

KLİNİK PSİKOLOJİ ÇALIŞMALARI

Editör: Dr.Öğr.Üyesi Ozan KAYAR

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"Bu kitapta yer alan bölümlerde kullanılan kaynakların, görüşlerin, bulguların, sonuçların, tablo, şekil, resim ve her türlü içeriğin sorumluluğu yazar veya yazarlarına ait olup ulusal ve uluslararası telif haklarına konu olabilecek mali ve hukuki sorumluluk da yazarlara aittir."

COGNITIVE-MOTIVATIONAL CREATIVITY MODEL OF SITUATIONAL AUTONOMY IN ADOLESCENTS¹

Ozan KAYAR²

Hamit COŞKUN³

1. INTRODUCTION

Adolescence is defined as a transition phase between childhood and adulthood, manifested by physical, cognitive, and social changes (Steinberg, 2001). Although there are different opinions or categorizations in the literature about which age range this period covers, adolescence is handled in three different stages chronologically by many researchers today: early adolescence (10/11-14/15 years), middle adolescence (14/15-18/19 years), and late adolescence or emerging adulthood (18/19-24/25 years) (Sălceanu, 2019). In this period, the existence of developmental tasks such as managing sudden mood swings caused by biological changes, awareness, and acceptance of changes in the body, as well as obtaining a health identity comes to the fore. Throughout their developmental process, some adolescents manage to adapt to all these changes, while others find it difficult to cope with existing developmental tasks (Burke, Brennan, & Roney, 2010). Autonomy, which represents the degree of adolescents' ability to make decisions about themselves, is defined as another basic

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development task that helps to adapt to the rapid change processes experienced in different developmental areas during this period (Noom, Dekovic, & Meeus, 2001).

Researchers frequently mention that cognitive processes affect each other mutually with other social and emotional development processes as well as the development of autonomy in adolescence period (Dai et al., 2012; Liu et al., 2013; Noom et al., 2001). In addition to a strong sense of autonomy for adolescents to overcome possible developmental crises and become more successful individuals in the rapidly changing world, creative thinking skill stands out as an important cognitive capacity (Fairweather & Cramond, 2011). Vygotsky (2004) states that during the transition period from childhood to adulthood, there is a progress from a limited and rigid way of thinking towards rational and objective thinking with more advanced thinking skills, and this may positively affect the creativity capacity of individuals. Besides, the concept of creativity is generally defined as the process of creating a product or an outcome that is both unique and applicable (Nijstad, et al., 2010; Paulus & Coskun, 2013). It is emphasized that such products can be produced from any problem with complex and multiple answers (Paulus, 2000).

In the literature, a limited number of studies focusing directly on the relationship between autonomy and creativity in adolescents has been reported that autonomy of adolescents over their behaviors is one of the most important factors in becoming more creative individuals (Dai et al., 2012; Liu et al., 2013; Moltafet, Sadati Firoozabadi, & Pour-Raisi, 2018; Niu, 2007). However, in these studies, it is seen that autonomy in adolescents is addressed as a personality trait by focusing on the individual (dispositional) aspect, and studies on this subject are based on correlational methods. The empirical studies examining that the effects of the situational aspect of adolescent autonomy on

creativity are quite limited (Camarda et al., 2021; Koestner et al., 1984). It is implied in the literature that autonomy can be a variable affected by both individual (personality-related) and situational (contextual) aspects, and research results may differ depending on the type of autonomy. Therefore, some investigators have stated that it is important to consider the effects of these two aspects of autonomy on outcome variables separately (Hand, 2006; Daddis, 2011; Liu, Chen, & Yao, 2011). Moreover, the research findings show that creativity can also be affected by various individual (such as personality, motivation, cognitive and emotional processes) and environmental variables or their interactions (Amabile & Pillemer, 2012; Baas et al., 2013; Byron & Khazanchi, 2011). It is emphasized that along with individual variables, the effects of situational factors should be considered in creative processes in the theories and models related to creativity in the literature (Amabile & Pillemer, 2012; Csikszentmihalyi & Getzels, 1988; Sternberg & Lubart, 1996). However, none of these theories or models directly focus on adolescents who are involved in the transition from childhood to adulthood and who have increased creative thinking in various personal, social, and educational activities during this process.

Based on all these gaps observed in the literature, one of the main objectives of this study was to examine the effects of adolescent autonomy as a situational (contextual) variable on creativity and flexibility, and persistence, which are defined as cognitive and motivational mechanisms that lead individuals to creativity in the Dual Creativity Model (Baas, De Dreu, & Nijstad, 2008). Moreover, in the study, a synthesis mediation model created using multiple theories was proposed, considering that it would contribute to a better understanding of the relationships between situational autonomy and creativity in adolescents and would enrich the interactionist perspective on adolescent creativity. In this context, the other main aim of this

research was to examine whether there are mediating roles of flexibility and persistence in the relationships between situational autonomy and creativity in adolescents.

2. THE PROCESS OF CREATING AN EXPERIMENTAL DESIGN AND DEVELOPMENT OF HYPOTHESES

2.1. Autonomy as a Situational Variable

In the literature, some researchers have emphasized the importance of distinguishing between individual (dispositional) and situational (contextual) aspects of autonomy (Daddis, 2011; Liu et al., 2011). Individual autonomy represents that each individual is autonomous by nature, and the degree of autonomy of individuals in research is assessed through questionnaires or scales. As a result of this characteristic tendency of the individual to direct his own behavior, it is stated that autonomy has developed in the individual over a long period of time and has become a personality trait to some extent (Hand, 2006; Olesen et al., 2010). Contrary to individual autonomy, situational autonomy, on the other hand, is not a character trait, but is triggered by various contextual factors and represents the degree to which the external environment provides autonomy for the individual and controls the autonomy of the individual (Hand, 2006). In other words, situational autonomy can be defined as a type of autonomy that arises according to the situation or context. In this process, the individual has the freedom to make his own choices and determine his own actions in his environment or not (Xiao et al., 2015).

On the other hand, in the view of the Self-Determination Theory, it is stated that the presence or absence of an appropriate environment and external factors that meet the autonomy needs of individuals can encourage or prevent individuals to be

motivated by a sense of autonomy (Ryan & Deci, 2000). Accordingly, for the motivation underlying behavior to be autonomous, it is necessary to support autonomy by providing individuals with the freedom to decide what to do, as well as feel control and satisfaction over any task (Deci & Ryan, 2000; Zimmer-Gembeck & Collins, 2003). According to the theory, the fact that the motivation underlying behavior is not autonomous requires the existence of a non-supportive environment in which autonomy is restricted or controlled at the interpersonal level, as well as the feeling that the decision or choice of the individual is taken by an external initiative (Deci & Ryan, 2008a, 2008b). The definitions of autonomous and non-autonomous behaviors suggested in Self-Determination Theory can provide a convenient framework for considering autonomy as a situational variable in adolescents (Shahar et al., 2003). However, some researchers have stated that situational autonomy can best be evaluated by manipulating an experimental condition due to the nature of the concept (Amabile & Pillemer, 2012; Langfred & Moye, 2004). Based on these views, it is assumed that when adolescents are given the freedom to make their own choices in an environment where autonomy is supported, increased feelings of control and satisfaction will lead to a sense of autonomy in adolescents, whereas decreased feelings of control and satisfaction in an environment where the sense of autonomy is controlled (restricted) will decrease the sense of autonomy in adolescents. Thus, in the study, adolescents were divided into two groups and some manipulations were carried out to measure the situational autonomy variable through two separate instructions that contain the conditions related to the definition of autonomy mentioned in the Self-Determination Theory. The hypotheses to test the situational manipulations of autonomy performed in the study were as follows:

H. Adolescents who were provided with autonomy support for maintaining a performance task in the experimental environment would have a significantly higher sense of control and satisfaction over their own choices than adolescents whose feelings of autonomy were controlled (restricted).

2.2.The Impact of Situational Autonomy on Creativity, Flexibility, and Persistence in Adolescents

In the view of the Self-Determination Theory, situational autonomy support gives the individual feelings of self-determination, competence, and autonomy free from external decisions, pressures, and punishments in the process of acting or thinking in a certain way (Ryan & Deci, 2000). From the view of the theory, it is expected that individuals who make autonomous decisions to continue a task and feel task competence will have the higher intrinsic motivation (Parker, Williams, & Turner, 2006; Ryan & Deci, 2000). In line with these views, when adolescents are allowed to make a choice regarding a performance task and support their sense of autonomy and competence in this way, it seems possible that adolescents have a stronger motivation to discover more alternative and original ways, in other words, to come up with more creative ideas during the task (Deci & Ryan, 2008a; Vansteenkiste et al. 2005; Xiao et al., 2015). Also, the Dual Creativity Model proposed by Baas et al. (2008) provides a theoretical framework about the ways that lead individuals to creativity. In this model, it is stated that there are three results of creativity, namely originality, fluency, and intrinsic performance and that individuals reach these three different results of creativity through flexibility and persistence (Baas et al., 2013). Flexibility in ways that play a role in the flow of creativity in the model is defined as a variable associated with cognitive processes that require the ability to generate many original ideas, to make new connections between ideas, concepts, and categories, and to make transitions between these categories (Friedman & Förster, 2010; Nijstad & Stroebe, 2006). On the other hand, persistence is related

to the degree to which individuals are cognitively attached to the task and how much they can systematically focus their attention and includes both cognitive and motivational mechanisms that are important in the process of the flow of creativity in individuals (Nijstad et al., 2010). In this context, the emergence of autonomous feelings in adolescents through situational autonomy can provide an optimal environment for adolescents to produce more cognitive categorizations during a thought-generating task and to come up with deeper ideas by thinking in a more focused or motivated manner (Gagné & Deci, 2005; Moltafet et al., 2018). On the contrary, an environment in which feelings of autonomy are controlled or restricted can negatively affect adolescents' motivation for the task. Therefore, it can be said that in such an environment, the possibility of a creative thinking process that will require adolescents to be more cognitively flexible and to pursue a task in a more persistent and motivated manner will decrease (Gagne & Deci, 2005; Liu et al.2013, Peng et al., 2013; Sheldon, 1995). In the light of these predictions, the hypotheses tested in the research are as follows:

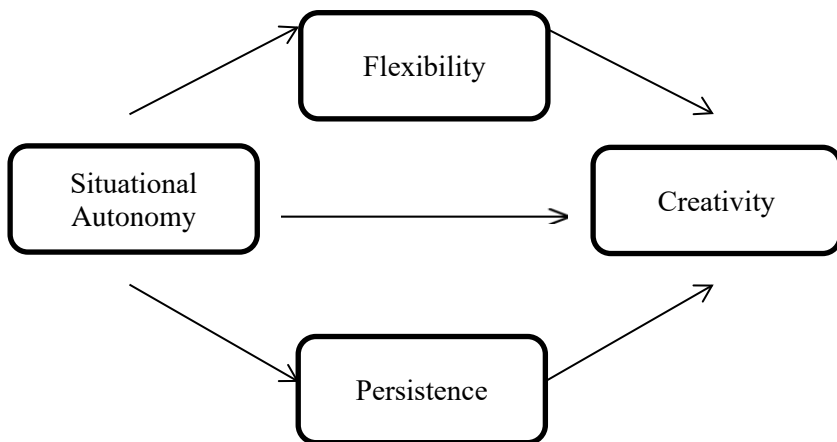
H. Adolescents with situational autonomy support will have higher scores on creativity, flexibility, and persistence (deep thinking) than adolescents with situational autonomy control (restriction).

2.3.Cognitive-motivational Creativity Model of Situational Autonomy in Adolescents

It is stated by the researchers that individuals who feel autonomous over their thoughts and behaviors will be able to access cognitive resources located deeper in their minds more easily, and thus, they will perform better by revealing their creative abilities (Deci & Ryan 2000; Sheldon, 1995; Wong, 2008). From this point of view, when adolescents are attached to a task that requires creative performance with a sense of autonomy or their processes of continuing the task with a sense of autonomy are controlled (restricted) by an external factor, the

cognitive processes of adolescents may be affected. On the other hand, while situational autonomy affects adolescents' processes of generating creative ideas, it is an important question which cognitive and motivational mechanisms can play a role in reaching the concepts in their minds more easily. At this point, it can be thought that the concepts of flexibility and persistence (De Dreu, Baas, & Nijstad, 2008), which are suggested in the Dual Creativity Model, can play a role as key cognitive and motivational mechanisms in the effects of situational autonomy on creativity in adolescents. As a matter of fact, in addition to being more cognitively flexible, individuals (Amabile et al., 2005; De Dreu, Nijstad, & Baas, 2011) were motivated. and thinks more deeply, systematically, and focused on the task for a long time (De Dreu & Nijstad, 2008; Nijstad & Stroebe, 2006; Nijstad et al., 2010). Based on these predictions, a synthesis model was proposed in the study, which assumes that flexibility and persistence act as mediating variables that relate to the sense of autonomy that emerges with the support of situational autonomy in adolescents with creativity (see Figure 1).

Figure 1. Cognitive-Motivational Creativity Model of Situational Autonomy in Adolescents



3. METHODS

3.1.Participants

The sample of the study consisted of 266 middle and advanced adolescents between the ages of 14 and 22, who attend secondary and higher education. The average age of the participants was 16.68 (SD = 2.77); however, 34.6% were boys and 65.4% were girls. 94.4% of the participants lived together with their parents, 3.4% were divorced, the rest had parents who either lived in separate houses or remarried. Concerning the education levels of the parents, the majority of mothers (78.9%) and fathers (51.8%) were primary school graduates. While 57.5% of the families were at a medium socioeconomic level, 39.8% of them had a very good socioeconomic level.

3.2.Measures

3.2.1.Demographic Measurements

In the study, variables such as mother and father togetherness, educational status, socioeconomic level of the family, gender and age of the adolescents were asked within the scope of the demographic information form.

3.2.2.Pre-experiment Measures (Neutralization Task and Mood Measurement)

It is a text that is used in some studies in the literature to neutralize the possible positive or negative moods of the participants before the experiment (Gocmen & Coskun, 2019; Gultepe & Coskun, 2016). This text is not related to the process of generating ideas, but a text of 85 words and 12 sentences about neutral events (e.g. “I got on the minibus, came home. When I came home, I placed what I bought.”). In this process, the participants were asked to write this text on the lower part of the paper presented to them, in three minutes. The participants were informed that there was no such thing as true or false in the

writing process and that it was sufficient to write as quickly as possible. After the neutralization task, the participants were asked to turn the page and mark a scale item that evaluates their mood from one point to 10 points (1 = Very Bad, 10 = Very Good). On the other hand, two fillers (gender and grade levels) were also included in the same form so that the participants did not perceive the research as mood research.

3.2.3. Situational Autonomy Measure

In the study, adolescents were divided into two groups, and some manipulations were carried out to measure the situational autonomy variable through two different structures. In the process of creating the instructions, the suggestions put forward in the Self-Determination Theory regarding the behaviors that are not autonomous and non-autonomous were used.

In this process, adolescents, who were in the condition in which situational autonomy support was provided after mood measurements, was presented with a form with pictures of a pen, glass, towel, rubber band, and fork at the top and were informed of the instruction below the pictures on the form just like this: *“You can see some pictures (objects) below. Soon, I will ask you to write some uses about the object you will choose. Select one of these objects that you can use as many and shapes as possible and put an (X) under the object you selected. For this process, you can get ‘whatever you want’ from the objects listed below; the right to choose belongs entirely to you.”*. Adolescents in the condition in which autonomy is controlled (restricted), similar to the participants in the other condition, was presented with another form with the same pictures of objects at the top, and were informed in the instruction below the pictures of the form just like this: *“You see some pictures (objects) above. Soon, you will work on whatever object in these pictures was selected for you. Here, I*

have the authority to choose, not with you, but as the researcher.”. On the other hand, the objects that the participants in the condition in which autonomy was controlled (restricted) would work were set to match the objects chosen by the participants in the other condition (autonomous condition). In this process, the experimenter marked the objects that the adolescents chose to work on under the condition that autonomy was supported and those on the forms of the adolescents in the other condition (non-autonomy) before each application. Through this matching, it was tried to prevent the difference arising from the objects between groups.

3.2.4. Creativity, Flexibility and Persistence Measures

In the study, the creativity of adolescents was measured by generating different uses of an object. The reason why the object use task is preferred for the measurement of creativity is that it allows adolescents to measure their involvement in the creative process in a situational condition and the cognitive and motivational mechanisms in this process based on performance, not perceptually, and to interpret these results. In this context, firstly, in order to determine the objects that the participants will work on, a list of the most frequently used objects for object use tasks in other studies was made by the experimenter, and also different words similar to these words were added to the list (Wallach & Kogan 1965; Ward, 1968). In determining the words added later, the judges, including lecturers and graduate students of Abant İzzet Baysal University Psychology Department, were presented with a list of the objects previously determined by the experimenter. A form with an instruction had the following question: *“If we asked you to generate and write as many different uses of an object as possible, which of the objects below would you choose and what sort of order?”*. In this preliminary study, the number of objects previously determined by the experimenter was limited, and their preference possibilities were determined.

Table 1 presents the averages of the order of preference of the objects determined for the object use task before the study by the participants included in the pre-study, and the frequency of choosing the objects by the adolescents and the average number of ideas generated with the selected objects.

Table 1. Frequency of Preference of Objects Before the Study and Average Number of Thoughts Produced with Objects in the Study

Objects	The means of orders of objects selected before study		The average number of ideas generated in the study		
	N	\bar{x}	N	\bar{x}	SD
Packet rubber	30	2.58	100	5.61	2.51
Glasses	30	2.88	68	6.08	2.73
Pencil	30	3.23	66	5.29	3.04
Fork	30	3.29	14	6.38	3.65
Towel	30	3.47	18	6.07	3.43

On the other hand, the following statements were included in the instruction created for the object uses task in the study: “*Let us say you are thinking of the different uses of a paper clip. Put the paper clips together and create bracelets, necklaces, rings, etc. Therefore, bracelets, necklaces, rings, etc., are alternative uses that you provided. Now consider your chosen/ selected objects in different uses. How many different ways can you use it?*”. Each alternative use containing an original thought written by the participant was evaluated as one point and also a creativity score (Paulus, 2000). In the process of evaluating the level of flexibility in the study, the use of objects generated by the participants was categorized and classified and this number was accepted as an indicator of flexibility by calculating the number of unique categories for each participant. Persistence scores were obtained by dividing the number of alternative uses generated by the participants by the number of unique categories (see Baas et al., 2008, for more detail). In addition, while calculating flexibility and persistence levels in the study, participants' responses to object use were coded by two independent judges.

The reliability coefficient between judges (Cronbach Alpha) was found as .96.

3.2.5. Perceptual Measures for Manipulation Controls

In the study, some questions were prepared by the experimenter to check the usefulness of situational autonomy manipulations, in other words, to test the independent decision-making status of adolescents after object choices. The participants in the group, both given autonomy and not (restricted), were asked to evaluate “to what extent they felt the object choices under their control and to what extent they were satisfied with the object selection”. Also, to test the validity of the manipulations performed in the study, in the object use task that they performed, the adolescents were asked “the extent to which they tried to generate different uses from the objects they chose or selected for them, how different from the objects they chose or selected for them, how interesting the task was for them to generate different uses related to the object they chose or selected for them, and how satisfied they were with the number of ideas they generated. Perceptual measurements were taken with a scale rated from 0 points to 10 points (0 = None, 10 = Very much).

3.3. Procedure

In the study, permission was obtained from the Bolu Provincial Directorate of National Education to apply to the first-year high school students studying at Bolu Anatolian High School (approval date: 11.01.2016, no: 81622018-605.01-E.272492) and from the first grade students studying at Bolu Abant İzzet Baysal University Nursing and Physical Therapy and Rehabilitation departments from the school principals. Experiments were also carried out at the specified hours. Treatments for both high school and university students were carried out in more than one class, and the classes in which situational autonomy manipulations were carried out were determined by the experimenter in advance, in a

way that the number of participants in the two groups was equal. Subsequently, the participants assigned to both groups were told to first read the informed consent form and if they did not want to, they could not participate in the study. All of the adolescents agreed to participate in the study and signed the consent form.

After signing the consent form, the experimenter voiced the instruction that the pages would be turned at the same time to the participants in both groups, to avoid possible confusion, due to the necessity of performing some applications simultaneously. The experimenter asked the participants to wait for the "*we can turn the page*" command after each task was completed. Before the application, the participants in both groups were asked to fill in the demographic information on the form in front of them, and then, to eliminate the possible effects of positive or negative mood during the performance, the participants fulfilled the neutralization task and evaluated their mood. After the mood measurements, the adolescents in the condition of situational autonomy made their object choices, and the adolescents in the condition in which autonomy was controlled (restricted) examined the pictures presented to them and read the instructions, and then they were asked to turn the page. Then, the participants in both groups answered the questions related to the control of situational autonomy manipulations before the task. Afterward, the adolescents assigned to both conditions were asked to think about the object they chose and selected for them in different dimensions and to write as many alternate uses as possible on the creativity form. After the participants in both groups generated alternative uses for the objects within five minutes, they were asked to answer the questions related to the thought generation process. Afterward the applications, all participants were thanked for their contribution to the study.

4. RESULTS

4.1. Findings Related to the Effects of the Gender and Age⁴¹

Since the data showed normal distribution in the study, whether the creativity, flexibility and persistence scores of the adolescents differed according to their gender was examined by t-test and there was no significant difference between the adolescents' total creativity [$t(264) = -0.59, p > .05$], flexibility [$t(264) = 0.26, p > .01$], and persistence scores [$t(260) = -1.27, p > .01$]. In addition, correlation analysis was applied in the study to determine whether the creativity, flexibility and persistence scores of adolescents were related to their age, but no significant relationship was found among age and creativity ($r = .004$), flexibility ($r = -.02, p > .01$) and persistence scores ($r = .07, p > .01$).

⁴ The results for all significant or non-significant interactions between CONDITION (supported and controlled (restricted) autonomy) and MANIPULATION CONTROL VARIABLES, CREATIVITY, FLEXIBILITY and, PERSISTENCE were unchanged even after controlling for the participants' gender (terms of writing: $F(1, 264) = 3.444, p = .065, \eta^2 = .013$; mood $F(1, 264) = 1.869, p = .173, \eta^2 = .007$; control perception in object selection: $F(1, 264) = 188.712, p = .000, \eta^2 = .418$; satisfaction with object selection: $F(1, 264) = 87.136, p = .000, \eta^2 = .249$; perception of performance: $F(1, 264) = 13.286, p = .000, \eta^2 = .048$; task motivation: $F(1, 264) = 5.136, p = .024, \eta^2 = .019$; finding ideas interesting: $F(1, 264) = 10.191, p = .002, \eta^2 = .037$; satisfaction with task performance: $F(1, 264) = 15.799, p = .000, \eta^2 = .057$; creativity: $F(1, 264) = 32.865, p = .000, \eta^2 = .111$; flexibility: $F(1, 264) = 11.459, p = .001, \eta^2 = .042$; persistence: $F(1, 260) = 5.089, p = .025, \eta^2 = .019$), and after controlling for participant's age (terms of writing: $F(1, 264) = 0.568, p = .452, \eta^2 = .002$; mood $F(1, 264) = 0.592, p = .442, \eta^2 = .002$; control perception in object selection: $F(1, 264) = 201.299, p = .000, \eta^2 = .434$; satisfaction with object selection: $F(1, 264) = 79.575, p = .000, \eta^2 = .232$; perception of performance: $F(1, 264) = 7.044, p = .008, \eta^2 = .026$; task motivation: $F(1, 264) = 4.480, p = .035, \eta^2 = .017$; finding ideas interesting: $F(1, 264) = 12.068, p = .001, \eta^2 = .044$; satisfaction with task performance: $F(1, 264) = 8.978, p = .003, \eta^2 = .033$; creativity: $F(1, 264) = 32.781, p = .000, \eta^2 = .111$; flexibility: $F(1, 264) = 10.181, p = .002, \eta^2 = .037$; persistence: $F(1, 260) = 6.483, p = .011, \eta^2 = .024$).

4.2. Findings Regarding Perceptual Measurements for Manipulation Controls

In the study, participants were given the task of transferring a text consisting of neutral expressions to a blank paper, which neutralized possible positive or negative moods before the object use task. When the results were examined, it was found that there was no significant difference in spelling speed (three minutes) between the participants assigned to both groups [$t(264) = -0.86, p > .05$]. On the other hand, after the neutralization task, no significant difference was found between the two groups in terms of mood according to the mood measurement results of the participants [$t(264) = 0.78, p > .05$].

The results of the analysis regarding the manipulations carried out to measure situational autonomy showed that the participants given autonomy perceived more control over object choices [$t(264) = 13.65, p < .01$], and they were more satisfied with object choices [$t(264) = 8.90, p < .05$]. Accordingly, the control perceptions of the participants who were provided with autonomy ($\bar{x} = 7.92, SD = 2.17$) regarding object selection and the sense of autonomy were higher than those whose sense of autonomy was controlled (restricted) ($\bar{x} = 3.17, SD = 3.38$). In addition, concerning the choice of objects, the satisfaction levels of the participants who were given autonomy ($\bar{x} = 7.32, SD = 2.41$) were found to be higher than the satisfaction levels of the participants whose sense of autonomy was controlled (restricted) ($\bar{x} = 4.61, SD = 2.71$).

The results on some perceptual measures related to the thought generation process of adolescents after object use tasks also showed that there were significant differences between the groups. According to these results, the adolescents in the condition of providing autonomy support thought they spent more effort on the thought generation task [$t(264) = 2.15, p < .05$],

perceived their performance more positively after the task [$t(264) = 2.69, p < .01$], found the thoughts they generated more interesting [$t(264) = 3.51, p < .01$], and were more satisfied with the number of thoughts they generated [$t(264) = 3.03, p < .01$] than the adolescents in the condition in which their sense of autonomy was controlled (restricted). All results regarding perceptual measurements were presented in Table 2.

Table 2. Manipulation Control and Perceptual Measurement Results of the Adolescents in Supported and Controlled (restricted) Autonomy Conditions

Measurements	Situational Autonomy Conditions	N	\bar{x}	SD	t
Terms of writing	Supported	133	76.82	9.88	-0.86
	Controlled	133	77.78	8.40	
Mood	Supported	133	6.80	1.88	0.78
	Controlled	133	6.60	2.21	
Control perception in object selection	Supported	133	7.92	2.17	13.65**
	Controlled	133	3.17	3.38	
Satisfaction with object selection	Supported	133	7.32	2.41	8.90*
	Controlled	133	4.61	2.71	
Task motivation	Supported	133	7.29	2.12	2.15*
	Controlled	133	6.66	2.60	
Perception of performance	Supported	133	5.36	2.10	2.69**
	Controlled	133	4.60	2.49	
Finding ideas interesting	Supported	133	6.86	2.56	3.51**
	Controlled	133	5.72	2.72	
Satisfaction with task performance	Supported	133	5.57	2.80	3.03**
	Controlled	133	4.56	2.66	

* $p < .05$; ** $p < .01$; $p > .05$

4.3. Findings on the Effects of Situational Autonomy on Creativity, Flexibility, and Persistence

In the study, the effects of situational autonomy on creativity, flexibility, and persistence were examined by comparing the creativity, flexibility, and persistence scores of adolescents who were assigned to two conditions in which autonomy support was provided and their sense of autonomy was controlled (restricted) with the t-test. According to these results, the adolescents in the condition of providing autonomy support ($\bar{x} = 6.67$, $SD = 2.94$) had more unique ideas (creativity scores) than adolescents in the condition in which their sense of autonomy was controlled (restricted) ($\bar{x} = 4.79$, $SD = 2.40$) found to have [$t(264) = 5.71$, $p < .001$]. In addition, the number of flexible ideas of the adolescents in the condition of autonomy support ($\bar{x} = 3.19$, $SD = 1.19$) is higher than the adolescents in the condition in which their sense of autonomy is controlled (restricted) ($\bar{x} = 2.72$, $SD = 1.18$) [$t(264) = 3.20$, $p < .001$]. Moreover, the number of deep ideas (persistence) of the adolescents in the condition where autonomy support is provided ($\bar{x} = 2.28$, $SD = 1.54$) is higher than the adolescents in the condition where their sense of autonomy is controlled (restricted) ($\bar{x} = 1.86$, $SD = 1.04$) [$t(264) = 2.53$, $p < .01$]. The results are presented in Table 3.

Table 3. Creativity, Flexibility, and Persistence Scores of the Adolescents in Supported and Controlled (restricted) Autonomy Conditions

	Situational Autonomy Conditions	N	\bar{x}	SD	t
Creativity	Supported	133	6.67	2.94	5.71**
	Controlled	133	4.79	2.40	
Flexibility	Supported	133	3.19	1.19	3.20**
	Controlled	133	2.72	1.18	
Persistence	Supported	133	2.28	1.54	2.53*
	Controlled	133	1.86	1.04	

** $p < .01$; *** $p < .001$

4.4. Findings on Mediating States of Flexibility and Persistence in the Relationship Between Situational Autonomy and Creativity

In the study, the relationship between situational autonomy (manipulated) and creativity in adolescents was tested by taking into account the steps proposed by Baron and Kenny (1986) for mediation, and in doing so, the relationships between variables were calculated using the Pearson correlation coefficient, taking into account the normal distribution of data.

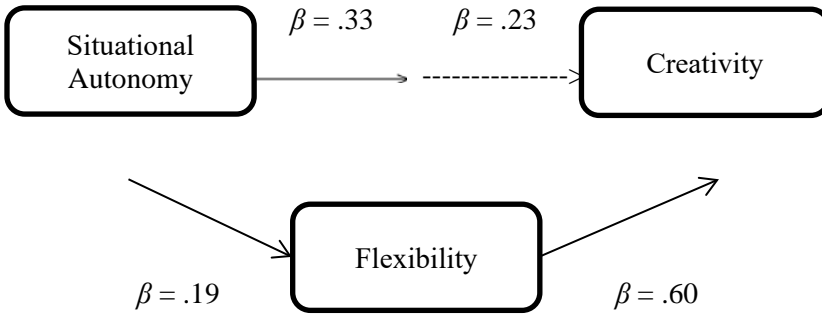
In the first of the mediation hypotheses tested in the study, we examined whether flexibility would play a mediating role in the relationship between situational autonomy and creativity in adolescents. According to the analysis conducted following the conditions proposed by Baron and Kenny (1986) for mediation, there were significant relationships between situational autonomy and creativity scores ($\beta = .33$) and between autonomy and flexibility scores ($\beta = .19$) and between flexibility and creativity scores ($\beta = .60$). The mediational analysis showed that the significant relationship ($\beta = .33$) observed between situational autonomy and creativity in adolescents decreased with the addition of the flexibility variable ($\beta = .23$) to the model. The Sobel Test showed that this decrease was significant ($Z = -3.02, p < .01$) and flexibility was found to be partially the mediating variable in the relationship between situational autonomy and creativity in adolescents. The results were presented in Table 4, Figure 2, and Table 6.

Table 4. The Mediation of Flexibility in the Relationship between Situational Autonomy and Creativity

	B	SE	Beta	T
Model 1				
Constant	8.55	.52		16.42**
Situational autonomy	-1.88	.33	-.33	-5.71**
Model 2				
Constant	.3.79	.60		6.34**
Situational autonomy	-1.27	.28	-.23	-4.63**
Flexibility	1.30	.11	.55	11.35**

** $p < .01$

Figure 2. The Mediating Role of Flexibility for the Relationship Between Situational Autonomy and Creativity



In the second of the mediation tests of the study, it was examined whether persistence would play a mediating role in the relationship between situational autonomy and creativity in adolescents. According to the analysis conducted following the conditions proposed by Baron and Kenny (1986) for mediation situations, there was a significant relationship between the scores of autonomy and creativity ($\beta = .31$), autonomy and persistence ($\beta = .15$), and persistence and creativity ($\beta = .50$) in adolescents. On the other hand, the significant relationship ($\beta = .31$) observed between situational autonomy and creativity among adolescents decreased with the addition of the persistence variable ($\beta = .24$) to the model. According to the results of the Sobel test, this

decrease was significant ($Z = -2.48, p < .05$), and persistence played a partial role in the relationship between situational autonomy and creativity in adolescents. The results were presented in Table 5, Figure 3, and Table 6.

Table 5. The Mediation of Persistence in the Relationship between Situational Autonomy and Creativity

	B	SE	Beta	T
Model 1				
Constant	8.40	.51		16.38**
Situational autonomy	-1.73	.33	-.31	-5.31**
Model 2				
Constant	5.80	.54		10.82**
Situational autonomy	-1.33	.29	-.24	-4.62**
Persistence	.97	.11	.46	8.92**

** $p < .01$

Figure 3. The Mediating Role of Persistence for The Relationship Between Situational Autonomy and Creativity

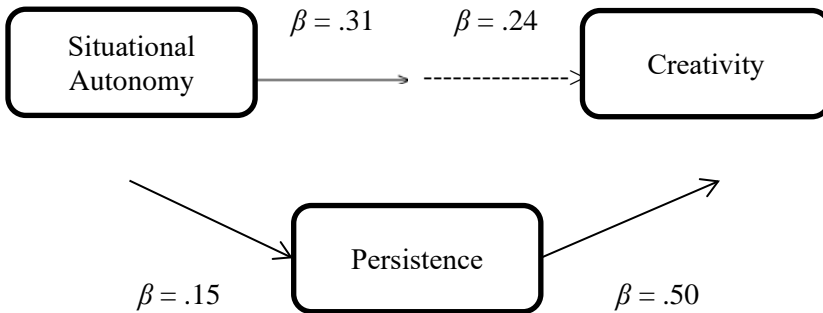


Table 6. Relationships between Situational Autonomy, Creativity, Flexibility and Persistence

	1	2	3	4
1 Creativity	1			
2 Situational Autonomy	0.33**	1		
3 Flexibility	0.60**	0.19**	1	
4 Persistence	0.50**	0.15*	-0.28**	1

* $p < .05$; ** $p < .01$

5. DISCUSSION

The findings of this research suggest that adolescents generate more creative ideas, more flexible categorization, and deeper ideas (persistence) in a context in which the sense of autonomy associated with the task was elicited by promoting a sense of autonomy associated with the task during a performance task than in a context in which autonomy was controlled (restricted). Also, to reveal a broader perspective on how or in what way the effects of situational autonomy on creative performance in adolescents take place in the study, a synthesis is based on the idea that flexibility and persistence may have possible roles in this relationship, one of the ways that lead individuals to creativity. We found that both flexibility and persistence had partial mediator roles in the relationship between situational autonomy and creativity in adolescents.

5.1. Discussing the Manipulation Findings Regarding the Measurement of Variables

In order to avoid some situations that may affect the results such as social desirability or giving false information, all the variables discussed in this study were measured based on performance with the conditions created in the experimental environment, not with the measurement tools based on the perception of the adolescents (e.g. questionnaires or scales). This situation made it necessary to perform some manipulations in the study and to test whether these manipulations work or not.

The process of determining the objects in the creative form in the research was carried out by carefully considering many properties of the objects (such as selection bias, concreteness, familiarity, category width). The concreteness and familiarity of the selected objects were kept constant, assuming that if one property of objects becomes more pronounced than the others, situational autonomy manipulations would also be less

effective, we aimed to eliminate the reasonable bias associated with object selection. The consistency between the preference of the objects determined by the participants in the pilot study and the findings regarding the adolescents' object choices and idea generation performance during the experiment (see Table 1), and the objects were not significantly different from each other in terms of similarity and the ones selected before the experiment showed that the objects were suitable for the object use task.

In the literature, some scholars have reported that positive mood increases creativity in individuals by contributing to creating more connections between information existing in memory (Isen, 2008; Lyubomirsky, King, & Diener, 2005), while negative mood has negative effects on creativity by inhibiting the retrieval of information in memory (Byron & Khazanchi, 2011; Isen, 2002). Considering these findings in the literature, in order to exclude the possible effects of positive and negative mood on performance-related variables such as creativity, flexibility and persistence, before the task of generating ideas in this study, adolescents were given the task to write a text consisting of neutral expressions within three minutes, and then the adolescents were asked to rate their moods on the scale. Findings showed that there was no significant difference in terms of writing speed and mood scores among adolescents assigned to both conditions.

Both Self-Determination Theory (Ryan & Deci, 2000) and Componential Theory (Amabile & Pillemer, 2012) emphasize that an environment that supports or inhibits individuals' sense of autonomy is the most essential factor that enhances individual creativity. Based on this emphasis on importance, the most basic question that was sought to answer in the experimental design process of this study was how to create a supportive and restrictive autonomy context to affect intrinsic motivation positively and negatively in adolescents under the condition of situational autonomy before the creative task. In the study aimed

at solving this problem, the views put forward in the Self-Determination Theory regarding autonomous and non-autonomous behaviors were used, considering that it would contribute to a better understanding of the motivational mechanisms that could affect the task-related performance of adolescents under the condition of situational autonomy. In this direction, by creating contexts that support and restrict autonomy that conveys confidence and insecurity in the ability of adolescents to perform well in a task, it was assumed that these contexts will affect adolescents 'sense of control and satisfaction over the task as well as intrinsic motivation, and these factors are the main determinants of adolescents' sense of autonomy (Deci & Ryan, 2000; Zimmer-Gembeck & Collins, 2003). The findings of the research regarding the manipulations carried out to measure situational autonomy in adolescents seem to confirm the validity and appropriateness of the conditions created for support and restriction of contextual autonomy. Our findings indicated that adolescents who were provided with situational autonomy support perceived their object choices more under their control and were more satisfied with their object choices than adolescents whose sense of autonomy was controlled (restricted). Moreover, the findings of the study on perceptual measurements after adolescents' object-use tasks also supported the existing findings that the situational autonomy manipulations performed in the study were effective (see Table 2). For example, adolescents with situational autonomy support thought that they made their own choices and were satisfied with the choices they made, performed better in the object-use task than adolescents whose autonomy was controlled (restricted). In the view of Self-Determination Theory, some scholars have stated that when individuals think that their behavior is constrained by external factors, despite the presence of individual autonomy tendencies, even if they perceive themselves as competent for any task, they generally show less interest and effort (Deci & Ryan, 2008a; Ryan & Deci, 2000;

Vallerand et al., 2003). Considering this situation, when the strong autonomy orientations that exist in adolescents due to the nature of their developmental period are ignored by the researcher and when the sense of autonomy of the adolescents is controlled (restricted), their interest and motivation related to the task may be further reduced. In other words, this attitude may have led to resistance in adolescents. Therefore, it can be said that all these factors may negatively affect the adolescents' finding the task interesting, as well as having negative attitudes towards task performance (Vallerand et al., 2003; Vansteenkiste et al., 2005).

On the other hand, some scholars have emphasized that the primary goal in the guidelines used in studies with experimental design by researchers is to establish a distinct structure in the minds of individuals (Argyres, Bercovitz, & Mayer, 2007; Bolton & Dewatripont, 2004). People need a basic structure and predictability regarding the jobs and responsibilities expected of them (Landau, Kay, & Whitson, 2015). Some have also suggested that the instructions presented to the participants in the experimental studies that adopting such attitudes will contribute to the cooperation between the practitioner and the participant and the better understanding of the task by the participant (Lee et al., 2004; Lumineau & Malhotra, 2011). Considering these suggestions, in the study, in the process of preparing the instructions for meeting the situational autonomy conditions in adolescents, care was taken to clearly define the task-related expectations from the participants, to be consistent with each other in the statements used in the instructions, and to avoid detailed or very brief explanations. For example, in an experimental environment in which the instructions are given quite long explanations, the participants may get bored while reading the instructions, furthermore, they may stop working because their commitment to the task may decrease significantly. On the contrary, using very general, unclear, and short statements

in the instructions may reduce the motivation to continue the task or limit cooperation with the practitioner by causing feelings of uncertainty associated with the task expected of them (Kay et al., 2014; Landau et al., 2015). In this context, considering the supportive findings regarding other perceptual measures of the study, it can be argued that the instructions prepared by the implementer for the manipulations of situational autonomy in adolescents assigned to both conditions are also relevant for the purpose and provide an adequate structure.

In summary, in this study, adolescent autonomy was manipulated in an experimental environment and addressed as a situational variable, in contrast to the assessment methods in which the autonomy of individuals is determined in a more passive way and through scales. The findings of the study, which are quite consistent with each other and support each other, regarding the effectiveness of situational autonomy manipulations show that adolescent autonomy can be considered as a situational variable and the other hypotheses of the research can be tested.

5.2.The Impact of Situational Autonomy on Creativity, Flexibility, and Persistence

One of the main aims of this research was to examine the effects of situational autonomy on some cognitive-motivational mechanisms related to creativity (flexibility and persistence) and creativity in adolescents. Current findings showed that situational autonomy support for adolescents contributes to their being more creative and flexible in complex tasks that require performance, as well as to process information in a deeper and focused manner. Conversely, a context in which the sense of autonomy in adolescents was controlled (restricted), negatively influenced adolescents' performance when the task required creativity, flexibility, or in-depth information processing.

As suggested in the Self-Determination Theory, when people participate in a task with a sense of autonomy or when their control and willpower related to the task is not restricted, they perform that task more eagerly and more motivated (Deci & Ryan, 2008a, 2008b). In studies conducted with adults in the literature, some scholars have reported that environments that support autonomy and increase intrinsic motivation can increase creativity in individuals in a task that includes a performance goal; on the contrary, controlling environments in which individuals' need to act autonomously on a task inhibits intrinsic motivation and negatively affect creative performance (Elsbach & Hargadon, 2006; Sun et al., 2012; Zhou & Shalley, 2003). On the other hand, in the study, adolescents who were provided to act with an increased sense of will and motivation while continuing the task with the support of situational autonomy were able to establish more new connections between thoughts, concepts, and categories (flexibility) and their knowledge were more in-depth and focused (persistence) than adolescents whose sense of autonomy was controlled (restricted). The reduction of the possible negative effects of certain emotions (such as anger, anxiety, resistance) created by controlling (restricting) the sense of autonomy in adolescents who continue their creative task with a sense of autonomy, is a suitable method or an environment for adolescents to think more flexibly by increasing their internal motivation and to be more focused (persistent) while carrying out the task (Sheldon, 1995). In the literature, some studies have reported that autonomous motivation facilitates task-related cooperation and also increases the individuals to express more flexible and deep ideas while continuing the task (Liu et al., 2013; Moltafet et al., 2018; Peng et al., 2013; Sheldon, 1995). Besides, an experimental study shows the causal effect of intrinsic motivation that emerges with a sense of autonomy on task continuity. In that study, it was found that the participants, who were allowed to choose which task (such as solving puzzles,

finding figures hidden in a picture) to work on while waiting for the practitioner to increase their intrinsic motivation, worked significantly longer than the participants in the control group (Ryan, Koestner, & Deci, 1991). However, it is worth emphasizing that these studies are also carried out with an adult sample. It is stated by researchers that both autonomy and the quality of creativity can differ according to developmental stages, and at this point, care should be taken in generalizing the findings obtained from adults to children and adolescents (Claxton et al., 2005; Noom et al., 2001; Zimmer-Gembeck & Collins, 2003). When the literature is examined, there has been no research finding that both the effects of the situational (contextual) aspect of autonomy on the cognitive and motivational processes related to creativity and creativity were examined under experimental conditions by directly focusing on individuals in adolescence. Therefore, these findings obtained from the study make a pioneering contribution to the literature in terms of revealing that the support and control (restriction) of situational autonomy in adolescents may have important effects on the emergence of some essential mechanisms related to creativity. However, conducting more studies in which the mechanisms of action between the variables discussed in the study were examined in a similar sample and by adopting similar research designs, seems important in terms of providing the opportunity to compare these research findings with the results obtained from this part of the study.

5.3.Cognitive-motivational Creativity Model of Situational Autonomy in Adolescents

The study found that the decrease in the relationship between situational autonomy and creativity in adolescents was partially related to the inclusion of flexibility and persistence in the analysis. The results show that situational autonomy in adolescents also increases flexibility and persistence, which are positively associated with adolescents' creative performances,

and that the effect of situational autonomy on creativity occurs through the indirect effects of these variables. When these findings are interpreted together, providing adolescents with a supportive environment to increase the sense of autonomy associated with a task and intrinsic motivation facilitates the creation of more specific and inclusive cognitive categorizations and facilitates their access to deeper cognitive resources, thus contributing to the generation of more creative ideas by adolescents. (Amabile et al., 2005; De Dreu et al., 2011; Deci & Ryan 2000; Wong, 2008). It is reported that creative thinking has a reciprocal relationship with individuals' more flexible ideas (Amabile et al., 2005; De Dreu et al., 2008; De Dreu et al., 2011). However, it is reported that creativity requires individuals to focus on the task in a motivated and long-term manner, and to think deeply and systematically within several categories (De Dreu & Nijstad, 2008; Nijstad & Stroebe, 2006; Nijstad et al., 2010). Based on these findings, the partial mediation findings of situational autonomy that support our cognitive-motivational creativity model in adolescents suggested in the study indicate what kind of context they need to affect the sense of autonomy of adolescents when they present more creative ideas during a performance task. Also, it can be said that this study made an empirical contribution to the literature in understanding the roles of cognitive and motivational mechanisms in adolescents more deeply. However, all these findings seem to be compatible with models that emphasize the interactionist perspective that besides individual factors in creative processes, situational (contextual) factors should also be considered (Amabile & Pillemer, 2012; Csikszentmihalyi & Getzels, 1988; Sternberg & Lubart, 1996).

6. CONCLUSION AND RECOMMENDATIONS

6.1.Contributions to the Field of Application of Research

The results of our study suggest that supportive practices that increase autonomy in school, family and psychotherapy/ psychological counseling settings may have positive consequences on adolescents' ability to present more flexible and deep ideas in this process, as well as revealing their creative potential.

Deci and Ryan (1987) have suggested that teaching methods that support autonomy, make them feel competent and contain meaningful relationships increase students' learning motivation and general life satisfaction by meeting their basic psychological needs. Teachers can also contribute to the cognitive and socio-emotional development of adolescents by meeting their basic psychosocial needs by adopting teaching methods including experiential and autonomy supportive practices that encourage creativity among adolescents. For example, teachers can form brainstorming groups in the classroom where students can express their opinions on any topic from different angles by adopting tolerant attitudes towards all ideas produced by students. These groups will also help students to discover their creative capacities by experiencing (Rose, Jolley, & Charman, 2012). However, considering the findings of the study supporting each other regarding situational autonomy manipulation measures, teachers may lead the determination of multiple and different topics in the classroom environment and ask their students to choose one or more of the topics. Such an environment, where they have the right to choose the subject they will work on, can contribute to the emergence of more creative, flexible, and deep ideas in adolescents with the contribution of increased sense of autonomy and task motivation.

On the other hand, adolescent psychotherapists in the therapy setting and psychological counselors in the school environment can also facilitate the therapeutic alliance with adolescents by adopting attitudes that allow adolescent clients to take the initiative in the psychotherapy/ counseling process. This kind of supportive attitude that includes trust, respect, and cooperation can prevent the emergence of negative feelings such as anxiety or insecurity that make it difficult for adolescent clients to access cognitive resources deep in their minds and break resistance early in the interviews. Moreover, these attitudes may contribute to adolescents' more flexible and alternative thoughts about their existing problems and participate in the psychotherapy/ psychological counseling process in a more motivating way. However, it is also common to involve parents in psychotherapy and counseling sessions with children and adolescents. Studies in the literature show that parental autonomy support and participation significantly affect their children's creativity development (Chan, 2005; Lim & Smith, 2008; Wu et al., 2014). Therefore, it may be beneficial for psychotherapists and psychological counselors working with adolescents to provide psychoeducation and counseling to parents about encouraging adolescents to creativity through supporting autonomy, which stands out as a basic psychological need in adolescence.

6.2.Limitations and Recommendations to Researchers

In this study, adolescent autonomy was considered as a situational (contextual) variable, not an individual personality trait. In addition, it can be said that the measured quality related to the concept of autonomy in this study is more suitable for the behavioral aspect of autonomy. As a matter of fact, behavioral autonomy is defined as the potential to act and control these behaviors (Steinberg et al., 1994). On the other hand, it is stated by researchers who focus on adolescent autonomy that there are

emotional, behavioral, and cognitive components of autonomy and that considering these dimensions together while examining the concept of autonomy will contribute to a better understanding of the concept (Noom et al., 2001; Steinberg et al., 1994). Subsequent research, in which relationships between situational autonomy and creativity in adolescents are discussed by manipulating other autonomy components in an experimental environment, will provide more inclusive and holistic information on these relationships.

In this study, in the model proposed to elucidate motivational and cognitive mechanisms in the effects of situational autonomy on creativity in adolescents, the possibility of bidirectional causality between variables was not tested due to the existing design of the study. For example, whether creativity, cognitive flexibility, or deep thinking (persistence) potentials have effects on adolescents' situational autonomy has not been examined in this study. Guay, Ratelle and Chanal (2008) state that longitudinal studies are very important in understanding the mechanisms underlying these relationships while examining the causal relationships between variables. Conducting more experimental and longitudinal studies in which the bidirectional causal effects of the variables discussed in the study are also addressed will be meaningful in terms of comparing whether the empirical evidence provided by the model proposed in this study is supported or not. However, the mediation findings of the study contribute to a certain extent in elucidating the role of cognitive and motivational processes in relationships between situational autonomy and creativity in adolescents. The first reason for this is that the study concluded that both flexibility and persistence had partial mediating roles in these relationships. These results suggest that other cognitive and motivational variables may also have roles in these relationships. The second reason is that the cognitive and motivational mechanisms that can have a mediator

role in situational autonomy and creativity relations are discussed based on the opinions put forward by Self-Determination Theory and Dual Creativity Model. Therefore, in future studies, addressing other cognitive and motivational processes that may have a role in the relationship between situational autonomy and creativity in adolescents by using different theoretical approaches in the literature will contribute to the completion of the gaps in these relationships.

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RUHSAL HASTALIKLARIN DAMGALANMASI

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1. GİRİŞ

Ruhsal bozukluklar hasta kişinin hayatını iki yönden olumsuz etkiler. Bir yanda hastalık belirtileri ve ilaç yan etkileri kişinin duyguları, hafıza, problem çözme, karar verme gibi bilişsel becerileri, bireyler arası ilişkileri ve işlevselliğinin diğer alanlarında bozulmalara yol açar. Diğer yanda ise toplumun ve kişinin mevcut hastalığa ilişkin atıfları yoluyla yaşam hedeflerini elde etme ve sürdürmesini engeller (Corrigan, Larson & Kuwaba., 2010; Corrigan & Watson, 2002b).

Ruhsal hastalıklar ve hastalara yönelik atıflar kişinin içinde yaşadığı çevre, hastalık ile ilgili bilgisi ve varoluş şekli ile dönemin teknolojisinden etkilenir (Taşkın, 2007a).

Doğası gereği anlaşılması güç olan ruhsal hastalıklara yönelik olumsuz atıflar, hasta bireylerin damgılanması ile sonuçlanır. Damgılanma da hastaların hastalık belirtilerinin yanında dışlanma, tedavi hizmetlerinin kendilerine yeterince sunulmaması, tedaviden kaçınma, hastalıklarını saklama eğiliminde olma, utanma, çaresizlik, düşük benlik saygısı, düşük yaşam doyumu ve ekonomik sorunlar gibi pek çok olumsuzluk yaşamalarına neden olur (Corrigan & Watson, 2002b, Drapalski, Luckstead, Perrin, Aakre, Brown, DeFroge & Boyd, 2013;

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Corrigan & Watson, 2002c; Watson, Corrigan, Larson & Selles, 2007).

Bu bölümde damgalama, türleri, ve damgalama ile mücadele yöntemleri ele alınacaktır.

2. DAMGA VE TÜRLERİ

Damga; sözcük olarak “delik, iz” anlamlarına gelmektedir. Antik Yunan döneminde suçlu bireylerin, suçluluğunun göstergesi olarak kızgın demirle vücutlarının görünür yerlerinin dağlanması ile işaretlenmeleri yaygın bir uygulamaydı. Böylece kamusal alanda damgalanmış olan kişiler “kaçınılması gereken” olduklarına dair işaretlenmiş olurlardı (Goffman, 1963). Türk Dil Kurumu’nun internet sitesinde (Haziran, 2024) ise damga, “bir kimsenin adını kötüye çıkaran, yüz kızartıcı durum” olarak tanımlanmaktadır.

Goffman (1963) damgalama kavramını kişinin ruhsal durumu, etnik kökeni, madde kötüye kullanımı ya da fiziksel yetersizlikleri nedeniyle kusurlu ya da değersiz görülmesi ile kişi hakkında olumsuz değerlendirmeler ve kişinin saygınlığını azaltıcı atıflar yapılması şeklinde tanımlamaktadır. Damga; bir kişi ya da grup için normal dışılığının, kabul edilemez, farklı olduğunun ve utanılması gereken özellikler taşıdığıının göstergesidir.

2.1. Toplumsal Damga

Damgalama süreci kişinin bir etiket yani teşhis alması ile başlar. Kişi hastalık tanısı aldığı anda “ruhsal hastalığı olan bireyler” grubunun bir üyesi olur (Corrigan & Watson, 2002c; Watson ve diğerleri. 2007; Ritsher, Otilingan & Grajales, 2003). Bu üyelik o gruba ait inanış ve atıfların tanı alan kişi için geçerli olması anlamına gelir ve o gruba dair kalıp yargılar (stereotipler) devreye girer.

Kalıp yargılar, önceki deneyimler ve ipuçlarından türeyen bilişsel ürünlerdir ve toplumun büyük çoğunluğu tarafından öğrenilmişlerdir; bir grubun özellikleri, davranışları ve nitelikleri ile ilgilidirler. (Hilton & von Hippel, 1996; Link & Phelan, 2001). Sosyal gruplar ile ilgili bilgileri etkili olarak organize etmemizi sağlarlar. Çünkü diğer bireylerin, stereotipin hedefinde olan grubun üyeleri ile ilgili kolaylıkla izlenim ve beklenti üretmelerini sağlarlar (Corrigan ve diğerleri, 2010).

Kalıp yargıların devreye girmesi ile hastalarla ilgili olumsuz beklentiler başlar. Bu beklentiler doğrultusunda hasta kişinin gerçek durumuna bakılmaksızın, kalıp yargılar doğrultusunda, hasta ile ilgili bilişsel bir değerlendirme süreci başlar ve sonucunda önyargı oluşturulur. Önyargılı bir yaklaşımda dış gerçekliğe ilişkin özellikler önemli değildir (Taşkın, 2007a). Önyargılar kalıp yargıları destekler ve hedef grubun üyesi hakkında olumsuz bazı duygular (korku ve öfke gibi) tetikler (Hilton & von Hippel, 1996). Ayrımcılık ise kalıp yargılar ve önyargıya bağlı duygusal tepkilerin davranışa dönüşmesidir (Örneğin; bir kişiyi negatif stereotipin hedefi olan gruba ait olduğu için işe almamak gibi).

Toplumun ruhsal hastalığı olan bireylere ilişkin inanışları genellikle olumsuzdur. Ruhsal hastalıklara ilişkin en temel inanışlar, hasta bireyin tehlikeli, ne yapacağı öngörülemez olduğu (Socall & Holtgraves 1992), hastalanmasının kendi suçu olduğu ve hayatını ya da herhangi bir işi başarı ile sürdüremeyeceği şeklindedir. Bu kalıp yargılar hasta bireylerin suçlanmasına, hasta olmaları ile alay edilmesine, şiddet gösterecekleri beklentisi olduğu için hastalara şiddet gösterilmesine ya da hastalarla iletişim kurulmayarak dışlanmalarına, aciz olduklarına inanıldığı için iş ya da kendine bakım gibi görevlerin sorumluluğunun hastalara verilmemesine yol açarak ayrımcılığı doğurur. Hasta bireylerin kazanç getiren bir iş, güvenli bir ev ortamı, doyurucu sosyal ilişkilere sahip olma olanakları engellenir. Ciddi ruhsal

bozukluklara ilişkin genel algılayış, madde bağımlıları, seks işçileri ve suçlulara yönelik algılayışa benzemektedir (Albrecht, Walker & Levy, 1982; Skinner, Berry, Griffith & Byers, 1995).

Yapılan geniş çaplı araştırmalar ruhsal hastalıklara ilişkin inançların genelde üç başlıkta toplandığını göstermektedir (Brockington, Hall, Leving & Murphy, 1993; Taylor & Dear, 1981). Bu başlıklar; korku ve kaçınma, sıkı yönetim (authoritarianism) ve yardım olarak belirlenmiştir. Buna göre ruhsal bozukluğu olan bireyler tehlikeli oldukları için toplumda serbestçe dolaşmamalıdır; sorumluluk alamayacakları için hayat kararları onlar yerine başkaları tarafından verilmelidir; hastalar çocuksu oldukları için yardıma ve bakıma muhtaçtırlar.

Araştırmalar hastaların öngörülemez olduklarına yönelik inançları olan kişilerin, hastalar iyileşseler bile hayat görevlerini yeterince iyi yerine getiremeyeceklerini beklediklerine işaret etmektedir (Socall & Holtgraves, 1992). Bunların yanı sıra yaygın bir diğer inanç ise ruhsal hastalıkların iyileşmesi mümkün olmayan sağlık sorunları olduğu yönündedir (Taşkın, 2007a). Bu durum da ruhsal hastalığı olan kişilerin yeterli tedavi olanaklarına ulaşmalarının engellenmesine veya uygun olmayan yollarla iyilik arayışına girilmesine yol açabilir. Ayrıca sağlık sistemlerinin ruhsal hastalıkların tedavisi için benimsedikleri yaklaşımlar da hasta bireylerin ihtiyaç duydukları sağlık hizmetlerine ulaşabilmelerini etkilemektedir. Araştırmalar ruhsal hastalığı olan bireylerin sağlık hizmetlerinden ve sağlık sigortalarının faydalarından daha az yararlandıklarını göstermektedir (Druss & Rosenheck, 1998).

2.2. Kendini Damgalama (İçselleştirilmiş Damga)

Corrigan (1998) kendini damgalamay (içselleştirilmiş damgalama) bireyin toplumda var olan olumsuz kalıp yargıları kendi için kabul etmesi ve bununla birlikte ortaya çıkan değer

kaybı, ayıplama, gizlilik, kaçınma ve geri çekilme süreci olarak tanımlamaktadır.

Hasta bireylerin kendilerini damgalama ve damgadan olumsuz etkilenme süreçleri dört aşamada gerçekleşir (Watson ve diğerleri, 2007). Tanı alan kişi hastalığı ile önyargılar arasındaki ilişkinin farkına varır. Farkına vardığı olumsuz yargılar ile hemfikir olur ve bu yargıların taşıdığı bilgilerin kendisi için de geçerli olduğunu kabul eder. Bu kabul ise kendisine güvenini ve yeterlilik duygusunu zayıflatarak kendisine ayrımcılık yapması ile sonuçlanır.

Araştırmalar ruhsal hastalığı olan bireylerin kendilerini damgalamalarının; iyilik halinde bozulma, umutsuzluk ve değersizlik hissi, tekrar hastaneye yatış, hastalık belirtilerinde kötüleşme, benlik saygısında düşüş (Link ve diğerleri, 1997, 2001; Ritsher ve diğerleri., 2003) hastaneye başvurmak istememe (Corrigan, 2004; Link, Struening, Rahay, Phelan & Nuttbrock, 1997), tedavi protokollerine uymada güçlükler (Ersoy ve Varan, 2007) ile ekonomik ve sosyal kayıplara yol açtığına işaret etmektedir.

Hastalar damgalanma nedeniyle kendilerini toplumun “tam bir üyesi değilmiş” gibi hissederler (Ritsher ve diğerleri, 2003). Kendini damgalayan birey hastalıkla ilişkilendirilmekten kaçınmaya çalışır. Hastalığını çevresinden saklama, hastaneye gitmek istememe, hastane etrafında görülmekten kaçınma, tedavi düzenine uymama, iş/ev aramaktan vazgeçme, insanlardan uzak durma eğilimi gösterir (Link, Mirotznik & Cullen, 1991; Link & Phelan, 2001; Perlick, Clarkin & Sirey, 2000; Sirey, Bruce, Alexopoulos, Perlick, Friedman & Meyers, 2001; Struening, Moore & Link, 2001). Araştırmalar diğer kişilerden gelen damgalayıcı tutum ve davranışların kişinin kendisini damgalama düzeyini artırdığına işaret etmektedir (Link, 1987; Link ve

diğerleri, 1997, 2001; Perlick ve diğerleri, 2000; Sirey ve diğerleri, 2001).

Bazı kişisel özellikler kişinin kendisini damgalama eğilimini etkilemektedir. Hastalık tanısı almadan önce benlik saygısı düşük olan, ruhsal hastalığı olan kişilere ilişkin olumsuz önyargıları olan bireylerin kendilerini damgalama eğilimlerinin daha yüksek olduğu saptanmıştır (Taşkın, 2007b). Karşılaştığı olumsuz geri bildirimlere yönelik içsel; olumlu geri bildirimlere ise dışsal atıf yapma eğilimi gösteren bireylerin hastalığa bağlı yaşadıkları zorluklarda benlik saygılarının düştüğü ve damgalayıcı görüşleri kolaylıkla benimsedikleri bilinmektedir (Corrigan & Watson, 2002a). Reddedilme korkusu yüksek olan ve damgalanma süreciyle geri çekilme (withdrawal) yöntemiyle baş eden kişilerin damgalamayı içselleştirdikleri ve bu durumdan daha çok olumsuz etkilendikleri tespit edilmiştir (Link, Cullen, Struening, Shrout & Dohrenwend, 1989; Struening, Perlick, Link, Hellman, Herman & Sirey, 2001).

Kişinin damgalayıcı tutumları içselleştirmesinde koruyucu bazı kişisel özellikler de vardır. Olumsuz geri bildirimlere dışsal atıf yapma eğilimi hasta bireyin benlik saygısını koruyucu etki yapmaktadır (Crocker, 1999). Benlik saygısının düşmemesi kişiyi damgalamayı içselleştirme açısından korur, hatta bazı hastaların damgalamanın olumsuz etkileri ile karşılaşınca damgalamaya karşı aktif şekilde eylemlerde bulundukları gözlenmiştir (Crocker & Major, 1994). Kişi örneğin “Herhangi bir işin gereklerini yerine getiremem o nedenle iş bulamıyorum” yerine “İş bulamıyorum çünkü işverenler hasta olduğum için beni işe almıyor” diye düşünür.

Benzer şekilde grup içi karşılaştırma yapan hastaların da benlik saygısında düşme olmadığı gözlenmiştir (Weiner, 1995). Hasta kişi kendini, hasta olan ve işlevselliği kendininkine benzer düzeyde olan diğer bireyler ile karşılaştırdığında sağlıklı

bireylerle karşılaştırdığı koşula kıyasla daha az yetersiz olarak değerlendirecektir.

Kişinin değerlerinin de koruyucu etki yapabildiği saptanmıştır. Kişi hastalığı ile ilişkili olarak ortaya çıkan özelliklerini değersiz gören bir hayat görüşü benimsediğinde (Crocker, 1999; Crocker & Blanton, 1999) benlik saygısı düşebilir. Örneğin hasta bireyin içinde yaşadığı topluluk başarısızlığın kişinin beceri eksikliği, disiplinsizliği olarak değerlendirildiği bir hayat görüşünü benimsiyorsa, başarı gerektiren bir durumun gerekliliklerini hastalığı nedeniyle yerine getiremediğinde kişinin benlik saygısı ve kendine ilişkin yeterlilik duyumu zayıflayacak, kişi kendini kolaylıkla damgalayacaktır.

Özetle her hasta birey diğerlerinin damgalayıcı görüşlerini eşit şekilde benimsemez. Bazı bireylerin kişisel özellikleri koruyucu etki yapar ve hatta bireyin damga ile ilişkili var olan olumsuzluklara karşı savaşmasını teşvik ederken, diğer bireyler damgalamadan olumsuz etkilenir ve ruhsal hastalıkla ilgili kalıp yargıların kendileri için geçerli olduğuna inanırlar.

2.3. Hasta Yakınlarının Kendini Damgalaması

Hastalar kadar aile üyeleri de ruhsal hastalıklara yönelik damgalamanın hedefindedir. Toplum hasta kişinin hastalanmasından ve tedavi sürecinden hastaya bakım veren yakınlarını sorumlu tutabilir. Bu inancın temelinde yetersiz ebeveynlik yaklaşımlarının ve ailesel koşulların ruhsal hastalıklara neden olduğu ya da genetik olarak ruhsal hastalıkların aktarıldığı yönündeki bilgi kalıpları yer alıyor olabilir.

Toplum ruhsal hastalığı olan bireylerin ebeveynlerini kişinin hastalanmasından sorumlu tutabilir (Corrigan, River, Lundin, Uphoff Wasowski, Champion, Mathisen, ve diğerleri., 2000), kardeşlerinin de hastalanmasını beklediği için hastanın

kardeşlerini dışlayabilir, hastanın tedavi sürecinden kardeşini sorumlu tutabilir (Greenberg, Kim & Greenley, 1997), hastanın eşini tedavi sürecinden sorumlu tutabilir ve hasta bir bireyle evlendiği için kişinin de “normal olmadığını” düşünebilir (Corrigan & Miller, 2004; Phelan, Bromet & Link, 1998), hastanın çocuklarına ise hastalık bulaştığı inancı ile ayrımcılık yapılabilir (Jones, Farina, Hastor, Markus, Miller & Scott, 1984).

Hasta yakınlarının önemli bir kısmının ruh sağlığı hizmetlerinden yararlanan bireylerin ve hastalara bakım verenlerin toplum tarafından değersizleştirilecekleri yönünde inançları olduğu bilinmektedir (Struening ve diğerleri., 2001). Ruh sağlığı hizmetlerinden yararlanan kişilerin büyük çoğunluğu, toplum tarafından, hastalık tanısına ve gerçekten saldırganca davranışları olup olmadığına bakılmaksızın tehlikeli ve öngörülemez olarak değerlendirilmektedir (Link, Phelan, Bresnahan, Stueve & Pescosolido, 1999; Struening ve diğerleri, 1992).

Bazı hasta yakınları toplumun bu damgalayıcı tutumlarını benimser ve tıpkı hastalarda olduğu gibi bu yaklaşımları içselleştirir. Aile üyeleri yakınlarının hastalığının sosyal çevreleri tarafından bilinmesi durumunda, diğerlerinin onlar ile arkadaşlık etmek istememesini, onlarla aynı ortamda çalışmaktan kaçınmalarını ve hastanın durumundan kendilerini sorumlu tutmalarını bekleyebilir. Bunun yanında toplumun kendilerinin de yakında “kontrolden çıkacağı” ya da “delireceği” beklentisinde olduğundan endişe ederek hastalığı saklama eğilimi gösterebilirler.

Kendisini damgalayan aile bireylerinde yakınının hastalığından utanma, hastalığın kötü gidişatından ve hastanın tedavi uyumundan kendini sorumlu tutma, benlik saygısında düşüş, umutsuzluk, depresyon, yalnızlık, sosyal olarak içe çekilme, değersizlik ve yetersizlik duyguları, sosyal ve ailesel

işlevsellikte bozulma, intihar düşünceleri ve algıladıkları bakım veren yükünün arttığı görülmektedir (Gonzalez, Perlick, Miklowitz, Kaczynski, Hernandez, Rosenheck & Bowen, 2007; Magaña, Ramirez-Garcia, Hernandez & Cortez, 2007; Phelan ve diğerleri., 1998; Struening ve diğerleri., 2001). Bazı hasta yakınları yakınının hastalığı hakkında konuşmanın, hastalık belirtilerini kötüleştireceğini düşünerek o konudan kaçınmaktadır.

Aileler, yakınlarının hastalandıktan sonra eski işlevselliğinde olamayacağını bilmenin yanında sıklıkla kendilerini hastalığın nedeni olarak görmektedir. Bakım verenlerin maddi zorluklara ek olarak depresyon, kaygı, gerginlik yaşadıkları, beden sağlıkları ile iş ve toplumsal yaşamlarının olumsuz etkilendiği bilinmektedir (Lefley, 1990; Magliano, Fadden, Economou, Held, Xavier, Guarneri ve diğerleri, 2000; Perlick, Rosenheck, Clarkin, Sirey, Salahi, Struening & Link, 2000; Yıldız, Yazıcı, Çetinkaya, Bilici ve Elçim, 2010).

2.4. Sağlık Çalışanlarının Damgalayıcı Tutumları

Toplumun birer üyesi olarak sağlık çalışanları da ruhsal bozukluğu olan bireylere yönelik yaygın tutum ve davranışlardan etkilenmektedir. Ruh sağlığı alanında uzmanlaşmamış olan sağlıkçıların hastalara yönelik inançları ve damgalama düzeyleri toplumun çoğunluğu ile benzerdir (Giandinoto ve diğerleri, 2018; Reavley, Mackinnon, Morgan & Jorm, 2014). Özellikle ikinci basamak acil sağlık hizmetler biriminde çalışan kişiler tedavi için başvuran hastaların komorbid fiziksel ve ruhsal hastalıkları olması durumunda zorlandıklarını belirtmektedir (Giandinoto & Edward, 2014).

Alanyazın bulguları, sağlık çalışanlarının ruhsal bozukluğu olan hastaların öngörülemez ve tehlikeli olduğunu düşündüklerini (Pescosolido, Martin, Long, Medina, Phelan & Link, 2010), bu bilişlerin korku doğurduğunu ve sağlıkçıların

tetikte olmalarına, hatta kendilerinin ve diğer hastaların güvenliğinden endişe ettikleri için komorbid ruhsal bozukluğu olan kişilere tedavi vermekte zorluk yaşadıklarına işaret etmektedir (Giandinoto & Edward, 2014). Geniş çaplı incelemeler ruh sağlığı alanında uzmanlaşmamış sağlık çalışanlarının negatif tutumlarının ruh sağlığı alanındaki bilgi ve becerilerini yetersiz olarak değerlendirmeleri ile ilişkili olduğunu, hastaların tedaviye uyum göstermeyeceği, saldırgan davranışları olacağı endişesi taşıdıklarını göstermektedir (Giandinoto & Edward, 2015; Giandinoto ve diğerleri, 2018).

Ruh sağlığı çalışanlarının da damgalayıcı tutumları olduğu ve bu durumun hastaların iyilik hallerini olumsuz etkilediği bilinmektedir. Bu alandaki en önemli öncül çalışmalardan birisi Rosenhan'ın (1973) yürüttüğü çalışmadır. Çalışma ekibi ruh sağlığı birimlerine şizofreni tanısını düşündürecek belirtiler ile başvuru yapmış, hastane yatışları gerçekleşmiş, yatıştan sonraki süreçte araştırmacılar başka bir şikayet belirtmese de sağlıkçılar onları hasta olarak değerlendirmeye devam etmişlerdir. Buna göre ruh sağlığı çalışanları hasta olan bireyler ile olmayanları ayırt etmekte zorlanmakta ve bir kişi bir kez tanı aldığında sağlıklı davranışlar gösterse bile bunları fark edememekte ve hatta sağlıklı kabul edilecek davranışları hastalık belirtilerine yorma eğiliminde olmaktadır.

Ruh sağlığı çalışanlarının damgalayıcı tutumlarına en çok maruz kalan hasta grubu borderline kişilik bozukluğu hastalarıdır. Araştırmalar psikiyatri birimi çalışanlarının şizofreni ve depresyon hastalarına kıyasla bu hasta grubuna daha az empatik yaklaştığını, daha çok sosyal mesafeli davrandıklarını, hastalığın gidişatı ile ilgili daha olumsuz beklentileri olduğunu göstermektedir (Bodner, Cohen-Fridel & Iancu, 2011).

“Kişilik bozukluğu” tanısı başlı başına aşağılayıcı bir anlam içermekle beraber ruh sağlığı çalışanlarının bu hasta grubunu “daha zor” olarak tanımladıkları, hastaların tedavide sorun çıkardıklarını belirttikleri ve hastalara karşı daha olumsuz duygu ve bilişleri olduğunu göstermektedir (Deans & Meocevic 2006). Psikiyatrist ve psikologlara kıyasla hemşirelerin daha çok bu olumsuz tutum ve inanışları taşıdıkları saptanmıştır (Bodner ve diğerleri, 2011). Hastalığın doğası gereği duygusal dengesizlikleri olan, dürtü kontrolünde sorun yaşayan, sıklıkla kendine zarar verme ve intihar eğilimleri olan hastaların tedavi uyumları da düşük olabilmektedir. Ancak sağlıkçıların bu durumları diğer hastalıklara (şizofreni ve depresyon) kıyasla daha çok hastaların kendi özelliklerine ve kontrollerine atfettikleri bilinmektedir.

3. DAMGALAMA İLE MÜCADELE

Damgalamanın olumsuz etkileri düşünüldüğünde, ruhsal bozukluklara yönelik toplumsal ve içselleştirilmiş damgalamayı azaltmak ya da önlemek için çalışmalar yapılmasının hastaların iyilik hallerini, tedavilere uyumlarını, psikososyal uyumlarını ve yaşam kalitelerini olumlu etkilemek için büyük önem taşıdığı söylenebilir. Çeşitli ruhsal hastalıklara yönelik damgalama karşıtı çalışmaların Türkiye’de ve dünyada yürütüldüğü görülmektedir. Ruhsal bozukluklara yönelik damgalama ile mücadelede psikoeğitim, toplumsal bilinçlendirme kampanyaları, grup, aile ve bireysel terapi yöntemleri kullanılmaktadır.

Toplumsal damgalama ile mücadelede kullanılan üç temel stratejiden söz edilebilir (Penn & Corrigan, 2002). Bu stratejilerden ilki karşı gelme yöntemidir. Bu yöntem ruhsal bozukluklara karşı damgalayıcı tutumların ve tutumları teşvik eden davranışların bastırılmasını, yok sayılmasını içerir. Ancak kişilerden tutumlarını bastırmalarının istenmesi bilişsel çelişki

doğurabilir, yapılacak müdahaleye uyumlarını azaltabilir ve hatta ruhsal hastalığı olan bireylere karşı daha olumsuz tutumlar geliştirmelerini doğurabilir.

Bir diğer strateji eğitimidir. Toplum ve/veya hastaların damgalayıcı inanç ve tutumlarının fark edilmesi ve bu tutumların hastalıkla ilgili doğru kavramsallaştırmalar ve inanışlar ile yer değiştirmesi üzerine odaklanır. Psikoğitim oldukça sık kullanılan ve kısa sürede birçok kişiye ulaşılmasını kolaylaştıran bir stratejidir. Temel amacı hastalıklar ve damgalamanın doğası ile ilgili farkındalık ve bilgi düzeyinin artırılmasıdır. Son dönemlerde internet siteleri aracılığıyla daha çok insana ulaşmayı hedefleyen eğitim programları da tasarlanmaktadır.

Son strateji ise temas yöntemidir. Bu yöntemde hasta bireyler ile damgalayanların bir araya getirilmesi temeldir. Hasta bireyin hastalık sürecini, damgalanma deneyimlerini diğer bireyler ile birinci ağızdan paylaşmasına dayanır. Temas yöntemi, kısa sürede daha çok kişiye ulaşabilmek için video kayıtları ile de uygulanmaktadır. Ancak araştırmalar yüz yüze temasın tutum ve davranış değişikliği açısından video ile temastan daha etkili olduğunu göstermektedir (Corrigan, Morris, Michaels, Rafacz & Rüsch, 2012).

Bu üç yöntem kıyaslandığında toplumsal damgalama ile mücadelede psikoeğitim ve temas yöntemlerinin azaltıcı etki yaptığı görülmüştür. Yetişkin bireylerde temas yöntemi daha etkili iken, ergenlerde psikoeğitimin temastan daha etkili bir yöntem olduğu bulunmuştur. Bu durumun ergenlerin ruhsal bozukluklara yönelik inançlarının yetişkinler kadar yerleşmemiş olması ve bilgi düzeyinin artırılması ile inançların değişmesine olanak sağlanabileceği yönünden tartışılmaktadır (Corrigan ve diğerleri, 2012; Corrigan, Powel & Michaels, 2014; Corrigan, Kosyluk, Markowitz, Brown, Conlon, Rees ve diğerleri, 2016).

Dünyada ve Türkiye’de büyük çapta toplumsal bilinçlendirme kampanyaları da düzenlenmektedir. Amerika Birleşik Devletleri’nde Erase the Barriers Initiative, Avustralya’da Beyond Blue, Kanada’da Transforming Lives ve “Imagine...” ile Birleşik Krallık’ta Silence of Suicide ve Hope for the Day gibi kampanyalar yürütülmüştür. Bununla birlikte Dünya Psikiyatri Birliği’nin damgalama ile mücadele için başlattığı Open the Doors programına Türkiye’nin de dahil olduğu 28 ülke katılmış, bu amaçla ülkemizde de pek çok dernek kurulmuş, hasta ve yakınlarının da dahil olduğu Şizofreni Günleri ve senelik şizofreni yürüyüşleri düzenlenmiştir (Bilge ve Çam, 2010; Üçok 2007).

Toplumsal damgalama ile mücadelenin yanında terapötik müdahaleler içselleştirilmiş damgalama ile mücadelede bireysel ve grup formatında kullanılmaktadır. Bilişsel-davranışçı terapi (Fung, Tsang & Cheung, 2011; Luckstead, Drapalski, Calmes, Forbes, DeForge & Boyd, 2011), kabul ve kararlılık yaklaşımı (Luoma, Kohlenberg, Hayes, Bunting & Rye, 2008; Luoma, Kohlenberg, Hayes & Fletcher, 2012) ve anlatı terapileri damgalamayla mücadele yöntemi olarak kullanılmaktadır (Yanos, Roe, West, Smith & Lysaker, 2012; Roe, Hasson-Ohanyon, Derhi, Yanos & Lysaker, 2010).

Damgalamanın olumsuz etkileri ile başa çıkabilmek için toplumun bilgi düzeyinin artırılması, medya araçlarının damgalayıcı dil kullanımı ve örneklerinin denetlenmesi, halkın damgalamanın hedefi olan grupla yüz yüze temasının sağlanması önemlidir. Toplumsal damgalamanın azaltılmasının dolaylı olarak içselleştirilmiş damgalamayı azaltmada etkisi olacağı aşikardır. Bunun yanında hastaların kendilerini engelleyici tutum ve davranışları ile mücadele etmek için içselleştirilmiş damgalama ile mücadelenin önemi büyüktür. Hem toplum odaklı hem de hastalara yönelik hazırlanacak müdahale programlarında

yalnızca tutuma değil, aynı zamanda davranış değişikliğine de odaklanılması büyük önem taşımaktadır.

4. SONUÇ

Bu bölümde ruhsal hastalıklara yönelik damgalama ve damganın olumsuz etkileri ele alınmıştır. Damgalama sosyal bilişleri, tutum ve davranışları içeren karmaşık bir yapıdır. Ruhsal bozukluğu olan her birey toplumsal, içselleştirilmiş ve sağlık çalışanlarından kaynaklanan damgalamadan etkilense de bazı hasta grupları daha farklı ve daha olumsuz etkilenmektedir.

Hastalık tanımlarının da insan zihninin bir ürünü olarak kavramsallaştırıldığı göz önüne alındığında etiketlerin bir nevi insan eliyle yaratılmış sorunlara dönüşmesi kaçınılmazdır. Damgalama halihazırda hastalık nedeniyle pek çok kayıp yaşamakta olan bireylerin tedavi imkanlarından yararlanmalarını engellemekte, aldıkları sağlık hizmetlerinin kalitesini düşürmekte, hastalara ve ailelerine duygusal, sosyal ve ekonomik yükler getirmekte, bu bireylerin hayat fırsatlarını kaçırmalarına yol açmaktadır.

Bu bölümde damgalama türlerinin olumsuz etkilerinin yanında damgalama ile mücadelenin yollarına da değinilmiş; özellikle eğitim, temas ve güçlendirme yaklaşımlarının hem bireyler hem de toplum üzerinde etkili olabileceğinin gösterilmesi amaçlanmıştır. Toplumun üyeleri kadar hasta bireyler ve sağlıkçıların da damgalama ile mücadele uygulamalarına dahil olmaları önemlidir. Gelecek çalışmalarda hasta temelli yaklaşımların benimsenmesi ile toplumsal bir sorun olan damgalamaya karşı önlemlerin alınabileceği ve olumsuz etkilerin önce bireysel, sonra da dolaylı olarak ailesel ve toplumsal düzeyde en aza indirilebileceği düşünülmektedir.

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