & Kashdan, 2009; Volkert ve ark., 2019). Örneğin, Volkert ve ark. (2019) 2104 toplumda yaşayan depresyonu olan yaşlılarda, hayatta anlamın rolünü araştırmış ve yaşamdaki düşük anlam seviyelerinin o yaş grubunda depresyon olasılığını artırdığını fark etmişlerdir. Benzer şekilde Steger ve ark. (2009), 8756 kişiden oluşan örneklemi dört yaşam evresine ayırarak baktıkları çalışmada sonraki evrelerde olan bireylerin daha yüksek anlam varlığı puanı gösterdiğini, yaşamın erken dönemlerinde olanların ise yaşamlarında daha büyük bir anlam arayışı bildirdiklerini gösterdi. Ek olarak, anlamın varlığı tüm yaş grupları için iyi olma halinin önemli bir göstergesi iken, anlam arayışı, daha ileri yaştakiler için daha fazla sıkıntı ve daha düşük refah seviyeleri ile ilişkilendirildi. Hallford ve ark. (2018) tarafından yürütülen yakın zamanlı bir çalışma bu bulguları doğrulasa da anlam arayışının bu değişkenlerle negatif ilişkili olduğunu, daha sonraki yaşam evrelerine göre daha yaşlı yetişkinlikte de anlam arayışının daha az oranda ilişkili olduğunu bulmuşlardır. Genel olarak, bulgular, anlamın varlığının başarılı yaşlanma için önemli bir kaynak olduğunu ima ederken, anlam arayışının daha olumsuz ruh sağlığı bileşenleri ile ilişkili olabileceğini ve daha ileri yaştakiler arasında daha zararlı sonuçlar doğurabileceğini göstermektedir. Yine de anlam arayışı ve bunun ruh sağlığına etkileri ve özellikle depresif belirtilerle olan ilişkisine dair sonuçlar hala yetersiz ve tutarsızdır.

1.3.3. Hayatta Anlam ve Üretkenlik

Psikoloji literatüründe anlamın nasıl türetildiği hakkında çok az bilgi bulunmaktadır. Pederson ve arkadaşlarına göre de farklı kültürel, dini geçmişe sahip ya da farklı dünya görüşlerine sahip tüm bireylerin yaşamına anlam katan, her insana uygulanabilecek daha geniş bir yapıya ihtiyaç vardır (2018). Daha önce de teorik olarak tartışılan, üretkenliğin bireylere sembolik ölümsüzlük elde etme yolunda bir amaç ve aidiyet duygusu verdiği düşünüldüğünde, üretkenlik duygusu hayatta anlamın önemli kaynaklarından biri olarak değerlendirilebilir. Ancak bu ilişki teorik olarak tartışılrsa da yaşlı bireylerin üretkenlik düzeylerinin yaşamdaki anlamla önerilen ilişkisi üzerine çok fazla araştırma yapılmamıştır. Pedersen ve ark. (2018) tarafından yürütülen çok yakın tarihli bir çalışma, üretkenliğin belirledikleri 26 anlam kaynağı arasından, hayatta anlamla en güçlü ilişkili faktör olduğunu ortaya koymuştur. Ancak bahsedilen çalışmada belirlenen anlam kaynaklarının hepsi tek bir ölçek ile ölçülmüştür. Hofer ve ark. (2014) ise doğrudan yaşlı bireylerde üretkenliğin yaşamdaki anlamla önerilen ilişkisine odaklandıkları çalışma ile dört farklı kültürel grupta (Kamerunlu, Alman, Çek ve Hong Kong Çinli) üretkenliğin hayattaki anlam ve iyi-oluş ile beklenen ilişkisini desteklemiştir. Bahsedilen bu çalışmada da hayatta anlamın sadece bir boyutuna, anlamın varlığına, odaklanılmıştır. Sonuç olarak, bahsi geçen iki çalışma Erikson'un teorisini ampirik alana getirmesi açısından önemli olmakla birlikte, bu alanda yapılan çalışmalar hala yetersizdir. Yaşlılar için önemli bir halk sağlığı sorunu olan geriatrik depresyonun gelişmesindeki rolünün yanı sıra, üretkenliğin yaşamdaki anlamın her iki boyutuyla ilişkisine dair bilimsel kanıtlara hala ihtiyaç vardır.

1.4. Çalışmanın Amacı ve Hipotezleri

Bu çalışmada, üretkenliğin depresif belirtilerle olumsuz ilişkisinin yaşlı bireylerde yaşamda anlam varlığıyla açıklanabileceği ileri sürülmüştür. Bildiğimiz kadarıyla, yaşlı popülasyonda üretkenlik, yaşamdaki anlam ve depresif belirtiler arasındaki ilişkiyi inceleyen hiçbir çalışma bulunmamaktadır. Dahası, üretkenlik ve yaşamdaki anlamın varlığı arasındaki kuramsal formülasyonlara rağmen, daha önce üretkenliğin anlam arayışı alt ölçeği ile ilişkisine bakılmamıştır.

Bu anlamda bu çalışmada, yaşlılarda üretkenlik, hayatta anlamın varlığı ve anlam arayışı ile depresif belirtiler arasındaki ilişkilerin anlaşılması amaçlanmış ve aşağıda belirtilen hipotezler öne sürülmüştür:

1. Daha yüksek düzeyde üretkenlik, daha düşük depresyon düzeyleri ile ilişkili olacaktır.
2. Daha yüksek üretkenlik düzeyleri, (a) anlamın varlığı alt ölçeğinde daha yüksek puanlar ve (b) anlam arama alt ölçeğinden daha düşük puanlarla ilişkili olacaktır.
3. (a) Anlamın varlığı daha düşük seviyelerde depresif semptomlarla ilişkilendirilirken, (b) anlam arayışı daha yüksek seviyelerde depresif semptomlarla ilişkilidir.
4. Hayatta anlam, üretkenlik ve depresif belirtiler arasındaki ilişkide önemli bir aracı değişken olacaktır.

2. YÖNTEM

2.1. Örneklem

Çalışmanın örneklemini yaşları 65 ve 88 arasında değişen ($M = 70.99$, $SD = 5.18$), 152 yaşlı birey oluşturmaktadır. Katılımcıların %73'ü erkek, %40.8'i ilkokul mezunu, %85.5'i evli, %68.4'ü orta gelir seviyesine sahip, %75.7'si emeklidir ve %56.6'sı yaşamlarının çoğunu şehirde geçirdiğini belirtmiştir. Katılımcıların çoğunun en az bir çocuğu vardır (%97,4) ve %63,2'si eşleriyle yaşadığını bildirdi. Katılımcılara ayrıca kiminle yaşamak istedikleri sorulduğunda %57.2'si eşleriyle yaşamak istediklerini ifade etmiştir.

Ayrıca ankete katılanların %72.7'si bir veya daha fazla fiziksel rahatsızlık bildirirken, bu katılımcıların %54.6'sı fiziksel durumlarıyla ilgili herhangi bir tıbbi veya fiziksel tedavi gördüklerini belirtmiştir. Katılımcılardan sadece %9.9'u en az bir psikolojik sağlık sorunu yaşadığını ifade ederken, örneklemin %6.6'sı psikolojik sorunları için tedavi gördüğünü belirtmiştir. Ayrıca katılımcıların %92.1'i düzenli görüştüğü kişiler

var mı sorusuna evet yanıtı verirken, % 95.39'u gün içinde kendilerini meşgul edecek en az bir aktivitelerinin olduğunu belirtmiştir.

2.2 Veri Toplama Araçları

Çalışmanın verileri, demografik bilgi formu, her biri tatmin edici geçerlilik ve güvenirlilik değerlerine sahip Mini-Mental Durum Testi (Folstein ve ark., 1975), Loyola Üretkenlik Ölçeği (McAdams & de St. Aubin, 1992), Hayatta Anlam Ölçeği (Steger ve ark., 2006) ve Geriatrik Depresyon Ölçeği (Yesavage ve ark., 1983) aracılığı ile elde edilmiştir.

2.3. İşlem

Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan etik izin alındıktan sonra 65 yaş ve üstü katılımcılarla yüz yüze görüşmelerle iletişime geçilmiş ya da yakınları aracılığıyla kendilerine ulaşılmıştır. Ankara, Bursa, İstanbul, Kocaeli, Mersin ve Niğde gibi Türkiye'nin çeşitli illerinden katılımcılara ilk olarak gönüllü katılım formu verildikten sonra Mini-Mental Durum Testi ile katılımcıların bilişsel durumları değerlendirilerek kesme noktasının üzerinde puan alanlara yukarıda bahsedilen ölçekler uygulanmıştır.

3. BULGULAR

3.1. İstatistiksel Analiz

Veri analizleri için IBM SPSS programının 22. sürümü kullanıldı. Değişkenler arasındaki korelasyonlar Pearson korelasyon analizi ile araştırılırken, üretkenlik ile depresyon arasındaki ilişkide hayattaki anlamın aracı rolünü anlamak için Hayes'in Process macrosu (2018) ile aracılık analizleri yapılmıştır.

3.2. Betimleyici Analizler

Betimleyici analiz sonuçları için LGS, MLQ-P ve MLQ-S ve GDÖ ölçeklerinin ortalama, standart sapma ve minimum-maksimum puanları hesaplanmıştır.

3.3. Araştırmanın Değişkenleri Arasındaki Korelasyonlar

Pearson'ın iki değişkenli korelasyon analizleri hayatta anlamın alt boyutlarından anlam varlığının üretkenlikle pozitif olarak anlamlı derecede ilişkili olduğunu ($r = .39$, $p < .01$); ancak anlam arayışı ($r = .11$, $p = .19$) ve depresyon ($r = .03$, $p = .71$) ile üretkenlik arasında anlamlı bir ilişki olmadığını göstermiştir. Araştırmanın aracı değişkeni olan hayatta anlamın varlığı, anlam arama ($r = .08$, $p = .34$) ve depresyon ($r = -.10$, $p = .23$) ile ilişkili bulunmamıştır. Son olarak, depresyonun sadece hayatta anlam arayışı ile negatif ve anlamlı düzeyde ilişkili olduğu bulunmuştur $r = .19$, $p < .05$).

3.4. Aracı Değişken Analizleri

Araştırma değişkenlerinin çoğu arasındaki iki değişkenli korelasyonlar anlamlı olmasa da hayattaki anlamın (anlam varlığı ve arayışı) üretkenliğin depresyon üzerindeki dolaylı etkisini görmek için basit bir aracılık analizi yapılmıştır çünkü Hayes'e (2009) göre yordayıcı değişken, doğrudan bir ilişki olmasa bile bir aracı değişken aracılığıyla sonuç değişkeni üzerinde dolaylı bir etki yapabilir.

Sonuçlar üretkenliğin hayatta anlam varlığının anlamlı bir yordayıcısı olduğunu ($b = .23$, $SE = .04$, $p < .001$), ancak anlam arayışını anlamlı bir şekilde yordamadığını ($b = .08$, $SE = .07$, $p = .23$) göstermiştir. Anlam arayışı depresyonu anlamlı olarak yordarken ($b = .10$, $SE = .04$, $p < .05$), anlamın varlığı depresyonu anlamlı derecede açıklamamıştır ($b = -.09$, $SE = .06$, $p = .13$). Benzer şekilde, anlamın varlığı ve anlam arayışının aracılık etkisi kontrol edildiğinde, üretkenliğin depresyon üzerindeki doğrudan etkisi anlamlı değildir ($b = .02$, $SE = .04$, $p = .57$). Ayrıca anlamın varlığı ve anlam arayışının dolaylı etkisi 10000 bootstrap örneği kullanılarak hesaplanırsa da ne anlamın varlığı ($b = -.02$, $boot SE = .02$, 95% CI [-.06, .01] ne de anlam arayışı ($b = .01$, $boot SE = .01$, 95% CI [-.00, .02]) yaşlı yetişkinlerin üretkenlik ve depresyon puanları arasındaki ilişkide aracı rol oynamamıştır.

4. TARTIŞMA

4.1. Çalışma Hipotezlerine İlişkin Bulgular

Toplumda yaşıyan yaşlı yetişkinlerde üretkenliğin doğasını, varlığını ve teorik olarak depresyonla ilişkisini anlamak için, bu çalışmada ilk olarak, yaşlı yetişkinlikte daha yüksek üretkenlik düzeylerinin daha düşük depresyon düzeyleri ile ilişkili olacağı varsayıldı; ancak sonuçlar bu spesifik örnekleme de üretkenlik ve depresyon arasında anlamlı bir ilişki ortaya koymadı. Üretkenliğin depresyona karşı koruyucu rolünü gösteren çalışmalara rağmen Vatan ve Gençöz (2009) tarafından yine Türk örnekleminde, huzurevinde kalan yaşlılar ile yapılan çalışmada benzer şekilde üretkenlik düzeyi ve depresyon arasında herhangi bir ilişki bulunamamıştır. Bu bulgu depresyonun temel semptomlarından biri olan umutsuzluk ve üretkenlik arasında anlamlı bir ilişki bulunması nedeniyle ilgi çekicidir. Bu bulgular üretkenliğin nasıl tanımlanıp ölçüldüğüyle alakalı olabilir çünkü öne sürülen ilişkiyi destekleyen çalışmalar, ebeveynlik, gönüllü faaliyetler gibi üretkenliğin spesifik yönlerini ölçmüştür. Bu ve Vatan ve Gençöz (2009) tarafından yürütölen çalışmada ise üretkenlik, genel bir kişilik özelliğı olarak tanımlanan üretkenlik endişesi (*generative concern*) boyutuyla ölçölmüştür ve daha önce bu ölçeğın sosyal beğenilirlik ölçeğı ile ilişkili olduğı bulunmuştur (Schoklitsch & Baumann, 2012).

Hayatta anlam değışkeni ile ilgili olarak, üretkenlik ile anlam arayışı arasında negatif bir ilişki olması beklense de sonuçlar, üretkenlik ile anlam arama alt ölçeğı arasında anlamlı olmayan pozitif bir ilişki olduğunu göstermiştir. Bu ilişkiyi araştıran daha önceki çalışmaların olmaması herhangi bir sonuca varmayı zorlaştırsa da bu şaşırtıcı pozitif ilişki Park ve ark. (2010)'nın, tatmin edici bir anlamın varlığında kişinin anlam arama sürecini psikolojik büyüme ve gelişme süreci olarak değerdendirmesinden dolayı hayatta anlam arayışının daha yüksek pozitif iyi oluş özellikleri ile ilişkilendirilebileceğı bulgusu ile açıklanabilir. Öte yandan, üretkenliğin hayatta anlamın varlığıyla pozitif ilişkisine dair hipotez doğrulanmıştır. Daha önce de Hofer ve ark. (2014) ve Pedersen ve ark. (2018) tarafından desteklenen bu bulgu farklı bir kültürel bağlamda yürütölmüş ve biraz daha yüksek bir ilişki elde etmiş olması sebebiyle üretkenliğin, daha emin bir şekilde, hayatta anlamın varlığının önemli bir açıklayıcısı olduğı kabul edilebilir. Bu sonuçlar, üretkenliğin neden yaşlı yetişkinler için bir anlam kaynağı olduğı sorusunu akıllara getirmektedir. Muhtemel bir açıklama bağlanma kuramı perspektifi ile yapılabilir. Yani, insanların ilişkiselliğe dair temel ihtiyaçlarının yanı sıra yaşlı yetişkinlerin yalnızlığı ve fiziksel ve psikolojik kayıplar karşısında artan sosyal destek ihtiyaçları göz önüne alındığında, yaşlı yetişkinler için

retken kaygılar ve eylemler yakınlık konusundaki gl ihtiyalarını karřılamamanın bir yolu olabilir. Bununla birlikte, diğerk bazı mekanizmalar da retkenlik ile yařamdaki anlamın varlıđı arasındaki iliřkiyi aıklayabilir.

Hayatta anlamın iki alt leđi arasında da beklenmedik bir řekilde pozitif ancak anlamlı olmayan korelasyon bulundu. nceki arařtırmaların ođu, iki alt lek arasında ters korelasyonlar ortaya koysa veya bunları farklı yapılar olarak kabul etse de (Park ve ark., 2010; Steger ve ark., 2009), anlam arama alt leđinin dođasına iliřkin bulgular hala sonusuz kalmıřtır. Bu tutarsızlık, anlam arayıřının ikili dođasından kaynaklanabilir. Steger ve ark. (2008) gre, anlam arayıřı, anlamın varlıđından bađımsız olarak ele alınmamalıdır nk anlamın varlıđı, anlam arayıřı ile fiziksel ve psikolojik sađlık sonuları arasındaki olumsuz iliřkiyi nleyebilir. Arařtırma sonuları da anlam arayıřının, kiřinin hayatta tatmin edici bir anlamı olduđunda, iyi oluř ile olumlu bir řekilde iliřkilendirildiđini; ancak hayatta bir anlama sahip olmama durumunda, artan anlam arayıřının olumsuz iyi-oluř zellikleri ile iliřkili olduđunu gstermektedir (Steger ve ark., 2008, 2009).

Anlam alt leklerinin depresyonla iliřkilerine bakıldıđında da anlamın varlıđı alt boyutunun depresif belirtilerle olumsuz iliřkili olduđu bulunmuřtur. Bulunan iliřkinin yn literatrle uyumlu olmasına rađmen, bu alıřmada anlamın varlıđı ile depresyon arasındaki iliřki anlamsız ve literatrdeki bulgulara oranla ok daha dřk olması nedeniyle dikkat ekicidir. Mevcut ve nceki sonular arasındaki bu tutarsızlık metodolojik nedenlerden kaynaklanıyor olabilir nk bu rneklem iin hayatta anlam alt leđi olduka soldan basık olma eđilimindedir. Bu nedenle, bu yeni bulgunun tutarlılıđı ve olası nedenleri gelecekteki alıřmalarda ele alınmalıdır. İkinci olarak, sonular hayatta anlam arama boyutu ile geriatrik depresyon arasındaki anlamlı pozitif iliřkiyi dođrulamaktadır. Literatrle uyumlu olan bu bulgu yařamda anlam arayıřı yksek olan yařlı yetiřkinlerin depresif belirtilere sahip olma olasılıđının daha yksek olduđu grřn destekler niteliktedir.

Son olarak, arabuluculuk analizinin sonuları ne anlam varlıđının ne de hayatta anlam arama alt leđinin yařlı yetiřkinler iin retkenlik ve depresif belirtiler arasındaki iliřkiye aracılık etmediđini ortaya koymuřtur. Bu sonu, retkenlik ve depresyon arasındaki anlamlı olmayan iliřki dřnldđnden řařırtıcı olmasa da hayatta anlamın bu kuramsal olarak ima edilen roln anlamaya ynelik daha nce hibir

araştırmanın yürütülmemesi nedeniyle tek bir çalışma ile kesin bir sonuca varmak uygun değildir. Bu bulgunun örneklemin özelliklerinden veya bazı metodolojik nedenlerden kaynaklanıyor olabileceği de dikkate alınmalıdır. Örneğin, bu çalışmada kullanılan üretkenlik ölçeği aslında orta yetişkinler için geliştirilmiştir ve yaşlı yetişkinlere uygun olmayan bazı maddeler içermektedir. Ayrıca farklı değişkenler de, örneğin üretkenliğin nesiller arası etkileşimde ortaya çıkması gibi (Cheng, 2009; Tabuchi ve ark., 2015), varsayılan ilişkiyi açıklıyor olabilir.

4.2. Klinik Uygulamalar

Üretkenliğin sadece orta yetişkinlik evresine ait olmadığını ve yaşlı bireylerin hayatına anlam kattığını gösteren bu bulgular, yaşlılık döneminde üretkenlik faaliyetlerini artırmanın bireyin iyi-oluşu için önemli olduğunu göstermektedir. Ayrıca teorinin de ima ettiği gibi, üretkenlik kaygıları, yaşlı bireyin içsel büyümesine ve olgunluğuna katkıda bulunur (Villar, 2012). Dolayısıyla, yaşlı yetişkinlerle yapılan psikoterapiler, bireyin çözülmemiş gelişimsel krizlerine odaklanabilir. Çözüm odaklı terapi sürecine kişinin üretkenliğine yönelik zorlukları ve bunu başarma yolları gibi konular dahil edilebilir. Toplumsal düzeyde, yaşlı yetişkinlerin genç kuşaklara katkıda bulunmalarına olanak tanıyan müdahalelerin geliştirilmesi, yalnızca yaşlı bireyleri değerli hissettirmekle kalmaz, aynı zamanda onlara yöneltilen olumsuz önyargılı tutumları da değiştirebilir.

Hayatta anlam arayışı ile depresyon arasındaki ilişkiyi gösteren bu bulgular psikoterapide bu konuyu hedef almanın değerli olacağını da düşündürmektedir. Bu anlamda, kişinin yaşamdaki anlamını elde etmesine odaklanan yaşam değerlendirme müdahalesi (Kennedy ve Tanenbaum, 2000) veya anlam terapisi (Wong, 2010) gibi danışanın özel ihtiyaçlarına ve gelişimsel zorluklara göre uyarlanmış psikoterapiler, kişinin yabancılaşma ve varoluşsal sıkıntı gibi duygularının hafifletmesine yardımcı olabilir.

4.3. Çalışmanın Güçlü Yönleri

Bildiğimiz kadarıyla, yaşlı popülasyonda üretkenlik, yaşamdaki anlamın iki alt ölçeği ve depresif belirtiler arasındaki ilişkiyi anlamaya çalışan hiçbir çalışma bulunmamaktadır. Bu çalışmanın önemi, yaşlı yetişkinlerde anlam kaynaklarından biri

olarak üretkenliğin teorik olarak ima edilen rolünü ortaya çıkarmasıdır. Çalışmada bilişsel tarama testinin kullanılması ve görece yüksek katılımcı sayısı çalışmanın diğer güçlü yönleri olarak değerlendirilmektedir.

4.4. Çalışmanın Kısıtlılıkları ve Gelecek Araştırmalar için Öneriler

Bahsedilen güçlü yönlerine rağmen, çalışmanın bazı kısıtlamaları bulunmaktadır. Örneğin, veriler öz bildirime dayalı anketler yoluyla, kesitsel desen kullanılarak, toplum genelini birebir yansıtmayan bir örneklemden toplanmıştır. Bu durum sonuçların genellenebilirliğini ve neden-sonuç ilişkisi kurmayı sınırlandırmaktadır. Dolayısıyla gelecekteki araştırmalar, boylamsal araştırma desenlerini, bireyin biricikliğini ortaya çıkarmak için nitel araştırma yöntemlerini ve bilinçli psikolojik süreçlerin etkilerini ortadan kaldırmak için örtük psikolojik testler gibi farklı yöntem ve ölçüm stratejileri kullanabilir. Ayrıca üretkenliği ölçmek için kullanılan ölçeğin yaşlı grubuna ve Türkiye örneklemine uygunluğuna dair çalışmalar eksiktir. Farklı üretkenlik boyutları yaşlılar için daha kritik olabileceğinden (Schoklitsch & Baumann, 2012), gelecekteki çalışmaların yaşlı popülasyona adapte edilmiş üretkenliğin farklı boyutları ile, üretkenlik aktiviteleri gibi, tekrarlanması önemlidir. Benzer şekilde, hayatta anlam ölçeğinin Türkçe standardizasyonu 58 yaşından küçük bireylerle yapılmıştır. Bu yüzden ölçek Türk yaşlı yetişkinler için uygun güvenilirlik, geçerlilik veya duyarlılık düzeylerine sahip olmayabilir. Veri toplama sırasında katılımcıların çoğunun soruları belirtilen şekilde anlamakta ve cevaplamakta güçlük çekmesi bu savı desteklemektedir. Hayatta anlamı ölçmek amacıyla bu popülasyonun özelliklerine duyarlı bir ölçüm aracının geliştirilmesi veya nitel sorulardan yararlanılması verimli olacaktır. Çalışmanın doğası gereği düşük üretkenliğe sahip ve yüksek depresif semptomları olan bireylerin mevcut araştırmaya katılmak istememesi oldukça olasıdır.

Son olarak araştırmanın bağımlı değişkeni, depresyon puanları, daha şiddetli depresyonu olan kişileri içermediği için genel nüfus özelliklerini yansıtmamaktadır. Bu anlamda, çalışma çeşitli yatan hasta grupları ile tekrarlanabilir. Depresyonun yanı sıra, yaşlı erişkinlerin psikolojik iyi oluşları, yaşam kalitesi, yaşam doyumu, ego bütünlüğü gibi patoloji odaklı olmayan yapılarla değerlendirilirse çalışma farklı sonuçlar ortaya çıkarabilir.

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YAZARIN / AUTHOR

Soyadı / Surname : Aras
Adı / Name : Aylin
Bölümü / Department : Psikoloji / Psychology

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