ORIGINAL ARTICLE

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The Effect of Anxiety and Depression Scores on Attitudes to the Challenges

ABSTRACT
Objective: The purpose of this study is to observe the effects of anxiety and depression scores on attitudes to challenges according to biopsychosocial approach.
Methods: Surveys that contain demographic questions, and also 17 questions about Hamilton Depression Scale, 21 questions about Beck Anxiety Scale and 26 questions about Fatih – Bursa Scale of Attitude to Challenges were applied who referred to Ankara Training and Research Hospital. 155 surveys answered properly were considered to be evaluated.
Results: It is understood that anxiety and depression scores affect 'Outlook on Life' perspective factor in the Scale of Attitude to Challenges. High anxiety and depression scores affect 'Outlook on Life' factor negatively. It is observed that, the more individuals in a family, the worse average points of 'Outlook on Life' factors. Moreover, reading books regularly is identified as a positive effect on 'Problem Solving' factors. In addition to that, it is seen that more depression scores negatively affect 'Social Status' factors.

Conclusion: Among the depression and anxiety scores, there is a statistical difference regarding different factor scores of 'Scale of Attitude to the Challenges'. It is also observed that depression and anxiety factors affect the attitude to life challenges. In fact, 'Scale of Attitude to Challenges' which we used in our research is applied to the patients to determine these differences. Furthermore, taking depression and anxiety factors into consideration affects guidance services in the attitudes to life challenges.
Keywords: Quality of Life, Anxiety, Depression.

Anksiyete ve Depresyon Skorlarının Güçlüklere Karşı Tutumlar Üzerine Etkisi

ÖZET
Amaç: Bu çalışmanın amacı biyopsikososyal yaklaşım çerçevesinde, anksiyete ve depresyon skorları ile güçlüklere karşı tutum arasındaki ilişkinin incelenmesidir.
Yöntem: Ankara Eğitim ve Araştırma Hastanesi Aile Hekimliği polikliniklerine başvuran, okuma yazma bilen bireylere demografik sorular, Hamilton Depresyon Ölçeği ile ilgili 17 soru, Beck Anksiyete Ölçeği ile ilgili 21 soru ve Fatih –Bursa Güçlüklere Karşı Tutum Ölçeği ile ilgili 26 soru içeren anket uygulandı. Uygun şekilde doldurulan 155 anket değerlendirmeye alındı.
Bulgular: Anksiyete ve depresyon skorlarının, güçlüklere karşı tutum ölçeğindeki hayata bakış faktörünü etkilediği saptanmıştır. Anksiyete ve depresyon skorlarının yüksekliği 'Hayata Bakış' faktörünü olumsuz yönde etkilemektedir. 'Ailedeki Birey Sayısı' arttıkça 'Hayata Bakış' faktör ortalama puanlarının kötüleştiği gözlenmiştir. 'Düzenli Kitap Okumanın', 'Problem Çözme' faktörünü olumlu yönde etkilediği tespit edilmiştir. 'Depresyon' skorları arttıkça 'Sosyal Durum' faktörünün olumsuz etkilendiği görülmektedir.
Sonuç: Farklı depresyon ve anksiyete skorları olan bireylerde Güçlüklere Karşı Tutum Ölçeği faktörlerinin skorları bakımından istatiksel farklılık mevcuttur. Depresyon ve anksiyete faktörünün güçlüklere karşı tutumu etkilediği görülmektedir. Çalışmamızda kullandığımız, daha önce geliştirilmiş olan Güçlüklere Karşı Tutum Ölçeği bu farklılıkları belirlemek için kullanılır. Hayatın güçlüklerine karşı göstereceğimiz tutumlarda da anksiyete ve depresyon faktörünün göz önünde tutulması bu konuda verilecek olan rehberlik hizmetlerini etkileyecektir.
Anahtar Kelimeler: Yaşam kalitesi, Anksiyete, Depresyon

INTRODUCTION

A holistic approach that is underlined of the psychosocial model; is a core competence of family practice. In this attitude; illnesses are evaluated together social, psychiatric and behavioral (1). So, psychiatric diseases are our limelight in family practice. Furthermore, a family of individual and social circle of individual is dialed together in solving problems and arrangement of treatment (1).

Anxiety diseases are the most seen psychiatric diseases at curtail step. Generalized anxiety disorder (GAD) and panic disorder (PD) is the most common among them. Anxiety is a condition that occurs when individuals feel threatened by the problems arising in a variety of situations, and feelings of heaviness, together with some physical reactions which caused by them. Anxiety, which is admitted normalcy and is occasionally lived by everyone, could return to the pathological case with becoming grave (2).

Anxiety disorders affect the social life of persons negatively. Anxiety disorders cause loss weekdays, reduce the quality of life about health and decrease functionality (3). All of these cause high cost from the point of community health. At curtail step, delaying in the treatment and diagnosis of anxiety disorders cause reducing the quality of patients' life and be in use of the health cares needlessly (4). Fifty percent of the diagnoses for anxiety disorders are diagnosed by the primary care physician (5).

Anxiety disorders cause clinically a distinctive boredom or breakdown functionality referring to DSM-IV. This situation affects the result of Fatih-Bursa Scale of Attitudes towards difficulties that measures social events (6).

Mood disorders are frequently seen at curtailing step. Major Depression Disorder (MDD) is characterized by permanent mood poverty and anhedonia along two weeks serial. Regressing of social functions in 'Major Depression Disorders' effects individual's attitudes against difficulties (7). Fatih-Bursa Scale for attitudes towards difficulties, measures social functions.

Results of many studies impart us that depression and anxiety occur together. It is thought as they are different disorders because of their clinic features, treatments and pathophysiology. It is found that they are related to each other's in the way of mutual risk factors and being triggering factor (8).

Individual's attitudes against difficulties and being able to cope abilities are important in terms of getting over mental disorders easily. Life stresses, sources, coping skills and results of health are related with each other's.

In this study we used 'Fatih-Bursa-Difficulties Questionnaire, Attitudes to Face Our Challenges' we have identified factors related with manner. These factors are: A- Thoughts for challenges, B-Overview of life C-Problem solving, D-Target and ideals E-Social conditions (9). The used scale factor has five factors consists of 26 questions. Five-point Liker-type scoring was used for replies. Survey forms were analyzed using SPSS, reliability and factor analyzes were performed, and the validity was assessed. Predetermining of the individual's different attitudes to the challenges of life is very important for preventive medicine and psychosocial studies on this issue (10).

In this study we aim to observe the relationship between the anxiety scores and depression score on attitudes to the challenges.

MATERIAL AND METHODS

This study was implemented as part of family guidance project. It is an observational, analytic and prospective study. In our study survey method was used. First of all, hospital ethics committee discussion was taken. The study was implemented on the basis of 150 individuals and they are referred to family practice polyclinics and have different anxiety and depression scores. Informed consents were taken from participants who were attended to our study.

The individuals with a rightful mental health and who know to read and write participated to our study. Beck Anxiety Scale and Hamilton Depression Scale were applied to the individuals and according to this scale, these people were grouped into three groups as severed anxiety, depression and control groups. The 'Beck Anxiety Scale, Hamilton Depression scale and Fatih-Bursa Scale of Attitudes towards Difficulties scale' was applied to the participants. The individual's ages, sexualities, educational levels, educational levels, marital statuses, the number of children in the family, the regularity of reading books and making sports were unregistered demographically (Table X).

There were 21 questions in Beck Anxiety Scale; 17 questions in Hamilton Depression Scale, 26 attitude sentences in Fatih-Bursa-Scale of Attitudes towards difficulties (Table Y).

Scoring was done with 'liker scale with five points' in Fatih-Bursa Scale of Attitudes towards difficulties according to self-instruction in anxiety and depression scale. (I. Never disagree: If the sentence never disagrees with you, II. Disagree: If the sentence disagrees with you mostly, III. Neutral: If you are uncertain about the sentence, IV. Some agree: If the sentence is suitable for you, V: Certainly agree: If the sentence is completely suitable for you). Then, scores of the negative sentences were converted by making a subtraction of their score from 6. Factor mean scores were calculated, using 'factors in Scale of Attıtudes towards difficulties scorecard' as a key (Table Z).

Table X. Fatih-Bursa-Scale of Attitudes Towards Difficulties

THOUGHTS ABOUT DIFFICULTIES	
6. Difficulties add color to life	
9. I enjoy solving the problems of life	
11. Encountering difficulties develops people's personality	
17. In face of problems, I calmly try to find a solution	
15. It is normal to meet challenges in life	
21. Difficulties make people strong	
25. Difficulties add spice to life	
OUTLOOK ON LIFE	**SOLVING PROBLEMS**
3. Life is a heavy burden (N)	1. I ask for help from a stronger person on problems that I can't solve
8. Life is unbearable (N)	7. I always receive social support from my family
14. When faced with a difficult or challenging situation, I feel a lot of (N)	22. I pray for help to solve my difficult problems
16. In life, people are like prisoners with fettered feet (N)	26. When people feel helpless, they should get in touch with the almighty
20. People begin full of life and wind down to exhaustion (N)	
AIMS AND IDEALS	**SOCIAL STATUS**
2. People should serve society	5. Socially, I am often alone and self-sufficient (N)
4. Ideals make life more worth living	10. Socially, I feel lonely (N)
12. Being able to to serve humanity is my greatest ideal	13. I have no-one I can ask for help if I'm in difficulty (N)
19. People learn new things when they meet obstacles	18. My circle of friends always support me
23. It is not a necessary thing to serve humanity (N)	24. I never like my social environment (N)

Table Y. Fatih-Bursa-Scale of Attitudes Towards Difficulties

1. I ask for help from a stronger person on problems that I can't solve
I( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

2. People should serve society
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

3. Life is a heavy burden
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

4. Ideals make life more worth living
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

5. Socially, I am often alone and self-sufficient
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

6. Difficulties add color to life
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

7. I always receive social support from my family
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

8. Life is unbearable
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

9. I enjoy solving the problems of life
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

10. Socially, I feel lonely
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

11. Encountering difficulties develops people's personality
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

12. Being able to to serve humanity is my greatest ideal
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

13. I have no-one I can ask for help if I'm in difficulty
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

14. When faced with a difficult or challenging situation, I feel a lot of stress
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

15. It is normal to meet challenges in life
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

16. In life, people are like prisoners with fettered feet
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

17. In face of problems, I calmly try to find a solution
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

18. My circle of friends always support me
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

19. People learn new things when they meet obstacles
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

20. People begin full of life and wind down to exhaustion
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

21. Difficulties make people strong
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

22. I pray for help to solve my difficult problems
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

23. It is not a necessary thing to serve humanity
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

24. I never like my social environment
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

25. Difficulties add spice to life
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

26. When people feel helpless, they should get in touch with the almighty
( ) I definitely don't agree II( ) I don't agree III( ) Undecided IV( ) Moderately agree V( ) Agree

Note: The value found by scoring the questions number 3, 5, 8, 10, 13, 14, 16, 20, 23, 24 will be deducted from 6.*Tekin O, Göktaş O, Cebeci S, "Evaluation of attitudes towards difficulties of life (A pilot study of 298 subjects in Bursa)", Yeni Tıp Dergisi, 26(2) 79-84 (2009)

Validity and reliability of Beck Anxiety Scale was performed in 1998 by Ulusoy and friends. Beck Anxiety Scale evaluates the rate of anxiety symptoms that the individual lives. The used scale was formed from 21 items, has score interval range of 0-63, and were used for evaluating anxiety. Cut of score for scale was determined as 15. The increase in the total score shows the increase in the rage of the anxiety that the individual live. It was examined with the questions that how discomfort make the individual felt uncomfortable over the last week. Answers to the asked questions were determined by giving; 0 points if no, 1 point if mild, 3 points if moderate.

Hamilton depression scale measures the level of depression and violence changing range in the patient. It was converted to 'Hamilton score' by Williams (1978). Validity and reliability of Turkish form has been done by Akdemir at all. This scale has 17 questions which are not for diagnosing. The maximum score for this scale is 21, and the minimum is zero. The evaluation was; 0-13 points: there are no depression symptoms; 14 or over points: there are depressive symptoms.

Fatih-Bursa-Scale of Attitudes towards difficulties is a scale with 5 factors and 26 attitude sentences. The value of Cronbach-alpha is 0.810. The scale factors are Thoughts about difficulties, Outlook on life, Solving problems, Aims, Ideals and social status (Table X).

The surveys were applied to 155 people composed of 44 men and 111 women and acquired data were applied to SPSS (Statistical Package for the Social Sciences) statistical software package version 15.00 was assessed by entering.

The 5-point liker-type scale was used in the evaluation of attitude sentences. (I. Absolutely Disagree, II. Disagree, III. Undecided, IV. Mildly agree, V. Strongly agree). The rating of the sentences which are reverse of the concept that the factor expressed, was scored by subtraction of the score from 6 (reverse scoring) (Table Z).

Table Z. Fatih-Bursa Scale of Attitudes Towards Difficulties; Points Table

QUESTION NUMBER		1-THOUGHTS ABOUT DIFFICULTIES	2-OUTLOOK ON LIFE	3-SOLVING PROBLEMS	4-AIMS AND IDEALS	5-SOCIAL STATUS
1						
2						
3	6-					
4						
5	6-					
6						
7						
8	6-					
9						
10	6-					
11						
12						
13	6-					
14	6-					
15						
16	6-					
17						
18						
19						
20	6-					
21						
22						
23	6-					
24	6-					
25						
26						
	TOTAL POINTS					
	AVERAGE POINTS					
	PERCENTILES					

At first, factors of the average score were calculated. Then, the working group's features such as anxiety, depression, age, its distribution according to control groups etc. were revealed with descriptive type of analysis (Number, Percentage, mean, SD). The other factors effects (age, occupation, gender, regular reading, number of children, number of family members and the school year) that may be effective on 'Difficulties Attitude Against Factors' were evaluated with Factorial ANOVA test. The effects of factors that are deemed significant were evaluated with Spearman correlation and Mann-Whitney U test by independent groups. P value of less than 0.05 was considered significant statistically.

Ethical aspects: The study protocol was approved by the ethical committee of Ankara Training and Research Hospital.

RESULTS

The study included 155 people. There were 44 male and 111 female who took part in the study. The average age of men and women were 29.4 and 33, respectively. As shown in Table 1, the average number of children in men was 0.57 and in women 1.0. The average number of people in men's and women's family was 4.05 and 3.98, respectively. Total education period of men and women was 13.9 and 12.2, respectively. When the marital status evaluated, it was seen that the number of married men were 17 and women were 51. The Average percentage of married men was 39 % and women were 46 %.

Table 1. Demographic Characteristics of Study Group

Parameters	Male	Score	Mean ±Sd, Score(%)	Female	Score	Mean ± Sd, Score(%)	P
Age		44	29,4 ± 13,2		111	33 ± 14	NS
Education Year		44	13,9 ± 3,4		111	12,2 ± 4,2	0,013*
Number of People		44	4,05 ± 1,2		111	3,98 ± 1,2	NS
Number of children		44	0,57 ± 0.87		111	1,00± 1,2	0,006*
Married		44	17 (%39)		111	51 (%46)	NS

As it is evaluated in terms of habits of doing sports regularly, the number of men and women who make sports regularly was 13 (30.9%) and 29 (69.1%), respectively (Table 2). There wasn't any meaningful difference between men and women who make sports, by using chi-square analysis.

Table 2. Participants evaluate in terms of habits of doing sports according to gender

Parameter	Male	Score	(%) Avg ± Ss,	Female	Score	(%) Avg ± Ss,	Total(%±,Ss)
REGULAR SPORT							
People doing it		13	(30,9)		29	(69,1)	42 (100)
People not doing it		31	(20,7)		82	(79,3)	113(100)

In terms of reading book regularly; the number of men and women who read book regularly was 14 (29.8%) and 45 (70.2%), respectively. The results are shown in Table 3. There wasn't any meaningful difference between men and women who read book regularly by using chi-square analysis.

Table 3. Evaluation of Participants' Habits of Reading Regulary According to Gender

Parameter	Male	Score	(%) Avg ± Ss,	Female	Score	(%) Avg ± Ss,	Total (%±,Ss)
Regular reading habit							
People reading regularly		14	(29,8)		45	(70,2)	59 (100)
People not reading		30	(39,2)		66	(60,8)	96(100)

There wasn't any significant difference statistically for the factors of 'attitude to the challenges scale' in men and women participated in the study. As seen in Table 4 there were 11.93 men and 17.62 women whose score of Back anxiety were positive when it is analyzed in terms of Back anxiety scale. The number of men and women whose Hamilton depression scale score were positive were 5.32 and 8.96, respectively.

Table 4. Beck Anxiety, Hamilton Depression and Attitude to the challenges scores according to gender

Scale	N	Male	N	Female	P
BECK	44	11,93 ±9,35	111	17,62±11,9	0.005**
HAMILTON	44	5,32 ± 5,76	111	8,96±6,47	0.001**
TAD	44	5,87 ±13,00	111	3,91±0,68	NS
OL	44	3,07±0,89	111	2,96±0,88	NS
SP	44	4,01 ± 0,60	111	4,15±0,59	NS
AI	44	4,16 ±0,73	111	4,25±0,60	NS
SS	44	3,85±0,90	111	3,91 ±1,17	NS

TAD: Thoughts about difficulties, OL: Outlook on life, SP: Solving problems, AI: Aims and ideals, SS: Social status

Depression and anxiety scores in women were higher than men. There were no significant findings statistically when the other factors that may affect the factor (Thoughts about difficulties) were analyzed together (Table 5).

Factorial Anova analysis was performed to evaluate the possible effects of other independent factors (gender, age, marital status, years of education, make sports regularly, regular reading, number of children, number of family members, the score of Beck Anxiety, the score of Hamilton Depression) on the participants' scores that were taken from each of the factors in the scale.

Table 5. Analysis of factors affecting 'Thoughts About Difficulties' Factor; Dependent Variable: **TAD**

Source	Type III Sum of Squares	df	Mean Square	F	*Sig.*	Partial Eta Squared
Model	3665,013(a)	11	333,183	6,976	,000	,348
Gender	123,430	1	123,430	2,584	,110	,018
Doing sport regulalry	31,488	1	31,488	,659	,418	,005
Reading regularly	10,927	1	10,927	,229	,633	,002
Marital status	,116	1	,116	,002	,961	,000
Age	53,520	1	53,520	1,121	,292	,008
Education year	,300	1	,300	,006	,937	,000
Number of family members	103,586	1	103,586	2,169	,143	,015
Number of children	7,432	1	7,432	,156	,694	,001
Score of Beck Anxiety	29,276	1	29,276	,613	,435	,004
Score of Hamilton Depression	,119	1	,119	,002	,960	,000
Error	6877,431	144	47,760			
Total	10542,444	155				

a R Squared =,348 (Adjusted R Squared =,298)

When the other factors, which can affect the factor of "Outlook on Life", were analyzed together, it was seen that the effective factors were: the number of family members, Score of Hamilton Depression (SHD), Score of Beck Anxiety (SBA), as shown in Table 6. The number of family member in the correlation analysis effects outlook on life factor score, negatively (Spearman's rho= -2.18, n= 155, p=0.006). Moreover, Score of Hamilton Depression in the correlation analysis also affects HB factor score, negatively (Spearman's rho= -2.96 n= 155, p< 0.001). Score of Beck Anxiety in the correlation analysis also effects HB factor score, negatively (Spearman's rho= -3.28, n= 155, p<0.001).

Table 6. Analysis on the factors affecting 'Outlook on Life' Factor; Dependent Variable: **OL**

Source	Type III Sum of Squares	df	Mean Square	F	*Sig.*	Partial Eta Squared
Model	1416,168(a)	11	128,743	192,009	,000	,936
Gender	,725	1	,725	1,081	,300	,007
Doing sport regulalry	1,019	1	1,019	1,520	,220	,010
Reading regularly	,296	1	,296	,442	,507	,003
Marital Status	,128	1	,128	,191	,663	,001
Age	,336	1	,336	,501	,480	,003
Education year	1,054	1	1,054	1,572	,212	,011
Number of family members	2,985	1	2,985	4,453	,037	,030
Number of children	,192	1	,192	,287	,593	,002
Score of Beck Anxiety	3,140	1	3,140	4,683	,032	,031
Score of Hamilton Depression	6,426	1	6,426	9,584	,002	,062
Error	96,552	144	,671			
Total	1512,720	155				

a R Squared =,936 (Adjusted R Squared =,931)

The cases were divided into four groups according to the level of depression, anxiety and normality. The scale scores of the first group were SBA <15 and SHD<14(normal group), 2. Group SBA => 15 SHD< 14(anxiety group), 3. Group SBA<15 SHD=>14(depression group) and 4. Group SBA=>15 and SHD=>14 (anxiety+depression group) were shown in Table 7. Multi binary comparisons of each group were done according to average value of scale factors. Statistically significant ones are determined by One-way anova analysis. Significant differences between Group 1 and Group 2 (3,31±0,83, 2,84±0,8 p=0.019) and between Group 1 and Group 4 (3,31±0,83, 2,5±0,92 p<0.001) in the multi binary comparison.

Table 7. Scale of attitudes towards difficulties scores on groups of Anxiety and Depression.

GROUP		N	Minimum	Maximum	Mean	Std. Deviation
Group 1 SBA<15 & SHD <14	TAD	67	1,17	90,00	5,2935	10,53122
	OL	67	1,40	6,40	3,3134	,83646
	SP	67	2,50	5,00	4,1866	,58443
	AI	67	2,40	5,00	4,1881	,71679
	SS	67	2,20	11,40	4,3313	1,14339
	Valid N (listwise)	67				
SBA => 15 SHD< 14	TAD	49	1,83	5,00	3,9728	,69833
	OL	49	1,20	4,40	2,8449	,80236
	SP	49	2,75	5,00	4,1224	,68489
	AI	49	2,80	5,00	4,2531	,63084
	SS	49	1,20	5,00	3,7020	,90749
	Valid N (listwise)	49				
SBA<15 SHD=>14	TAD	13	2,17	5,00	3,7051	,75202
	OL	13	1,80	4,40	2,9077	,85874
	SP	13	3,00	5,00	4,0385	,57596
	AI	13	3,40	5,00	4,2154	,51937
	SS	13	1,00	4,80	3,2615	1,12364
	Valid N (listwise)	13				
SBA=>15 & SHD=>14	TAD	26	1,83	5,00	3,6859	,62951
	OL	26	1,00	4,60	2,5077	,92127
	SP	26	3,25	5,00	3,9712	,49662
	AI	26	3,00	5,00	4,3077	,52834
	SS	26	1,60	5,00	3,4923	,92127
	Valid N (listwise)	26				

In table 8, it was seen that reading book regularly is effective when the other factors that may affect the solving problems factor. In multi binary comparison, when the independent groups were analyzed, it was observed that the ratio of the ones who read book regularly was higher than the ones who do not read (4.22±0.56, 4.04±0.61).

Table 8. Analysis on factors affecting 'Solving Problems' Factor; Dependent Variable: **SP**

Source	Type III Sum of Squares	df	Mean Square	F	*Sig.*	Partial Eta Squared
Model	2634,964(a)	11	239,542	698,985	,000	,982
Gender	,847	1	,847	2,470	,118	,017
Doing sport regularly	,071	1	,071	,207	,650	,001
Reading regularly	1,669	1	1,669	4,869	,029	,033
Marital status	,015	1	,015	,043	,836	,000
Age	,193	1	,193	,563	,454	,004
Education year	,202	1	,202	,590	,444	,004
Number of family members	,720	1	,720	2,101	,149	,014
Number of children	,455	1	,455	1,327	,251	,009
Score of Beck Anxiety	,703	1	,703	2,050	,154	,014
Score of Hamilton Depression	,926	1	,926	2,701	,102	,018
Error	49,349	144	,343			
Total	2684,313	155				

a R Squared =,982 (Adjusted R Squared =,980)

The other factors that may affect 'Aims and Ideals' factors together, it was seen that there was no statistically significant findings, as shown in Table 9. The other factors that may affect 'Social Status' factor together, it was seen that there was statistically significant findings to score of Hamilton depression, were shown in Table 10. SS factor scores were compared between groups. Pairwise comparison between group 1 and group 2 (4.33 ± 1.14, 3.7 ± 0.9, p = 0.008), between group 1 and group 3 (4.33 ± 1.14, 3.26 ± 1.12, p = 0.005) in group 1 and group 4 of (4.33 ± 1.14, 3.49 ± 0.92, p = 0.003) were significantly different.

Table 9. Analysis on the factors affecting 'Aims and Ideals' Factor; Dependent Variable: **AI**

Source	Type III Sum of Squares	df	Mean Square	F	*Sig.*	Partial Eta Squared
Model	2778,715(a)	11	252,610	611,517	,000	,979
Gender	,065	1	,065	,157	,693	,001
Doing sport regulary	,002	1	,002	,005	,946	,000
Reading regularly	1,073	1	1,073	2,597	,109	,018
Marital Status	,108	1	,108	,263	,609	,002
Age	,425	1	,425	1,028	,312	,007
Education year	,020	1	,020	,050	,824	,000
Number of family members	,589	1	,589	1,426	,234	,010
Number of children	,179	1	,179	,432	,512	,003
Score of Beck Anxiety	,124	1	,124	,299	,585	,002
Score of Hamilton Depression	,183	1	,183	,444	,506	,003
Error	59,485	144	,413			
Total	2838,200	155				

a R Squared =,979 (Adjusted R Squared =,977)

Table 10. Analysis on the factors affecting 'Social Status' factor; Dependent Variable: **SS**

Source	Type III Sum of Squares	df	Mean Square	F	*Sig.*	Partial Eta Squared
Model	2400,271(a)	11	218,206	215,500	,000	,943
Gender	3,546	1	3,546	3,502	,063	,024
Doing sport regularly	2,086	1	2,086	2,061	,153	,014
Reading regularly	,037	1	,037	,036	,849	,000
Marital status	1,033	1	1,033	1,020	,314	,007
Age	1,995	1	1,995	1,970	,163	,013
Education year	2,796	1	2,796	2,762	,099	,019
Number of family members	,735	1	,735	,725	,396	,005
Number of children	,660	1	,660	,652	,421	,005
Score of Beck Anxiety	1,958	1	1,958	1,934	,166	,013
Score of Hamilton Depression	12,391	1	12,391	12,237	,001	,078
Error	145,809	144	1,013			
Total	2546,080	155				

a R Squared =,943 (Adjusted R Squared =,938)

DISCUSSION

In our study; we examined many independent factors that may affect attitudes towards difficulties scale's factors together with anxiety and depression score. When viewed from this aspect ıt was seen that anxiety and depression scores affected "Outlook on life" factor together. It was commented that the negative correlation between 'outlook on life factor' with 'anxiety and depression scores' and the raise in the depression and anxiety scores affects view of life negatively.

"Outlook on life" factor constitutes an important component for 'attitude towards difficulties' (6). Similarly in another reference; it was remarked that being optimistic affects coping difficulties of life positively (11). In our moral values we also discussed about this, and there is ~~an~~ advice about this, that says "if you see well, you think good, and if you think good you could enjoy from your life" (12).

In our study as we found the negative effects of depression and anxiety about outlook on life factor, we have proved how mental healthy affects one's view of life. In the other studies ıt's remarked that depression's negative impacts affect individual's life expectancy in a bad way, and effect the individual, look the life more negatively. According to Beck, the reason of depression is disorders of cognitive function. There are negative concepts and thoughts from early life stage that called "cognitive structure" that develop to the person oneself, world and future in the people who tend to depression.

According to DSM-IV; there is a negative viewpoint to world, future and oneself generally, in the thoughts of depressive people. They look to the future hopelessly, and look to the past contritely. The life is unnecessary, senseless for them and they are not able to enjoy from life; in this way there is no meaning of survival. People, who believe in a creator or supernatural power, trust in a power that is above everything and they rely on this power. They adopt an attitude so they could resist stressing and could control their panic. In that respect,

depression could rise as a reason of retrogression at viewpoint or people could defend oneself from depression with progressing viewpoint of life.

A family is expressed as a social community that has a limited population, that is basic on genetic and emotional dependence, and has a solidarity that doesn't transfer the other (13). In our study, it was determined that the number of the individuals in a family as an independent factor, affects 'Outlook on life' factor negatively. Similar to our study, it was observed that in crowded families individuals tends to show behavior troubled and look at the life and future negatively, in another study (14). Resulted that as the number of family increases, the emotional response decreases and level of misery and pessimism increases (15).

Parents in the most of the large families stated that they have difficulties in managing life and they don't have any time to talk about their problems so they are in disagreement. Because of these, their unhappiness and dunes against to life increases (16).

In our study it was determined that as a ındependent factor Hamilton depression scale effects social situation factor negatively. In another study there is a statistically significant negative relation between family, friend, social support scores and depression scores and there is a statistically significant positive relation between depression and loneliness. In many studies it was asserted that migrations and other psychiatric disorders are basis risk factors for development of depression (17).

In biopsychosocial opening there could be biological component, genetic factors, environmental factors and physiologic factors (smoking, diet, exercise). Psychological factors could be cognitive, effective and behavioral (faiths, expectations, personality and methods of coping). Social factors could be social values, social supports and social systems like family and school. These three factors interact with each other constantly (18). In this model; negative events that cause stress and psychological conflicts are potential pathogens for people (19).

Depression is the riskiest illness with suıcıde within psychopathologic syndromes. Also one of the risk factors of suicide is source of stress that is created by social system. Interpersonal difficulties between family and adolescent, marital status, living conditions in the house, problems between siblings, problems between relatives, problems between teachers-directors-students, difficulties about flirt, isolation and alienation in interpersonal relationships are regarded like these (20). Having knowledge and supportive international relational is a protective factor against suicide behaviors (21).

Besides, it is known that using social support webs is a supportive behavior and it is a 'getting through contraption' against depression and hopelessness (22). Social support acts as a protector buffer against psychological difficulties that encountered in life. In our study; it is commented that negative relation between depression and feeling persons social support near of them, feeling positive in terms of social in that regard; if depression decrease; coping up with difficulties is effected positively.

In our study, it was shown that regular reading as an independent factor has positive impact on solving problem factor. As similar to this observation, it was asserted by Ekici et al. that time of reading and kinds of the books impacts the ability of students in solving problems positively.

CONCLUSION

Mental hygiene is very important socially because they are endemic advanced acute stage; it can end up with losing ability and being ill physically like hypertension, diabetes and arthritis (23). In this context, education society and personals are studied ın curtail step is very important.

Depression that is the most frequently seen as psychological disorder at curtailing step causes lower job performance, unnecessary laboratory tests, referrals, often appeals, to spend work long time. So depression is an illness with high costs in terms of public health care (24). If depression is realized, treated and referred to a second step treatment and psychotherapy; people will look positively to life and it will lead to people becoming more analytical and constructive to events.

In the same way anxiety is another illness that is frequent in curtail step and have important effect for practicing physician. Duration and intensity of anxiety leads depression. Anxiety affects negatively one's attitude of life. The assignment of curtail step is to diagnose suspicious people or the patients, and to treat punctually, to plan and apply effective seminars that brings positive perspective.

The me-time of the individuals in terms of physical and physiological decreases, as the number of children increases in a family. So, the duty of a family doctor who aims to evaluate people in terms of biopsychosocial process is, to be conscious for having a baby and inform them about this subject.

As social support decreases, the tendency of depression or range of depression increases. This conclusion shows that depression is very important in people's life. So, primer care physicians cannot leap this subject in approaching to these people.

It has to be remembered that bringing reading habit to people helps about solving problems easier. Being known of mental illness at curtail step; treating them before becoming chronic; tracing of chronic illness affects positively both public health of people and attitudes towards difficulties.

For that purpose; it must be our aim that educations of primary care physicians to recognizing psychiatric disorders have to be supported; education of midwives and nurses have to be practiced and sensed the mental healthiest like a part of general healthy.

STUDY LIMITATIONS

Although our study reaches quite original results, this study reflects only the characteristics of Turkish society. For this reason, in order to reach international results, the similar studies should be conducted in other societies and cultures.

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