

**The Associations between Time Perspective and
Psychological Difficulties: Sample with and without
Traumatic Tendency**

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ABSTRACT

Traumatic events may have long lasting consequences on physical and psychological well-being by influencing appraisal processes, behavioral and neural reactivity. Moreover, exposure to traumatic events might have adverse intergenerational consequences. The aim of the present study had been to explore Time Perspectives (TP), that is individuals link their behavior to their past, present, and future, is associated with vulnerability to post traumatic stress disorder and psychological difficulties on two different sample groups; a theoretically traumatic group ($N= 50$; age range= 49-70), whom their parent had gone missing during the war of Cyprus and their offspring ($N=50$, age range= 26-40 years); and a theoretically non-traumatic group with no missing parent, ($N= 50$; age range years= 46-69) and their offspring, ($N=50$, age range years= 20-39). Current study also examined the intergenerational transmission of TP and PTSD. Purposeful sampling technique was used. Turkish adaptation version of Brief Symptom Inventory (BSI), Impact of Event Scale-Revised and Zimbardo Time Perspective Inventory were used as measurement tools. Result of the study revealed that parents' PTSD symptoms and TP were associated with their offspring. Participants whom have a relative gone missing during the war had higher PTSD score compared to the participants whom have no missing relative. Overall, findings of the current study provide an important contribution to studies on intergenerational transmission of temporal categories and PTSD.

Keywords: Time Perspectives, PTSD, Psychological Difficulties, War Trauma, Cyprus.

ÖZ

Travmatik olaylar, değerlendirme süreçlerini, davranışsal ve sinirsel tepkimeyi etkileyerek fiziksel ve psikolojik sağlık üzerinde uzun süreli sonuçlar doğurabilir. Travmatik olaylara maruz kalınması kuşaklararası olumsuz sonuçlar doğurabilir. Bu çalışmanın amacı, zaman perspektiflerinin (ZP), travma sonrası stres bozukluğuna karşı hassasiyet ile ilişkili olup olmadığı ve psikolojik zorluklar ile ilgili ilişkisini farklı gruplar içinde araştırmaktır; Kıbrıs savaşı sırasında ebeveynlerini kaybeden kişiler (N= 50; yaş aralığı = 49-70) ve ilk çocukları (N=50, yaş aralığı = 26-40), kayıp ebeveyni olmayan grub, (N= 50; yaş aralığı = 46-69) ve çocuklarından oluşmaktadır (N=50, yaş aralığı = 20-39). Mevcut çalışma ayrıca, kişilerin ve sonraki nesillerinin ZP ile ilişkilerinin araştırılması amaçlamıştır. Amaçlanan örnekleme tekniği kullanılmıştır. Kısa Belirti Envanteri'nin (KBE) Türkçe versiyonu, Olayların Etkisi Ölçeği-Revize, Zimbardo Zaman Perspektifleri Envanteri ölçüm araçları olarak kullanılmıştır. Çalışmanın sonucunda ebeveynlerin TSSB semptomları ve ZP, devam eden ilk nesil ile ilişkili bulundu. Geçmiş-Negatif ve Mevcut Ölümcül ZP, TSSB' yi ve deneyimlenen psikolojik zorlukları anlamlı derecede öngördü. Bu çalışmanın genel bulguları, temporal kategorilerin kuşaklar arası iletimi ve TSSB üzerine yapılan çalışmalara önemli katkı sağlamaktadır. Ayrıca, TSSB'li bireylerde işlev bozukluğunun ZP'yi daha dengeli hale getirme önemini vurgulanmıştır.

Anahtar Kelimeler: Zaman Perspektifleri, TSSB, Deneyimlenen Psikolojik Zorlanmalar, Savaş Travması, Kıbrıs.

To my beloved grandmother Aytac Veziroglu

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Sincerely

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TABLE OF CONTENTS

ABSTRACT.....	iii
ÖZ	iv
DEDICATION	v
ACKNOWLEDGEMENT	vi
LIST OF TABLES	x
1 INTRODUCTION	1
1.1 Trauma and Effects of Traumatic Life Events.....	4
1.2 Psychological Difficulties that might Affect Individuals Subsequent of Traumatic Life Events	7
1.2.1 Somatization	8
1.2.2 Unfavorable-Self.....	8
1.2.3 Depression.....	9
1.2.4 Hostility.....	9
1.2.5 Anxiety.....	10
1.3 Enforced Disappearance and War Trauma	10
1.4 Intergenerational Transmission of Trauma.....	11
1.5 Time Perspective Theory	12
1.5.1 Past-Negative TP	15
1.5.2 Past-Positive TP	15
1.5.3 Present-Hedonistic TP	16
1.5.4 Present-Fatalistic TP	16
1.5.5 Future TP	17
1.5.6 Intergenerational Transmission of Time Perspective.....	17

1.6 The Present Study	18
2 METHOD	20
2.1 Participants	20
2.2 Measurement Tools	20
2.2.1 Demographic Information Sheet.....	20
2.2.2 Impact of Event Scale-Revised (IES-R)	20
2.2.3 Brief Symptom Inventory (BSI)	21
2.2.4 Zimbardo Time Perspective Inventory (ZTPI)	22
2.3 Procedure	22
3 RESULT	24
3.1 Pearson’s Correlation Coefficients of Psychological difficulties, PTSD and TP Subscales.....	25
3.2 Association between TP of Parents and their First Born Offspring	25
3.3 Association of PTSD Scores of Parents and their First Born Offspring.	26
3.4 Past-Negative TP and Present-Fatalistic TP Association with PTSD.	26
3.5 Past-Negative TP and Present-Fatalistic TP Association with Experienced Psychological Difficulties.....	28
3.6 Comparing Past-Negative TP and Present-Fatalistic TP between two Sample Groups; with Missing Relative and with No Missing Relative.	30
3.7 Comparing PTSD Symptoms between two Sample Groups; with Missing Relative and with No Missing Relative.	30
4 DISCUSSION	31
REFERENCES	39
APPENDICES	49
Appendix A: Demographic Information Sheet.....	50

Appendix B: Impact of Event Scale-R	51
Appendix C: Brief Symptom Inventory	53
Appendix D: Zimbardo Time Perspective Inventory	56
Appendix E: Inform Consent Form	59
Appendix F: Debriefing Form	61

LIST OF TABLES

Table 1: Means and Standard Deviations of the Variables.....	24
Table 2: Pearson Correlation Coefficients among the Variables.....	25
Table 3: Pearson Correlation Coefficients among Time Perspective of Parents and their Offspring.....	26
Table 4: Summary of Hierarchical Regression Analysis for Variables Predicting PTSD	27
Table 5: Summary of Hierarchical Regression Analysis for Variables Predicting Psychological Difficulties.....	29

Chapter 1

INTRODUCTION

Throughout the life-span individuals are exposed to an endless number of interactions, events, situations that influence their life. These experiences can be comforting life events such as social gatherings, driving to work without traffic jam, reading book etc. On the other hand there are countless of possible sudden and unexpected events that might occur which overwhelm individuals psychologically and/or physiologically. Diagnostic and Statistical Manual of Mental Disorder (DSM-V, American Psychology Association, 2013) defines trauma as a response to a disturbing event and recognizes traumatic life experiences as, witnessing or being exposed directly to actual or threatened death, sexual violence, serious injury such as natural disasters, wars, terrorist attacks, genocides, sudden loss of loved ones are some example of traumatic events. Being exposed to a traumatic event during childhood or as an adult may have effects on psychological and physiological well-being. Traumatic events may have long lasting consequences on physical and psychological health by influencing appraisal processes, coping methods, life styles, parental behavior, behavioral and neural reactivity (Bombay, Matheson & Anisman, 2011; Boscarino, 1995; Boudreaux, Kilpatrick, Resnick, Best & Saunders, 1998). Post-Traumatic Stress Disorder (PTSD) is a trauma and stressor-related disorder that can occur following the experience or witnessing of a life-threatening event.

Throughout the history island of Cyprus had been colonized by some of the most influential colonial powers in the Mediterranean (Solsten, 1991; Beratli, 1997). In 1960 Cyprus gained its independence from British Colony and, Turkish and Greek Cypriots established Republic of Cyprus together. Greece, Turkey and Great Britain entered into a Treaty to Guarantee, the basic provision of the establishment and the regional integrity and autonomy of the island. Unfortunately political tension between Greek Cypriots and Turkish Cypriots increased following 3 years and relation between two communities depreciated and resulted with inter-communal violence in 1963 which lasted until 1974 (Solsten, 1991; Beratli, 1997). In 15th of July Greek military junta and its Greek Cypriot companions carried out a coup against the Cypriot government. Following the coup and in 20th of July, Turkey's military forces invaded the island which caused many loss and suffering in both communities and one-third of the population forcibly displaced from their homes and divided the island to the North and the South (Solsten, 1991). In 1975 Turkish Cypriots declaration their government as Turkish Federated State of Cyprus and in 15th of November 1983 declaration Turkish Republic of Northern Cyprus (T.R.N.C). In April 2017, 33 years after the declaration of T.R.N.C, it is still a non-recognized country internationally except by Turkey (Solsten, 1991).

During the 1963-64 and 1974 armed conflict between two communities caused many deaths, displacement and reports of missing people. In a Report by United Nations Secretary General (1964) it was declared that between December 1963 and September 1964, 232 Turkish Cypriot and 38 Greek Cypriot had gone missing. Some of these people had become missing person while they were immigrating, some were taken as prisoners of war, and some were missing due to armed conflict. Towards the end of 1974, the number of missing people dramatically raised to 2001 (1,493 Greek Cypriot

508 Turkish Cypriot), (Commission of Missing Persons, 2016). From 1974 to beginning of 2000s there has been many attempts by international and local authorities for searching remains of missing people. Though Commission of Missing Persons established in 1981, due to the disagreements and lack of cooperation between two communities, attempts of searching remains of missing people failed to provide closure to individuals with missing relatives. However, since 2006, 740 body remains of missing people had been returned to their families (Commission of Missing Persons, 2016). Enforced disappearance is involuntary disappearance of people including detention, abduction, genocide, war prisoners etc., and effects not only Cypriot community but also the world as a global humanitarian problem and crime against humanity (United Nations, 1993). Enforced disappearance of someone effects not only the close relative of missing person but also their communities by spreading sense of insecurity to the society as a whole (United Nations, 1993). It is also a traumatic event which has stressful impact on survivor relatives (Barakovic, Avidibegovic & Sinanovic, 2014).

Being exposed to a traumatic event, might have an impact on individual's cognitive process of reflection of their life over time, which might influence their chosen strategies to cope with the trauma. Zimbardo and Boyd (1999) proposed the Theory of Time Perspective (TP) which is an unconscious process that helps individuals to encode, store and recall information related to their personal and social experiences. It is thus possible to provide order, meaning and coherence to those events through various temporal categories that as well enables reinterpretation of these information. Zimbardo and Boyd (1999) suggested five temporal categories which are Past Positive, Past Negative, Present Fatalistic, Present Hedonistic and Future. Following a traumatic event individuals might experience difficulties thinking of the future and ruminate over

negative past experiences and experience the present without any concerns of future. It has been argued that individual's TP dimension can influence their tendency of PTSD and experiencing psychological difficulties (Zimbardo, Sword & Sword, 2012). Adding to that, individual's TP dimension might be subject to transmission from one generation to the next. Current study aims to explore whether individuals' Time Perspective dimensions are associated with vulnerability to PTSD and psychological difficulties such as depression, anxiety, unfavorable-self, hostility and somatization in two different sample groups (i.e., a group with either parent/grandparent had gone missing during the war of Cyprus and a group with no missing parent/grandparent missing). For this purpose, at first part of the introduction, psychological effects of traumatic life events are explained. Later, intergenerational consequences of traumatic experiences are expounded. Later, context of enforced disappearance as a traumatic event will be explained. Following that, theoretical background of time perspectives and the categories are explained. Following that the aim of the study and hypotheses are presented. After procedure, measurements and findings of the current study were presented. Finally, findings of the current study and literature findings are evaluated and discussed.

1.1 Trauma and Effects of Traumatic Life Events on Individuals

The word Trauma comes from the Greek word "trauma" which means "wound" or "pierce" and it was used to state the bodily wounded and injured, suffering soldiers from the sharpness of their own armor (Spiers & Harrington, 2001). Trauma as an etiological factor in mental health disorder anticipated at 19th century by Janet, Freud and Breuer and later during First and Second World wars by Kardiner (Van der Kolk, 2000). During First and Second World War, the condition has been known to exist with different names, such as "Soldier's Heart", "Shell Shock", and "War Neurosis"

(Van der Kolk, 2000). Only, after the Vietnam War, in 1980, Post Traumatic Stress Disorder, which is a concept central to trauma studies, was recognized as a psychiatric disorder by the 3rd edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Its main diagnostic criteria were “re-experiencing of the traumatic event, avoidance of stimuli associated with the trauma and symptoms of increased arousal” (Van der Kolk, 2000). In DSM IV it was added that to diagnose PTSD, symptoms must last for at least 30 days. In DSM V, PTSD is no longer considered as an anxiety disorder; instead as a trauma and stressor related disorder.

Following exposure to such traumatic events, individuals might feel distress, extreme fear, anxiety and /or irritation (World Health Organization, 1992; APA, 2013,). They might frequently remember unpleasant memories and thoughts of the traumatic event, might act as if they are re-experiencing the event, and such feelings can lead to physical reactions such as increase of heart rate and sudden sweating (World Health Organization, 1992; APA, 2013,). Individuals’ sleep routines can be disturbed by repeating nightmares about the traumatic event. Also, these individuals might suffer from poor memory, difficulty of concentrating and they might avoid talking about the traumatic event and clues which can remind it (World Health Organization, 1992; APA, 2013,). Individuals might withdraw from their social environment, might become unresponsive to their environment, avoid family gatherings and isolate themselves, which are the symptoms of post-traumatic stress disorder (PTSD) (World Health Organization, 1992; APA, 2013,). Individuals of any age, gender or culture may be vulnerable to experience PTSD (Zimbardo, et al., 2012).

Kris (1956) differentiated between what he called shock trauma; which reflects the effect of a single powerful experience, such as natural disasters, rape, terrorist attacks, and strain trauma which reflects the effect of a long-term condition which may cause

traumatic effects by aggregating frustrating tension that is not dischargeable or not easy to absorb; such as, ongoing abuse, wars, concentration camps etc. However, in the case of war it is not possible to make clear such distinctions. During the war individuals especially veterans might experience sudden single powerful experience as well as being exposed to long-term frustrating tension. Similarly sudden disappearance of close relative might result long-term suffering and frustration. According to Bistriz (1988) when individuals are exposed to a traumatic event for extended period of time, less able to psychologically defend themselves compared to survivors of single trauma. Bistriz (1988) argues that even most horrible overwhelming experience can be handled if it is predictable and potentially limited in time. Further suggested by Bistriz (1988) that when individuals can see an end to their sorrow they put more effort to deal with the trauma. During the wartime, particularly long ones like Cyprus War which lasted 11 years, individuals might experience high degree of uncertainty about what would happen next and how long their suffering will continue.

Exposure to a traumatic event might disturb and challenge the individual's basic assumptions about the benevolence, justice and meaningfulness of their life (Janoff-Bulman, 1992). Janoff-Bulman (1992) suggested that individuals develop fundamental assumptions to guide their life and existence. These fundamental assumptions about themselves and the world are necessary to find meaning in their life, feel self-worth and believe that the world is a secure and predictable place.

Janoff-Bulman (1998) further suggested that individuals think that the world is just, therefore if they behave nicely bad things will not happen to them and they are safe.

Janoff-Bulman (1992) indicates that individuals know that horrible insistance happen yet they think these things will not happen to them or in their town or country.

According to Janoff-Bulman (1998) Shattered Assumption Theory, exposure to a traumatic event might shatter and seriously challenge the individual's fundamental assumptions about the world. Individuals might experience difficulties to assimilate traumatic experiences with the existing assumptions. In this case individual might try to reevaluate the current circumstances and develop new assumptions in order to adapt themselves to existing perception of the world and make sense of what happened to them. Furthermore individuals might adopt pessimistic assumption such they might feel incompetent and insecure in their environment.

1.2 Psychological Difficulties that might Affect Individuals Subsequent of Traumatic Life Events

Being exposed to a traumatic event, individuals might experience some psychological difficulties. Some studies indicated that (Boudreaux et al., 1998; Boscarino, 1995; Wadinger, Schulz, Barsky & Ahern, 2006), victims of crime were more likely than non-victims to suffer from a major depressive episode, obsessive compulsive disorder, agoraphobia, anxiety, social phobia, and simple phobia, somatization, interpersonal sensitivity and self-alienation etc. The Turkish Version of Brief Symptom Inventory, which had been used in the current study to measure psychological difficulties, include five subscales which are; somatization, unfavorable-self, depression, hostility and anxiety. Therefore the following section will expand on these five psychological difficulties.

1.2.1 Somatization

Wadinger et al. (2006) indicates that exposure to a traumatic event during early childhood is associated with higher levels of somatization in later life which its main symptoms are classified by the International Classification of Diseases , tenth edition, as , “ multiple , recurrent and frequently changing physical symptoms at least two years duration”(World Health Organization, 1992). These symptoms include headaches, stomach aches with are no identified medical problem, irritable bowel syndrome, fibromyalgia, a disorder that causes fatigue, muscle and joint pain, chronic fatigue syndrome, and nonulcer dyspepsia, a stomach pain with no obvious medical cause. Andreski, Chilcoat and Breslau (1998) also indicated that individuals with a history of PTSD are more at risk for somatization symptoms.

1.2.2 Unfavorable-Self

Interpersonal sensitivity is defined by Boyce and Parker (1989), as “undue and excessive awareness of and sensitivity to, the behavior and feelings of others” (p.342). In their study Huh, Kim, Yu and Chae (2014) suggested that exposure to a traumatic event during childhood might disturb developing interpersonal kinship abilities and is associated with general interpersonal distress that cause interpersonal sensitivity in adulthood . Also, Nickerson, Priebe, Bryant and Morina, (2014) proposed that being expose to a traumatic event caused by other people might negatively influence the ability to relate to others. It was suggested that individuals with PTSD are likely to change perception of themselves and their world in unfavorably direction (Brewin, Granet & Andrews, 2010). Furthermore Brewin and colleagues, (2010) revealed that British Veterans were likely to alienate from unmilitary life as a result of negative perception of themselves and the world around them, in which an association also was found between suicidal behavior and negative perception of the world. Barakovic et

al. (2014) argued that women whom their husband had gone missing during the war were also likely to feel alienated from society. They argue that women whom their husband had gone missing, come across similar problems with widows however they don't have official recognition of widow status and such conditions not only exempt those women from official benefits but also they might feel insecure because they don't know what happened to their husband so they cannot grieve properly. In the long term due to their uncertain official status they might not be able to remarry (Barakovic, et al, 2014).

1.2.3 Depression

Diagnostic criteria for depression by ICD-10 is “persistent sadness or low mood, and/or loss of interests or pleasure fatigue or low energy at least one of these, most days, most of the time for at least 2 weeks.” Boscarino (1995) suggested that combat exposure was associated with depression. Symptoms of depression often occur after exposure to a traumatic event and it was suggested that survivors with PTSD are more likely to experience heavy symptoms of depression (Yehuda, Kahana, Southwick & Giller, 1994). It was suggested that depression and PTSD are comorbid disorders and depression is observed in more than half of PTSD patients early after the traumatic exposure, however PTSD and depression are independent consequences of traumatic events (Yehuda, et al., 1994; Bleich, Koslowsky, Dolev & Lerer, 1997).

1.2.4 Hostility

Following a traumatic event individuals might feel threatened even when there is no such conditions, and as a response behave aggressive and be hostile around their environment to protect themselves from the potential threat (Glenn, Beckham, Feldman, Kirby, Hertzberg & Moore, 2002). Glenn and colleagues (2002) indicates that veterans with PTSD are more likely to express hostility and physical violence to

their intimate partner comparing to veterans without PTSD. For example a veteran might feel angry to their wife or children even when they break some simple rules because as a combat if someone breaks the rules could mean death of someone and such circumstances at home could be a reminder of the battlefield (Chemtob, Novaco, Hamada, Gross & Smith, 1997).

1.2.5 Anxiety

Combat exposure has been shown to be associated with anxiety (Boscarino, 1995) and social phobia and social anxiety was common among Vietnam Veterans, adding to that veterans whom were diagnosed with PTSD were more likely to have social phobia (Orsillo, Heimberg, Juster & Garrett, 1996).

1.3 Enforced Disappearance and War Trauma

During war and persecution, exposure to traumatic events can take place repetitively and initiated by other individuals such as seeing their relatives injured, tortured or killed by another person (Nickerson, Priebe, Bryant & Morina, 2014). Enforced disappearing occurs during armed conflicts, kidnapping or during natural disasters (Barakovic, et al., 2014). A report by United Nations in 2002 indicated that missing people are often men and enforced disappearance of the male family member effects status of the women survivors. According to the UN report of Women, Peace and security, survivors are traumatized and remains in suffering and uncertainty, they cannot find closure while they remain optimistic that maybe one day their missing family member might return (United Nation, 2002). In their study Perez-Sales, Duras-Perez and Herzfeld (2000) showed that over two decades since the enforced disappearance of family members resulting in, a significant amount of individuals suffering from psychological difficulties and PTSD.

1.4 Intergenerational Transmission of Trauma

Studies suggest that traumatic experiences may have adverse intergenerational consequences such as experiences undergone during childhood or as an adult might severely influence the well-being of not only the individuals themselves but also their offspring (Weem & Scheeringa, 2013; Yehuda & Bierer, 2008).

After II World war, there has been an enormous amount of studies over the last 2 decades investigating the theory on transmission of trauma where a traumatic event experienced by one individual can have continued effect on others as well as how trauma have an impact inter-generationally, especially on holocaust survivors, their children and grandchildren (Lurie-Beck, 2007; Pearce, et.al., 2008; Reznikoff & Glenwick, 1993).

Family System Theory by Bowen (Kerr & Bowen, 1988) argues the interdependence of individuals and suggests that trauma passes down from one generation to the next by relational patterns that learned and passed through generation. On the other hand, Epigenetic approach suggests that memories of trauma are stored in individuals' DNA and pass from one generation to the next as genetic makeup (Yehuda & Bierer, 2009). The epigenetic theory further suggest that, these genetic imprints that individuals inherit from their ancestors might activate a nonfunctional response to stress which increases the possibility of suffering from symptoms related to trauma such as PTSD (Yehuda & Bierer, 2009). According to the point of view of contemporary Psychoanalytic Theory, unconscious processes are involved in transmission of trauma from one generation to the next (Rowland-Klein and Dunlop, 1998). Rowland-Klein and Dunlop (1998) argued that second generation of trauma survivors learn control

mechanisms to cope with their parents repressed and unsolved issues and they named this process as projective identification, which explained as follow; “projection by the parent of holocaust-related feeling and anxieties to the child; introjection by the child as if she herself had experienced the concentration camps; and return of this input by the child in the form of compliant and solicitous behavior associated with enmeshment and individuation problems.” (p.358).

Pearce et.al. (2008) revealed that the children and grandchildren of trauma survivors seem often experience higher rates of physical and mental health challenges compare to other children. For instance, PTSD symptoms were identified among two generation of Cambodian refugees after their survival of Pal Pat War (Sack et al., 1994). Also Rosenheck and Fontana (1998) revealed that children of fathers who participated in abusive violence during Vietnam was showed more behavioral disturbance than children of other Vietnam war veterans.

Existing empirical evidence indicated that first born and only children of trauma survivors are more vulnerable to transmitted trauma of their parents (Davidson, 1980a; cited at Lurie-Beck, 2007; Baron, Reznikoff & Glenwick, 1993). In a study with two generation of holocaust survivors Baron et al. (1993) argued that first born child spent more time alone with their parents, therefore have opportunities to share more memories, stories about the traumatic events, which would increase the exposure to the survivor syndrome.

1.5 Time Perspective Theory

Time Perspective Theory proposes that one’s behavior is influenced by how individuals link their behavior to their past, present, and/or future (Zimbardo, & Boyd,

1999). Zimbardo and his colleagues suggested that five dimensions of time perspective are based on factor analysis of Time Perspective (TP) Inventory: Past-Negative, Present-Hedonistic, Future, Past-Positive and Present-Fatalistic (Keough, Zimbardo & Boyd, 1999; Papastamatelou & Unger, 2015; Worrell & Mello, 2007). Holman and Zimbardo (1999, cited at Zimbardo & Boyd, 1999, pp.1282) revealed there is an association between the way individuals deal with traumatic experiences and their Time Perspective. Zimbardo (2008) suggest that individuals' attitude towards time is mainly learned, and they relate to time unconsciously and each individual has a TP that is mainly unconscious and subjective. Further he suggested that, individuals divide the constant movement of their experience in to time frames to give order, coherence and sense to them (Zimbardo, 2008). These time frames might reflect cyclical patterns such as seasons, birthdays, anniversaries or unique ones such as loss of loved ones, the start of a war or terrorist attacked. Time frames also involves to shaping individuals expectations and goals which influence their judgments and actions (Zimbardo, & Boyd, 1999). Therefore TP is predictive of a wide range of behaviors, attitudes, and values in daily routine (Zimbardo, 2008; Zimbardo et al., 2012).

It has been indicated by Zimbardo (2008) that when individuals have moderate attitudes toward the past, present and the future it is indicative of health however extreme attitudes are indicative of unhealthy patters of living. However individuals might develop time frame preferences that result with overusing one time frame more than the others and use less some others. Such over use of time frames can become problematical when the time frame is adverse. For example, an individual whom time frame is extremely past negative, thinks all the bad things happened in the past and continue to suffer in the present and concern about future less, similarly an individual with present fatalistic time frame, might think life is misery and it is destined, it cannot

be changed which results also with less concern about future and often possessing negative risk taking behaviors such as risky driving, drug abuse etc. It's been suggested that developing balanced and dynamic TP enables individuals to adapt between past, present and future time frames accordance to the current situations, suitability and, personal and/or social factors. An ideal Balanced Time Perspective presented as, low Past-Negative TP and Present-Fatalistic TP, high on Past-Positive TP with moderate Present-Hedonistic TP and moderate high Future centered TP (Zimbardo, 2008; Zimbardo et al., 2012). Zimbardo et al, (2012) argued that balancing individuals' TP increased their overall psychological well-being and reduced their PTSD symptoms.

Time Perspective Theory suggests that one's view of themselves, their world and relationships is filtered through temporally based cognitive processes (Keough et al., 1999). It has been proposed that individuals learn to separate the personal experiences in to the categories of past, present and future, and this process is learned at an early age through culture, religion, social class, education and family (Nurmi, 1991; Zaleski, 1994, cited in Keough et al, 1999, pp151). Individuals' TP changes into different formation throughout their life span. In early years of life, a child lives in the present and their TP only includes immediate past and close future, and as they grow up their behavior is effected by further distant past and future experiences (Senyk, 2013). Socialization process of the individuals forms their norms and values, their reaction to situations, Levine (2005) argues that the conditions of these socialization process significantly influence the formation of individuals TP. Every culture and social environment construct their image of the world and this effect development of certain form of TP. For example in western culture being future oriented is essential condition of success and psychological wellbeing however in some other cultures, this

orientation can indicate absence of realism and credulity (Senyk, 2013). Dimensions of TP are presented in further detail below.

1.5.1 Past-Negative TP

Past-Negative TP reflects a generally negative, aversive view of the past. Actions and Decisions of individuals with Past-Negative TP dimension predominantly controlled by recalling similar experiences that happened in the past and what worked or did not work in the past. They are behavior are likely to be effected by the process of guilt on unconformity of present thoughts and actions, between previous obligations. They tend to be conservative therefore suspicious to what is new and different. Zimbardo(2008) suggest that individuals with Past-Negative TP cannot let go of their past traumas, guilt and mistakes, and such attitudes may result with not allowing to see present and also hopelessness toward future. Zimbardo and colleagues (2012) proposed that Individuals with PTSD were severely influenced by past traumatic experiences that infested their present thought which resulted high Past-Negative TP bias. Further studies by Holman and Zimbardo's (1999, cited in Zimbardo & Boyd, 1999, pp.1282) study revealed that after students experienced stress, Past Negative TP was associated with the degree of social conflict they reported in the result of stress. A different study reveals association between Past-Negative TP with depression, anxiety, unhappiness, low self-esteem and aggression (Zimbardo& Boyd, 1999).

1.5.2 Past-Positive TP

Past positive TP reflects nostalgic and sentimental attitude toward the past. Often individuals think of enjoyable past experiences (Papastamatelou & Unger, 2015) and sense of rootedness are important for them (Zimbardo, 2008). Holman and Zimbardo's (1999, cited in Zimbardo& Boyd, 1999) study suggested that Past-positive TP was associated with positive emotional growth coping. Individuals with Past-Positive TP

have higher self-esteem and happiness and low depression and anxiety comparing to individuals with Past Negative TP. On the other hand similar to Past-Negative TP, individuals with Past-Positive TP lack of ambition towards future and present (Zimbardo, 2008).

1.5.3 Present-Hedonistic TP

Present-Hedonistic TP reflects a hedonist, high risk taking and little concern for the future. Individuals with Present Hedonistic TP seek out instant pleasures, excitement and avoid their existing responsibilities and not able to calculate future consequences of their present action. For instance they might prefer to go out party instead of studying to an exam which is day after. Usually they are very energetic, popular around their social environment, can make anyone laugh, etc (Zimbardo, 2008). However, because of their concern about the future is very low, they are likely possess risk taking behavior such as, unsafe sex, high alcohol consumption and drug abuse. Zimbardo and Boyd (1999) suggested Present-Hedonistic TP orientation is associated with low ego and associated with novelty seeking sensation seeking and preference for consistency. According to the authors, only a moderate Present-Hedonistic TP is essential for a balanced TP.

1.5.4 Present-Fatalistic TP

Present-fatalistic TP reflects a fatalistic, helpless and hopeless attitude towards the future and life (Zimbardo & Boyd, 1999). Individuals with dominant Present-Fatalistic TP has a fate-based approach about life and believe that they have no control or impact over the situations around them (Papastamatelou & Unger, 2015). Holman and Zimbardo's (1999, cited in Zimbardo & Boyd, 1999) indicated that Present-Fatalistic TP was negatively associated with active problem solving and coping because they often think their life is control by outside forces such as spiritual or governmental .

Present-Fatalistic TP is highly associated with anxiety, depression and PTSD (Zimbardo et al., 2012; Zimbardo & Boyd, 1999). According to Zimbardo and Boyd (1999), very low level of Present-Fatalistic is ideal for balanced TP.

1.5.5 Future TP

Future TP is dominated by future goals and rewards (Zimbardo & Boyd, 1999). Individuals with dominant Future TP are determined, hard workers and have high motivation for goal accomplishment (Papastamatelou & Unger, 2015). Holman and Zimbardo's (1999, cited in Zimbardo & Boyd, 1999) study on college students sample revealed several consequences of various TP biases. It was found that after students experienced stress, Future TP was positively associated with degree of social support they received from their family and friends. In regards to coping activities used to deal with stress, Future TP was strongly associated with active problem solving coping and emotional growth (Holman & Zimbardo, 1999; cited in Zimbardo & Boyd, 1999). However their high future worries might prevent them to appreciate the present, on the other hand moderate high future orientation is essential for balanced TP (Zimbardo et al., 2012; Boniwell & Zimbardo, 2003).

1.5.6 Intergenerational Transmission of Time Perspective

Empirical evidence in the literature indicates that non cognitive such as, critical thinking, social skills, creativity and cognitive skills such as attention and memory, are transmitted from one generation to other (Anger & Heineck, 2010; Gronqvist, Ockert & Vlachos, 2011). Vasquez and Cruz (2013) investigated the intergeneration transmission of TP and result of their study reveal that parental TP and children episodic foresight, which an ability to forecast future needs and desires before experiencing the event and decide accordance, were associated. Also it was suggested that impulsiveness/present (Hedonistic TP) orientation of parents delay the

development of the cognitive capacity for thinking in the personal future of the child (Vasquez & Cruz, 2013).

1.6 The Present Study

The aim of this study is to explore whether Time Perspective is associated with vulnerability to PTSD and psychological difficulties in two samples of individuals with and without Traumatic Tendency and their first offspring. Another aim is to investigate the association of individual's Time Perspective with that of their offspring. Also it is aimed to examine association of parents PTSD scores and their firstborn offspring. Further investigation will be done to explore association of individuals Time Perspective and PTSD score and their level of experienced psychological difficulties. Finally it is aimed to investigate whether there will be a difference of Time Perspective, PTSD score and experienced psychological difficulties, between participants have experienced loss of trauma and those who have not experienced such loss. Hence following hypotheses were generated:

Hypotheses1: Time Perspectives of parents and their firstborn offspring will be positively associated.

Hypotheses 2: PTSD scores of parents and their firstborn offspring will be positively associated.

Hypotheses3: Participants with high Past Negative Time Perspective and Present Fatalistic Time Perspective will score higher on PTSD.

Hypotheses 4: Participants scoring high in Past Negative Time Perspective and Present Fatalistic Time Perspective will report a higher level of psychological difficulties.

Hypotheses5: Participants with a missing relative will have higher scores in Past Negative Time Perspective and Present Fatalistic Time Perspective compared to those without a missing relative.

Hypotheses 6: Participants with a missing relative during the war will have higher PTSD scores compared to those without a missing relative.

Chapter 2

METHOD

2.1 Participants

The participants for this study were 200 individuals, 141 female and 59 male, divided into two groups. First group included 100 Turkish Cypriots, 50 for whom one parent had been missing (never came back) since the tragic events of 1963-64 and 1974 in Cyprus whose age range was between 49 and 70 ($M=62.06$, $SD=5.88$), and their 50 first-born children whose age range was 26 to 40 ($M=34.46$, $SD=3.81$). Second group of samples included 50 Turkish Cypriot who were in Cyprus during the war but had no relatives enforced disappearance whose age ranged between 46 and 69 ($M=58.18$, $SD=6.33$) and 50 first born offspring of their age ranged between was 20 to 39 ($M=30.6$, $SD=5.1$). Purposeful sampling technique was used to select sample.

2.2 Measurement Tools

2.2.1 Demographic Information Sheet

Demographic information sheet was given to participants (see as attached Appendix A), which obtained background information such as, age, gender, education level, experience of any physical or verbal violence during the war and witnessed someone being physical or verbal violence during the war.

2.2.2 Impact of Event Scale-Revised (IES-R)

Impact of Event Scale-Revised is used for evaluating post-traumatic stress disorder symptoms (see as attached Appendix B). IES-R had been developed in 1979 by Horowitz, Wilner, Alvares and colleagues with 15 item, later revised by Weiss and

Marmar (1997; as cited in Corapcioglu, Yargic, Geyran & Kocabasoglu, 2006, p.15). IES-R is a 22 item self-report test with 5-point scale ranging from “not at all” to “extremely”. IES-R contains three subscales: Intrusion, Avoidance and Hyperarousal. In the current study total score of IES-R was used as a continuous variable. When the score is 24 and more it is considered that PTSD is a clinical concern, 33 and above represents ideal cut-off for diagnosis of PTSD and 37 or above is considered enough to suppress the immune system (Creamer, Bell & Fatilla, 2002). IES-R adapted to Turkish by Çorapçioğlu and colleagues (2006). Cronbah’s alpha coefficient for the Turkish adaptation of IES-R was 0.94. In the current study Cronbah’s alpha coefficient for the Turkish adaptation of IES-R was 0.93.

2.2.3 Brief Symptom Inventory (BSI)

Turkish adaptation version of Brief Symptom Inventory (BSI) is used to evaluate psychological distress and psychological disorder tendency (see as attached Appendix C). Original version of the BSI was developed by Derogatis (1993) for adult and adolescent psychiatric inpatients and It is a brief psychological self-report symptom scale with 53-item that uses the 5 point likert scale. The range for the test-retest reliability was 0.68 to 0.91(Derogatis, 1993). Originally BSI has 9 scales which are; somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoia, psychoticism, (Derogatis, 1993). BSI has been adapted to Turkish by Sahin and Durak (1994) and has 5 subscales; depression (Cronbach’s alpha coefficient 0.70), somatization (Cronbach’s alpha coefficient 0.80), Cronbach’s alpha coefficient for anxiety, self-alienation and hostility was -0.45 to 0.71. In the current study, total score of the BSI was used for which Cronbach’s alpha coefficient for the whole scale was 0.95.

2.2.4 Zimbardo Time Perspective Inventory (ZTPI)

In order to measure Time Perspective, the Turkish version of Zimbardo Time Perspective Inventory (ZTPI) was used (see as attached Appendix D). ZTPI developed by Zimbardo and Boyd (1999). It is a self-reported test with 56 items and has five subscales: Past negative (total of 10 items), Past-Positive (total of 9 items), Present-Fatalistic (total if 9 items), Present-Hedonistic (total of 15 items) and Future (total of 13 items). Cronbach's alpha coefficients for the subscales have been reported as between 0.74 and 0.82 and test-retest reliability as changing from 0.70 to 0.80 (Zimbardo & Boyd, 1999). The Turkish version of the inventory has been adapted to the Turkish Cypriot sample by Bayraktar (2016). In the current study, Cronbach's alpha coefficients for the whole scale was .64. Cronbach's alpha coefficients were .84, .60, .81, .83, and .76, for the Past negative, Past Positive, Present-Fatalistic, Present-Hedonistic and Future subscales respectively. Cronbach's alpha coefficients for the Past-Positive subscale was 0.58, when item 29 was deleted Cronbach's alpha coefficients for the subscale increased to 0.60.

2.3 Procedure

All participants were given a brief description of the study and they were told that they will receive three questionnaires which would take 25 to 35 min to complete. They were informed that study is completely confidential and voluntary. Parents and their offspring were given the same questionnaires but separately. In order to fill the questionnaire, they were called by phone and invited to meet somewhere comfortable in order to provide privacy and comfort during the participation. Participants were given informed consent form at the beginning of the research. This form included information that explains the purpose of the research and what they would be asked to do. Also informing that they are free to ask question before deciding whether they wish

to participate as well as while answering the questionnaires and free to withdraw themselves from the study at any time they wish. Their participation would accepted only after they read, understand and sign this inform consent form. Participants were informed that they were free to withdraw themselves from the study at any time they wish. At the same time participants were given a personal code (participants order number), which would identify their data.

Chapter 3

RESULT

Following section provides the analyses of the data which had been collected from two different group of sample in accordance with aim of the current study. Result of the analyses presented in seven section. Firstly mean and standard deviations of the variables are presented in Table 1.

Table1 : Means and Standard Deviations of the Variables

	Group with No Missing Relative				Group with Missing Relative			
	Parent		Offspring		Parent		Offspring	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Past-Negative TP	2.98	.88	2.91	.66	3.15	1.15	3.15	.79
Past-Positive TP	3.57	.56	3.57	.37	3.63	.63	3.41	.47
Present Hedonistic TP	3.08	.62	3.33	.48	3.07	.89	3.19	.68
Future TP	3.54	.45	3.43	.46	3.68	.93	3.39	.57
Present Fatalistic TP	2.85	.81	3.06	.66	2.79	.84	3.03	.79
PTSD	29.84	16.85	28.34	15.9	33.82	18.75	33.28	12.44
Psych. Difficulties	3.45	2.5	3.42	2.7	4.84	3.14	5.53	2.57

Note. M=Mean. SD=Standard Deviation. Psychological difficulties is measured by Brief Symptom Inventory that score ranges between 0 to 24 which 0 indicates low psychological difficulties and 24 high psychological difficulties. PTSD is measured by Impacted of Event Scale that score ranges between 0 to 88, which 0 indicates low PTSD and 88 indicates high PTSD.

3.1 Pearson's Correlation Coefficients of Psychological Difficulties, PTSD and TP Subscales

Firstly associations among TP subscales, PTSD and experienced psychological difficulties were tested by using Pearson's correlation coefficient. Table 2 provides the Pearson correlations between the variables.

Table 2: Pearson Correlation Coefficients among the Variables

Variables	1	2	3	4	5	6	7
1 Psychological Difficulties	–						
2 PTSD	.684**	–					
3 Past-Negative	.388**	.413**	–				
4 Past-Positive	-.315**	-.314**	-.459**	–			
5 Present Hedonistic	.010	.135	-.268**	.195**	–		
6 Future	-.223**	-.160*	-.210**	.377**	-.079	–	
7 Present- Fatalistic	-.295**	.324**	.412**	-.251**	.143*	.307**	–

3.2 Association between TP of Parents and Their First Born Offspring

Association between TP of parents and their offspring were tested by Pearson's Correlation Coefficient. Table 3 provides the correlation between parents and their offsprings' TP.

Table 3: Pearson Correlation Coefficients among Time Perspective of Parents and Their Offspring

	Past-Negative TP Parent	Past-Positive TP Parent	Present-Hedonistic TP Parent	Future TP Parent	Present – Fatalistic TP Parent
Past-Negative TP Offspring	.376**	.175	-.042	-.198*	.296**
Past-Positive TP Offspring	-.158	.091	.033	.174	-.077
Present-Hedonistic TP Offspring	-.239*	.195	.526**	.049	-.069
Future TP Offspring	-.205*	.239*	-.077	.533**	-.050
Present–Fatalistic TP Offspring	.267**	-.135	-.005	-.193	.443**

*p < .05, **p < .01

3.4 Association of PTSD Scores of Parents and Their First Born Offspring

Another Pearson’s correlation coefficient was conducted to compare PTSD scores of parents and their firstborn offspring. Result of the test revealed a significant positive association between parent’s PTSD scores and their offspring’ PTSD scores($r=.464$, $p<.001$).

3.4 Past-Negative TP and Present-Fatalistic TP Association with PTSD

Hierarchical multiple regression was used to assess the ability of two control measures: Past Negative TP and Present Fatalistic TP to predict PTSD after controlling the

variables of age, gender, loss, witnessing violence and experiencing violence. (See table 4).

Table 4: Summary of Hierarchical Regression Analysis for Variables Predicting PTSD

Variable	Model 1			Model 2			Model 3		
	Beta	SE B	β	B	SE B	β	B	SE B	β
Age	.692	2.483	.020	.182	.099	.170	.164	.091	.153
Gender	.133	.076	.124	.625	2.449	.018	.423	2.230	.012
Loss				-8.856	3.048	3.048	-5.877	2.820	-.135
Violence				8.674	4.842	.244	4.084	4.466	.115
Witnessing				-5.175	4.672	-.145	-2.480	4.274	-.069
PN TP							5.244	1.293	.286
PF TP							4.324	4.324	1.458
R ²		.016			.069			.237	
F for change in R ²		1.602			3.668*			21.12**	

*p<.05, **p<.01

Preliminary analyses were conducted to ensure no violations of the assumptions of normality, linearity, multicollinearity and homoscedasticity. Result indicated no violation (Gender, *tolerance*= .984, *VIF*=1.017; age, *tolerance*=.550, *VIF*= 1.817; lost, *tolerance*= .947, *VIF*= 1.056; violence, *tolerance*= .253, *VIF*= 3.96; witnessing, *tolerance*= .279, *VIF*= 3.589; Past Negative TP, *tolerance*=.785, *VIF*=1.274; Present Fatalistic TP, *tolerance*=.802, *VIF*= 1.246).

Age and gender were entered in step 1, explaining 1.6 % of the variance in PTSD. After entering loss, witnessing violence, experiencing violence at step 2, the total variance explained by the model as a whole was 6.9 %, $F(5,194)=2.87$, $p=.016$. Three

variables, explained additional 5.3 % of the variance in PTSD after controlling age and gender, this increase significantly predicted PTSD ($\Delta R^2 = .053$, $\Delta F (3,194) = 3.67$, $p = .013$). In step 3 after entering Past Negative TP and Present Fatalistic TP the total variance explained by the model as a whole was 23.7 % ($F (7,192) = 8.51$, $p < .001$). Two variables explained additional 16.8 % of the variance in PTSD after controlling age, gender, loss, witnessing violence, experiencing violence. This increase significantly predicted PTSD ($\Delta R^2 = .168$, $\Delta F (2,192) = 21.15$, $p < .001$). In the final model three additional measures were statistically significant, with loss ($\beta = -.135$, $p = .038$), Past Negative TP ($\beta = .286$, $p < .001$) and Present Fatalistic ($\beta = .209$, $p = .003$).

3.5 Past-Negative TP and Present-Fatalistic TP Association with Experienced Psychological Difficulties

Hierarchical multiple regression was used to assess the ability Past Negative TP and Present Fatalistic TP to predict experienced psychological difficulties after controlling for the influence of age, gender, loss, witnessing violence and experiencing violence (see Table 5). Preliminary analyses were conducted to ensure no violations of the assumptions of normality, linearity, multicollinearity and homoscedasticity. Results indicated no violation (Gender, *tolerance* = .984, *VIF* = 1.016; age, *tolerance* = .556, *VIF* = 1.798; loss, *tolerance* = .947, *VIF* = 1.056; violence, *tolerance* = .257, *VIF* = 3.891; witnessing, *tolerance* = .283, *VIF* = 3.528; Past Negative TP, *tolerance* = .785, *VIF* = 1.275; Present Fatalistic TP, *tolerance* = .803, *VIF* = 1.246).

Table 5: Summary of Hierarchical Regression Analysis for Variables Predicting Psychological Difficulties

Variables	Model 1			Model 2			Model 3		
	Beta	SE B	β	B	SE B	β	B	SE B	β
Age	-.223	.438	-.037	.010	.018	.056	.006	.016	.034
Gender	.012	.013	.065	-.223	.436	-.037	-.269	-.402	-.044
Loss				-1.426	.541	-.186	-.928	.507	-.123
Violence				.653	.858	.105	-.116	.801	-.019
Witness				-.554	.828	-.089	-.109	.767	-.017
PN TP							.929	.232	.295
PF TP							.629	.262	.262
R ²		.005			.042			.195	
F for change in R ²		.553			2.444			17.84*	

* $p < .01$

Age and gender were entered in step 1, explaining 0.5 % of the variance in experienced psychological difficulties. After entering loss, witnessing violence, experiencing violence at step 2, the total variance explained by the model increased to 4.2 % ($F(5,190) = 1.68, p = .141$). Three measures, explained additional 3.7 % of the variance in psychological difficulties after controlling age and gender, however this increase was not significantly predicted psychological difficulties, $\Delta R^2 = .037, \Delta F(3,190) = 2.44, p = .65$. In step 3 after entering Past Negative TP and Present Fatalistic TP the total variance explained by the model as a whole was 19.5 %, $F(7,159) = 6.51, p < .001$. Two variables explained additional 15.3 % of the variance in PTSD after controlling age, gender, loss, witnessing violence, experiencing violence. This increase significantly predicted psychological difficulties ($\Delta R^2 = .153, \Delta F(2,188) = 17.84, p < .001$). In the final model only two measures were statistically significant, Past Negative TP ($\beta = .295, p < .001$) and Present Fatalistic ($\beta = .175, p = .017$).

3.6 Comparing Past-Negative TP and Present-Fatalistic TP between two Sample Groups; with Missing Relative and with No Missing Relative

Independent sample t-test was conducted in order to explore whether Past Negative TP and Present Fatalistic TP between two participant groups; with missing relative and with no missing relative were differentiated. Result of the test indicated that Past Negative TP was not different between participant group who has no missing relative ($M=2.94$, $SD=.78$) and participant group whom has missing relative ($M=3.15$, $SD=.99$), $t(198)=-1.67$, $p=.096$. Also Present Fatalistic TP was not different between the participant groups, who has no missing relative ($M=2.96$, $SD=.75$) and participant group who has missing relative ($M=2.91$, $SD=.82$), $t(198)=.38$, $p=.704$.

3.7 Comparing PTSD Symptoms between two Sample Groups; with Missing Relative and with No Missing Relative

PTSD scores of participants with no missing relative was not normally distributed with the significant Shapiro-Wilk test ($p=.012$). Therefore a non-parametric test was conducted to analyze the data. An independent sample Mann-Whitney U test revealed that participants whom has a missing relative ($M=33.55$, $SD=15.83$) had significantly higher PTSD score compared to the participants whom have no missing relative ($M=29.1$, $SD=16.31$), ($U=4103$, $Z=-2.193$, $p=0.028$).

Chapter 4

DISCUSSION

The present study investigated whether individual's attitude towards time (i.e. Time Perspective) was associated with PTSD and experienced psychological difficulties in two sample groups; one with participants that one of their parents gone missing during the War of Cyprus and their offspring, and the other one with no missing parent and their offspring. Further present study investigated whether individuals' PTSD symptoms and their Time-Perspective were associated with the generation next.

The findings of current study partly supported the first hypothesis that TP of parents and their first-born offspring was associated. It was found that parents' Past-Negative TP, aversive view of their past, and that of their offsprings were positively associated. In addition to that, parents' Past-Negative TP was also positively associated with their offsprings' Present-Fatalistic, hopeless attitude toward life and to future. On the other hand Parent's aversive view of past (Past-Negative) as negatively associated with their offspring' impulsiveness (Present-Hedonistic TP), and nostalgic view of their past (Past-Negative) and Future TP. There was no association between parents' and offspring' Past-Positive TP, however, current study findings revealed that when parents are with more nostalgic, sentimental (Past-Positive) view of their past, their offspring are likely to become more future oriented. Further findings revealed that there was an association between parents' Present-Hedonistic, Present-Fatalistic and Future TP with their offspring. Regardless of the fact that there has been not much

studies on the examining the process of intergenerational transmission of temporal cognition and TP, existing study done by Vasquez and Cruz (2013) suggest that the main cause for transmission of temporal preferences from one generation from next might be parental modeling. On the other hand, genetic inheritance from the previous generation can result in similarities with parents' temporal preferences and their offspring (Lawrence, 2005).

Findings of the current study supported the second hypothesis which was, PTSD scores of parents and their first born offspring will be associated. Results revealed a high correlation between the parents' PTSD scores and their offspring. These findings were parallel to the existing empirical evidences in the literature suggesting that the effects of a traumatic experience are subject to transmission from one generation to the next (Weem & Scheeringa, 2013; Yehuda & Bierer, 2008; Sack et al., 1994; Pearce et.al., 2008; Rosenheck & Fontana, 1998; Davidson, 1980a; cited at Lurie-Beck, 2007; Baron, et al., 1993). Transmission of trauma can result through genetic inheritance, learned relational patterns in shared environment not only within the family but also in the community, especially when traumatic events happen at in collective level such as a war (Yehuda & Bierer, 2009; Bowen & Kerr, 1988; Volkan, 2002). From the perspective of Family System Theory, Kerr and Bowen (1988) suggested that communication of trauma survivor is a peculiar way to the traumatic experience, for example through storytelling jokes, trauma survivor dissent from the traumatic experience without distancing themselves from it. And through such constant communication patterns about the traumatic experiences, parents' worries, anxieties and coming strategies are learned and owned by their offspring without the actual traumatic experience (Kerr & Bowen, 1988).

Findings of our study supported hypothesis three that participants with high Past Negative Time Perspective and Present Fatalistic Time Perspective will score higher on PTSD. Results showed that Past Negative and Future Fatalistic TP significantly predicted PTSD. Holman and Zimbardo (1999, cited at Zimbardo & Boyd, 1999, pp.1282) suggests that aversive view of past (Past-Negative) and feeling no control over life, influence active problem solving abilities as well as ability of coping with stressful events. Moreover it is known that, Past-Negative and Present-Fatalistic TP induce severe PTSD symptoms in Vietnam veterans and intervention of such TP is crucial for recovering from such symptoms (Zimbardo et al., 2012).

Since the division of the island in 1974, Turkish Cypriots have gone through various political and social changes, including declaration of the Turkish Federated State of Cyprus following declaration Turkish Republic of Northern Cyprus (T.R.N.C) in 15th of November 1983. From then on periodically leaders of South and North Cyprus have come together for comprehensive solution of Cyprus problem however until 2017 there has been no solution. Turkish Cypriots have been living in political uncertainty and international isolation since 1974. Lack of reconciliation between two communities over 40 years might lead to sense of hopelessness towards future solution attempts (Solsten, 1991). Pham, Weinstein and Longman (2002) suggested that an association between negative attitudes towards reconciliation and negative attitudes toward future as well as higher PTSD symptoms. Significant association between PTSD and Present Fatalistic TP found in the current study can be related to individuals' belief that future is destined and irrevocable by them and they have no control over situations around them.

Holman and Zimbardo (1999, cited at Zimbardo & Boyd, 1999, pp.1282) revealed that individuals with Past-Negative TP dimension are likely to experience high anxiety and social conflict when they experience a stressful event therefore amount of perceived social support decreased (1999, cited at Zimbardo & Boyd, 1999, pp.1282). It is suggested that PTSD symptoms are higher among individuals whom reported lower perceived social support following a traumatic event (Laffaye et al., 2008). On the other hand, participants with Past-Positive TP and Future TP dimension reported less PTSD symptoms. Additionally, results of the current study revealed that experiencing loss of relatives during the war was a significant predictor of PTSD, which supports the suggestions of Rosenheck and Fontana (1998) that when individuals' loss of their relatives during the war time are more likely to suffer from PTSD comparing the ones whom have not.

The current study revealed that Past-Negative TP and Present-Fatalistic TP significantly predicted experienced psychological difficulties. These findings supported hypothesis four which was; participants scoring high in Past Negative Time Perspective and Present Fatalistic Time Perspective would report higher for level of psychological difficulties. This finding is in line with Zimbardo and Boyd's (1999) suggestion that Past-Negative TP dimension was highly related with depression, anxiety, unhappiness, low self-esteem and aggression. Same study suggested that individuals with Past-Negative TP dimension had minimal interpersonal relationships (Zimbardo & Boyd, 1999). Similar to the findings of the current research, several studies (Anagnostopoulos & Griva, 2011; Zimbardo et al. 2012; Oyanadel & Buela-Casal, 2014) suggested that individuals with high Present-Fatalistic TP dimension reported their current life as dissatisfactory and hopeless for improvement and incapable of changing it because it was predestined. Also because Present-Fatalistic

TP was found to be significantly associated with major depression, it was suggested that history of depression would form the TP as a trait that contributes to the symptoms (Anagnostopoulos & Griva, 2011; Zimbardo et al., 2012; Oyanadel & Buela-Casal, 2014).

Findings of the current study did not support hypothesis five which was; participants whom have missing relative would have higher scores in Past Negative Time Perspective and Present Fatalistic Time Perspective compared to the participants whom have no missing relative. Past-Negative TP and Present-Fatalistic TP was not significantly different among individuals whom has missing relative and individuals whom has no missing relative. Empirical evidences in the literature and as well as current findings suggest that PTSD is associated with Present-Fatalistic and Past-Negative TP therefore it was expected that the sample group with higher traumatic tendency would have higher score on the TP. Further investigation is required since there is no explanation of the current finding. However, these findings can be related with loss of a relative during and forced displacement in Cyprus due to the political requirements of war. A study by Ergun, Cakici and Cakici (2008), with Turkish Cypriots whom had been displaced during the 1963-64 and 1974 conflict reported significantly higher PTSD symptom and depression comparing to the non-displaced Turkish Cypriots even after 30 years. In the current study participants were not asked whether they were forced to leave their home. As it was mentioned before history of depression, anxiety and PTSD might form negative TP such as Past-Negative and Present-Fatalistic TP as trait that contributes to the symptoms. Moreover participants with no missing relative during the war, were asked if any of their relative died during the war however it was not an exclusion criteria if they had. Thirty two percent of the participants in this group reported death of a relative during the war. PTSD was

evaluated and significantly differentiated between the participants who have missing relative and participants who have not. However whether experienced psychological difficulties are differentiated between those two groups were not. It is known that Present-Fatalistic TP and Past-Negative TP are predictors of psychological difficulties and Psychological difficulties might form the Past-Negative or/and Present-Fatalistic TP (Anagnostopoulos & Griva, 2011; Zimbardo et al., 2012; Oyanadel & Buena-Casal, 2014).

Findings of the current study supported hypothesis six which was; participants whom have a relative gone missing during the war would have higher PTSD scores compared to the participants whom have no missing relative. Result of the study showed that participants whom has a missing relative had higher PTSD symptoms compared to the participant with no missing relative. These finding were in line with existing literature (Barakovic et al., 2014; Perez-Sales et al., 2000), suggesting that the grieving process of a missing relative is more complex and lasts longer than grieving over death of a loved one. The main reason often is the uncertainty about what happened to their loved ones and possession of repetitive thoughts about where their loved ones could be. In addition they might be challenged with lack of social and financial supports (Barakovic, et al., 2014). Taken together, individuals whom have missing relative are more likely to develop PTSD compared to individuals grieving over a death of loved ones (Barakovic et al., 2014; Heeke et al., 2015; Perez-Sales et al., 2000).

According to Janoff-Bulman's (1998) Shattered Assumption Theory, following a traumatic event, individuals might experience difficulties to assimilate traumatic experiences with the existing assumptions. Therefore they might try to reassess the current circumstances and develop new assumptions to adapt themselves into the

existing reality. It is not possible to make a clear assumption that individuals with Future-Fatalistic TP and Past-Negative TP are more likely to develop PTSD. Hence with the current study findings, it is not clear whether individuals with high Past-Negative TP and Present-Fatalistic TP dimensions increase the level of negative psychological response to a traumatic event or being exposed to a traumatic event leads to modification in their existing TP dimensions. Future studies should consider to conduct a longitudinal study in order to provide a causal association. Moreover, future studies are recommended to examine possible association of individuals' TP dimensions, PTSD, with internal displacement during the war. Further, it is recommended that future studies to explore associations between attitudes toward existing political conditions and TP dimensions. Such findings could shed additional light upon the association of TP with overcoming war related trauma.

In conclusion the current study findings contributed to the literature. One of the most important contributions of this study is the intergenerational transmission of temporal categories, since there has been not much research on the topic and current study revealed that Past-Negative TP, which reflects negative view of past, and Present-Fatalistic TP, which reflects helpless attitudes towards future, Future orientation and Present hedonistic, impulsive attitudes, were associated between parents and their offspring. Also these two TP dimensions were significant predictors of PTSD and experienced psychological difficulties. These findings highlight the importance of alteration of problematic TP orientations as suggested by Sword, Sword and Zimbardo (2012). Time Perspective is rooted in family principles, education, religion, socioeconomic status and cultural values and as suggested it is a fundamental process that subject to adjustments throughout life span (Nurmi, 1991; Zaleski, 1994, cited in Keough et al., 1999; Lang & Carstenson, 2002; Ebner et al., 2006).

Modification of problematic TP orientations may result in decrease on PTSD symptoms, anxiety and depression (Zimbardo et al., 2012). Intervention can help to change individuals' thoughts about their past traumatic experiences, ruminating over and over what happened and why; and keep them apart from the Present-Fatalistic and Past-Negative, attitude and emphasize on positive future.

Also it could be modified by interventions that could promote more functional TP to increase quality of life throughout life span. Therefore assessment of individual's TP is crucial and can provide a new way of treatment strategies to PTSD symptoms and psychological difficulties. Understanding of pervasive power of time on individuals can help professionals to deal more effectively with impact of traumatic events. Findings of the current study may provide effective coping strategies to individuals whom have missing relatives in Cyprus, by modifying their dysfunctional TP to more balance one. Also such awareness could help to break the circle where dysfunctional TP pass from one generation to another. At a more general level the findings of current study may also be useful for psychological support activities in other post-war countries. Lastly the results can be used as implications of a more positive human development even after experiencing a traumatic event such as loss of significant others. Temporal perception can be improved in order to create more functional TP from very early age which could be beneficial to cope with the stressful situations in the future.

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APPENDICES

Appendix A: Demographic Information Sheet

DEMOGRAFİK BİLGİ FORMU

Kişisel sıra numarası:

Cinsiyetiniz:

Yaşınız:

Eğitim durumunuz:

1963-1974 Kıbrıs savaşı sırasında bir yakınınızı kaybettiniz mi?

EVET HAYIR

1963-1974 Kıbrıs savaşı sırasında fiziksel veya sözlü şiddete maruz kaldınız mı?

EVET HAYIR

1963-1974 Kıbrıs savaşı sırasında fiziksel veya sözlü şiddete maruz kalan birine şahit oldunuz mu?

EVET HAYIR

Appendix B: Impact of Event Scale-R

OLAY ETKİSİ ÖLÇEĞİ-R

Aşağıda, stresli bir yaşam olayından sonra insanların yaşayabileceği bazı zorlukların bir listesi sunulmuştur. Her cümleyi dikkatlice okuyunuz. Geçtiğimiz yedi gün içerisinde, yaşadığımız OLAYI düşünerek, bu zorlukların sizi ne kadar rahatsız ettiğini cümlelerin sağındaki beş kutucuktan yalnızca birini işaretleyerek belirtiniz.

Teşekkürler.

	Hiç 0	Biraz 1	Orta Düzeyde 2	Fazla 3	Çok fazla 4
1. Olayı hatırlatan her türlü şey, olayla ilgili duygularımı yeniden ortaya çıkardı	0	1	2	3	4
2. Uykuyu sürdürmekte güçlük çektim	0	1	2	3	4
3. Başka şeyler benim olay hakkında düşünmeyi sürdürmeme neden oldu	0	1	2	3	4
4. Alınan ve kızgın hissettim.	0	1	2	3	4
5. Olayı düşündüğümde ya da hatırladığımda, bu konunun beni üzmesine izin vermedim.	0	1	2	3	4
6. Düşünmek istemediğim halde olayı düşündüm	0	1	2	3	4
7. Olay hiç olmamış ya da gerçek değilmiş gibi hissettim	0	1	2	3	4
8. Olayı hatırlatan şeylerden uzak durdum	0	1	2	3	4
9. Olayla ilgili görüntüler aniden zihnimde canlandı	0	1	2	3	4
10. Ürkek ve diken üstünde hissettim	0	1	2	3	4

11. Olay hakkında düşünmemeye çalıştım	0	1	2	3	4
12. Olayla ilgili olarak hala pek çok duygum vardı, ancak bunlarla hiç ilgilenmedim	0	1	2	3	4
13. Olayla ilgili hissizleşmiş gibiydim	0	1	2	3	4
14. Kendimi olayın olduğu andaki gibi davranırken veya hissederken bulduğum oldu.	0	1	2	3	4
15. Uykuya dalmakta güçlük çektim.	0	1	2	3	4
16. Olayla ilgili çok yoğun duygu değişiklikleri yaşadım.	0	1	2	3	4
17. Olayı hafızamdan (bellegimden) silmeye çalıştım	0	1	2	3	4
18. Dikkatimi toplamakta zorlandım.	0	1	2	3	4
19. Olayı hatırlatan şeyler fiziksel tepkiler göstermeme neden oldu (örneğin terleme, nefes almada güçlük, baş dönmesi, kalp çarpıntısı, gibi).	0	1	2	3	4
20. Olayla ilgili rüyalar gördüm	0	1	2	3	4
21. Kendimi tetikte ve savunma durumunda hissettim.	0	1	2	3	4
22. Olay hakkında konuşmamaya çalıştım	0	1	2	3	4

Appendix C: Brief Symptom Inventory

KISA SEMPTOM ENVANTERİ (KSE)

Aşağıda belirtilen sorundan ne ölçüde rahatsız olmaktadır?

Örnek: Baygınlık , baş dönmesi: 3

0- HIÇ
1- ÇOK AZ
2- ORTA DERECEDE
3- OLDUKÇA FAZLA
4- İLERİ DERECEDE

MADDELER

CEVAPLAR

1-İçinizdeki sinirlilik ve titreme hali	
2-Baygınlık , baş dönmesi	
3-Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	
4-Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	
5-Olayları hatırlamada güçlük	
6-Çok kolayca kızıp öfkelenme	
7-Göğüs (kalp) bölgesinde ağrılar	
8-Meydanlık(açık) yerlerden korkma duygusu.	
9-Yaşamınıza son verme düşüncesi.	
10-İnsanların çoğuna güvenilemeyeceği hissi.	
11-İştahta bozukluklar.	
12-Hiçbir nedeni olmayan ani korkular.	
13-Kontrol edemediğiniz duygu patlamaları.	
14-Başka insanlarla beraberken bile yalnızlık hissetme.	
15-İşleri bitirme konusunda kendini engellenmiş hissetme.	
16-Yalnızlık hissetme.	
17-Hüzünlü, kederli hissetme.	
18-Hiçbir şeye ilgi duymamak.	

19-Kendini ağlamaklı hissetme.	
20-Kolayca incinebilme , kırılma.	
21-İnsanların sizi sevmediğini, size kötü davrandığına inanma.	
22-Kendini diğer insanlardan daha aşağı görmek.	
23-Mide bozukluğu,bulantı.	
24-Diğer insanların sizi gözlediği ya da hakkınızda konuştuğu duygusu.	
25-Uykuya dalmada güçlük.	
26-Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek.	
27-Karar vermede güçlükler.	
28-Otobüs,tren, metro gibi umumi vasıtalarla seyahatlerden korkma.	
29-Nefes darlığı , nefessiz kalma.	
30-Sıcak,soğuk basmaları.	
31-Sizi korkuttuğu için bazı eşya yer ya da etkinliklerden uzak kalmaya çalışmak.	
32-Kafanızın bomboş kalması.	
33-Bedeninizin bazı bölgelerinde uyuşmalar,karıncalanmalar.	
34-Hatalarınız için cezalandırılmanız gerektiği düşüncesi.	
35-Gelecekle ilgili umutsuzluk duyguları.	
36-Dikkati bir şey üzerine toplamada güçlük.	
37-Bedenin bazı bölgelerinde ,zayıflık, güçsüzlük hissi.	
38-Kendini gergin ve tedirgin hissetme.	
39-Ölme ve ölüm üzerine düşünceler.	
40-Birini dövme, ona zarar verme yaralama isteği.	
41-Birşeyleri kırma ,dökme isteği.	
42-Diğer insanların yanında iken yanlış bir şey yapmamaya çalışmak.	
43-Kalabalıklardan rahatsızlık duymak.	
44-Başka insanlara hiç yakınlık duymamak.	
45-Dehşet ve panik nöbetleri.	
46-Sık sık tartışmaya girmek.	
47-Yalnız kalındığında sinirlilik hissetme.	
48-Başarılarınıza rağmen diğer insanlardan yeterince takdir görmemek.	
49-Kendini yerinde duramayacak kadar tedirginlik hissetmek.	

50-Kendini değersiz görme duygusu.	
51-Eğer izin verirsiniz insanların sizi sömüreceği duygusu.	
52-Suçluluk duyguları.	
53-Aklınızda bir bozukluk olduğu fikri.	

Appendix D: Zimbardo Time Perspective Inventory

ZAMAN PERSPEKTİFLERİ ÖLÇEĞİ

Aşağıda 56 cümle ve her bir cümle yanında da cevaplarınızı işaretlemeniz için 1'den 5'ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Bu şekilde 56 cümlenin her birine bir işaret koyarak cevaplarınızı veriniz. Lütfen hiçbir cümleyi cevapsız bırakmayınız. Sizce doğruya en yakın olan rakamı işaretleyiniz.

Teşekkür ederiz.

ZAMAN PERSPEKTİFLERİ ÖLÇEĞİ

Aşağıdaki her bir ifadeyi dikkatlice okuyunuz; kendinizi en doğru olarak yansıtan seçeneği seçiniz.	Hiç Doğru Değil	Doğru Değil	Biraz Doğru	Oldukça Doğru	Çok Doğru
1. Bence arkadaşlarla eğlenmek için birlikte olmak hayatın en güzel zevklerindenidir.	1	2	3	4	5
2. Çocukluğumu hatırlatan görüntüler, sesler, kokular güzel hatıraları canlandırır.	1	2	3	4	5
3. Kader hayatımdaki birçok şeyi belirler.	1	2	3	4	5
4. Hayatımda neyi farklı yapmalıydım diye sık sık düşünürüm.	1	2	3	4	5
5. Çevremdeki insanlar ve olaylar çoğunlukla kararlarımı etkiler.	1	2	3	4	5
6. Bence insan sabah kalktığında o gün ne yapacağı planlanmış olmalıdır.	1	2	3	4	5
7. Geçmişimi düşünmek bana mutluluk verir.	1	2	3	4	5
8. Aklıma geleni yaparım.	1	2	3	4	5
9. Eğer görevler zamanında yapılmazsa, bunun için <u>endişelenmem</u> .	1	2	3	4	5
10. Bir şeyi başarmak istediğimde, amaçlar belirlerim ve bu amaçlara ulaşmak için uygun araçlar düşünürüm.	1	2	3	4	5
11. Geçmişimde kötiden ziyade hatırlanacak iyi şeyler var.	1	2	3	4	5
12. En sevdiğim müziği dinlerken, zaman algım kaybolur.	1	2	3	4	5
13. Gece eğlenmek yerine ertesi günün işlerini yapmak daha önemlidir.	1	2	3	4	5
14. Ne olursa olsun, geçmişte ne yaptığının bir önemi yoktur.	1	2	3	4	5
15. Eski güzel günlerde herşeyin nasıl olduğunu anlatan hikayeler duymak hoşuma gider.	1	2	3	4	5
16. Geçmişteki acı hatıralar hala aklımda dönüp dolaşıyor.	1	2	3	4	5
17. Her günümü mümkün olduğunca dolu dolu geçirmeye çalışırım.	1	2	3	4	5
18. Randevularıma geç kalmak beni kaygılandırır.	1	2	3	4	5
19. Her günü sanki son günümüş gibi yaşamayı isterdim.	1	2	3	4	5
20. Geçmişin güzel hatıraları hala dünmüş gibi aklımda.	1	2	3	4	5
21. Arkadaşlarıma ve büyüklerime karşı sorumluluklarımı zamanında yerine getiririm.	1	2	3	4	5
22. Geçmişte çok itilip kakıldım.	1	2	3	4	5
23. Kararımı o anda veririm.	1	2	3	4	5
24. Her günü planlamak yerine olduğu gibi yaşarım.	1	2	3	4	5
25. Geçmişte düşünmeyi istemeyeceğim birçok mutsuz anı var.	1	2	3	4	5
26. Hayatıma eğlence katmak önemlidir	1	2	3	4	5

27. Geçmişte keşke yapmasaydım dediğim hatalar yaptım.	1	2	3	4	5
28. Bir işi yetiştirmek yerine yaptığın şeyden keyif almak daha önemlidir.	1	2	3	4	5
Aşağıdaki her bir ifadeyi dikkatlice okuyunuz; kendinizi en doğru olarak yansıtan seçeneği seçiniz.	Hiç Doğru Değil	Doğru Değil	Biraz Doğru	Oldukça Doğru	Çok Doğru
29. Çocukluğumu düşündüğümde hüzünlenirim.	1	2	3	4	5
30. Bir karar vermeden önce yararlarını ve zararlarını iyice ölçüp biçerim.	1	2	3	4	5
31. Risk almak hayatımı sıkıcı hale getirmekten beni kurtarır.	1	2	3	4	5
32. Benim için hayattan keyif almak hayatı yalnızca yaşamaktan daha önemlidir.	1	2	3	4	5
33. İşler nadiren beklediğim gibi yürür.	1	2	3	4	5
34. Geçmişimdeki hoş olmayan anıları unutmak benim için kolay değildir.	1	2	3	4	5
35. Eğer yaptığım bir aktivitede amaçları, sonuçları vs. düşünürsem, bu yaptığım etkinlikten aldığım zevki azaltır.	1	2	3	4	5
36. Bu anı yaşamaktan keyif alsamda, bu ana benzer geçmiş yaşantılarımı karşılaştırmaktan kendimi alamam.	1	2	3	4	5
37. Geleceği planlayamazsın çünkü olaylar çok hızlı değişir.	1	2	3	4	5
38. Hayat çizgim etkileyemeyeceğim güçler tarafından kontrol edilir.	1	2	3	4	5
39. Gelecek hakkında kaygılanmak anlamsızdır çünkü gelecekle ilgili yapılacak birşey yoktur.	1	2	3	4	5
40. Düzenli bir şekilde çalışarak ödevlerimi/projelerimi zamanında bitiririm.	1	2	3	4	5
41. Ailem geçmişteki olayları anlatmaya başladığında duymazdan geldiğimi farkedirim.	1	2	3	4	5
42. Hayatıma heyecan katmak için risk alırım.	1	2	3	4	5
43. Yapılacak işlerin listesini çıkarırım.	1	2	3	4	5
44. Aklımdan çok duygularımı takip ederim.	1	2	3	4	5
45. Yapılacak bir iş olduğunda, daha cazip şeylere karşı durabilirim.	1	2	3	4	5
46. Kendimi o anın keyfine kapılmış halde bulurum.	1	2	3	4	5
47. Bugünkü yaşam koşulları çok karmaşık; geçmişteki daha basit hayatı yaşamayı tercih ederdim.	1	2	3	4	5
48. Düşünerek birşeyler yapan arkadaşlardan ziyade içinden geleni yapanları tercih ederim.	1	2	3	4	5
49. Düzenli olarak tekrar eden aile geleneklerini severim.	1	2	3	4	5
50. Geçmişte başıma gelen kötü şeyleri düşünürüm.	1	2	3	4	5
51. Eğer ilerlememi sağlayacaksa zor, ilginç olmayan görevleri yapmaya devam ederim.	1	2	3	4	5
52. Yarım garantiye almaktansa bugünün zevklerini yaşamak daha iyidir.	1	2	3	4	5
53. Şans sıkı çalışmaktan daha iyidir.	1	2	3	4	5
54. Hayatımda kaçırdığım güzel şeyleri düşünürüm.	1	2	3	4	5
55. Yakın ilişkilerimin tutkulu olmasını severim.	1	2	3	4	5
56. Her zaman biriken işleri yapmak için zaman vardır.	1	2	3	4	5

Appendix E: Inform Consent Form

Psikoloji Bölümü

Doğu Akdeniz Üniversitesi

Gazimağusa, Kuzey Kıbrıs Türk Cumhuriyeti

Tel: +(90) 392 630 1389 Faks: +(90) 392 630 2475

Web: <http://brahms.emu.edu.tr/psychology>

Travmaya Maruz Kalan ve Kalmayan Kişilerde, Zaman Perspektifleri ve Psikolojik Zorlanma Arasındaki ilişki.

Değerli katılımcı,

Araştırmaya katılmayı kabul etmeden önce, lütfen araştırma ile ilgili aşağıda bulunan bilgileri dikkatlice okumak için birkaç dakikanızı ayırınız. **Araştırma ile ilgili herhangi bir sorunuz varsa, aşağıda iletişim bilgileri olan araştırmacıyla iletişim kurabilirsiniz.**

Bu araştırma Gelişim Psikoloji Master öğrencisi İpek Tufan tarafından Doç. Dr. Fatih Bayraktar'ın süpervizyonu altında yürütülmektedir. Araştırmanın amacı **travma sonrası stres bozukluğu ,zaman perspektifleri ve psikolojik zorlanma arasındaki ilişkileri** araştırmaktır. Çalışma, en fazla 30 dakikanızı alacaktır.

Çalışmaya katılımınız zorunlu değildir ve katılmayı reddetme hakkına sahipsiniz. Çalışmadan, istediğiniz bir anda, açıklama yapmaksızın çekilme hakkına sahipsiniz. Araştırmadan çekilmeniz durumunda, yanıtlarınız yok edilecektir ve araştırmada kullanılmayacaktır. Eğer araştırmaya katılmayı ve tamamlamayı kabul ederseniz, cevaplar ve anketler **gizlilikle** korunacaktır. İsmi ve tanımlayıcı bilgileriniz, anketin geri kalan kısımlarından ayrı olarak muhafaza edilecektir. Veriler, araştırma tamamlandıktan sonra en çok 6 yıl boyunca muhafaza edilecektir. Verilerin analizinden sonra, araştırma ile ilgili bir rapor yayınlanabilir.

Gönüllü katılımınızı belirtmek için, lütfen aşağıda bulunan bilgilendirilmiş onam formunu imzalayınız.

BİLGİLENDİRİLMİŞ ONAY FORMU

Araştırmanın Başlığı: Travmaya Maruz Kalan ve Kalmayan Kişilerde, Zaman Perspektifleri ve Psikolojik Zorlanma Arasındaki ilişki.

Araştırmacıların Adı:

Ipek Tufan

Email adresi ::ipektufan@hotmail.com

Minarelikoy Lefkosa,Kuzey Kıbrıs

Her ifadeye katıldığınızı belirtmek için lütfen yanda bulunan kutuları işaretleriniz.

1. Bilgileri okuyup anladığımı ve soru sorma fırsatımın olduğunu onaylıyorum.
2. Katılımımın gönüllü olduğunu ve açıklama yapmaksızın, istediğim bir anda araştırmadan çekilebileceğimi anlıyorum.
3. Bu araştırmaya katılmayı kabul ediyorum.

Tarih

İmza

Araştırmanın etiği ile ilgili bir endişeniz var ise, endişenizi detaylı bir şekilde açıklayan yazılı bir metin ile Doğu Akdeniz Üniversitesi, Araştırma ve Etik Komitesi Başkanı, Doç. Dr. Şenel Hüsnü Raman ile iletişime geçebilirsiniz (shenelhusnu.raman@emu.edu.tr).

Appendix F: Debriefing Form

Psikoloji Bölümü

Doğu Akdeniz Üniversitesi

Gazimağusa, Kuzey Kıbrıs Türk Cumhuriyeti

Tel: +(90) 392 630 1389 Faks: +(90) 392 630 2475

Web: <http://brahms.emu.edu.tr/psychology>

Katılımcı Bilgi Formu

Travmaya Maruz Kalan ve Kalmayan Kişilerde, Zaman Perspektifleri ve Psikolojik Zorlanma Arasındaki ilişki başlığı altında yürütülen bu çalışmaya katıldığınız için teşekkür ederim. Araştırmanın amaçlarını ve hedeflerini açıklamayı amaçlayan aşağıdaki bilgileri okumak için birkaç dakikanızı ayırınız. Araştırma ile ilgili sorularınız varsa, aşağıda iletişim bilgileri olan araştırmacıyla iletişim kurabilirsiniz.

Travmaya Maruz Kalan ve Kalmayan Kişilerde, Zaman Perspektifleri ve Psikolojik Zorlanma Arasındaki ilişkileri araştırmaktır.

Araştırmada kullanılan anket doldurulduktan sonra herhangi bir rahatsızlık veya sıkıntı duyuyorsanız ve bir uzman ile konuşmak istiyorsanız, lütfen Barış Ruh ve Sinir Hastalıkları Hastanesi ile +90 (392) 2285441 numaralı telefonda iletişim kurunuz ile iletişim kurunuz. Ayrıca, sorularınız için araştırmacı İpek Tufan, (email: ipektufan@hotmail.com, telefon numarası: 05338619570) veya araştırmanın danışmanı (Doç. Dr. Fatih Bayraktar, email: fatih.bayraktar@emu.edu.tr, ofis telefon numarası: +90 392 630 1324) ile iletişim kurabilirsiniz.

Araştırmaya yaptığınız değerli katkıdan ve katılımınızdan dolayı teşekkür ediyorum.

Saygılarımla,

İpek Tufan