THE RELATIONSHIP BETWEEN PSYCHOLOGICAL SYMPTOMS AND SELF-ESTEEM OF THE STUDENTS FROM TURKISH AND TURKIC SOCIETIES IN TURKEY

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Abstract:

The aim of this study is to investigate the relationship between psychological symptoms and self-esteem of students from Turkish and Turkic Societies who are studying in Turkey. The study has a survey research design. The study group consists of 207 university students from Turkish and Turkic Societies (23 females and 184 males). For data collection two instruments were used. The first was a "Self-Esteem Scale" which was developed by Arıcak (1999). The second instrument was a Psychological Symptoms Checklist (SCL-90-R) developed by Derogatis and Cleary (1977). Turkish validity and reliability studies of the checklist were conducted by a variety of researchers (Tufan, 1987; Kılıç,1987; Dağ, 1991; Vergili and Ebru, 1998). The research results indicate a negative correlation between self-esteem and somatisation, anxiety, obsession, depression, interpersonal sensitivity, paranoid thinking, anger, phobic and general symptoms index of students from Turkish and Turkic Societies. Psychological symptoms of students from Turkish and Turkic Societies significantly explained their self-esteem. Moreover, anger, obsession and psychotic symptoms, respectively, were important predictors of self-esteem. The research results revealed that almost 50% of these students showed psychological symptoms at various levels.

Keywords: Students from Turkish and Turkic Societies, Self-Esteem, Psychological Symptoms, anger, obsession, psychotic symptoms

Introduction

Turkey is an attractive country for Turkish and Turkic Societies for several reasons such as historical connections, shared language, cultural heritage, neighbouring relationships, economic and social factors. However, due to social and/or political circumstances it took years for this interest to turn into mutual strong relationships. The appropriate context for stronger relationships appeared at the end of the eighties with the disintegration of the Soviet Union. Following the independence of many countries in the union, collaboration in various areas took place between Turkey and these countries, in particular with the countries known as the Turkish Republics (Uludağ and Mehmedov, 1992, Artam, 1993). Although relationships improved in many areas, collaboration in education is of particular interest. This involves a wide range of co-operation defined by mutual agreements including student exchanges and joint educational investments.

When people change their living environment for reasons such as education or immigration cultural interactions in the new living environment become a source for many sociological and/or psychological problems (Batlaş and Steptoe, 2000, Hertz, 1988, Soares and Grossi, 1999).

The university life is quite an important period in personal life as it is a transitory stage from adolescence to adulthood. Moreover, university life, alongside many problems, provides opportunities for the young people to know and improve themselves. In this environment the university student is expected to acquire the necessary knowledge and skills to develop mechanisms which will ensure a healthy psychology and/or help overcome problems (Ekşi 1982; cited in Yeşilyaprak, 2002). However, first year university students are deprived of the support provided by

their families when they start living away from them for the first time in their lives and face various challenges as they have to struggle on their own (McCabe, Blankstein and Mills, 1999). While individuals who move within the same country, such as people who migrate from the village to the city, experience adaptation problems, it would be an illusion to disregard problems of immigrants from other countries or to assume that they would not experience any problems (Kulaksızoğlu, 1998).

Being a university student in Turkey and the university life have the qualities of an environment which would arouse anxiety and stress. These could reveal themselves as problems such as academic, occupational, family, social adaptation, depression and the like (Özbay, 1996). This is also true for the students who come to Turkey to study abroad and who would also need to overcome many issues that arise from trying to adapt to the new country. The challenges brought by the changes may sometimes result in a negative evaluation of the self and deteriorate the psychological health of the students due to weakened social relationships (McCabe et al, 1999). On the one hand, the student tries to adapt to the changes in his/her environment, and on the other s/he tries to develop an identity of his/her own "self". As the university years provide a transitional stage from adolescence to adulthood, individuals need to overcome many issues during this period such as identity development (Çuhadaroğlu, 1989). During this period, adolescents who go through an identity crisis and who fail to effectively solve the problems in their lives may more frequently show psychological symptoms and have low self-esteem (Türkbay, Özcan, Doruk and Uzun, 2005). On the other hand, when people solve the problems they encounter in a suitable manner, they achieve their aims, are more satisfied due to increased self-esteem and life quality and thus psychologically healthier (D'Zurilla, Chang and Sanna, 2003; Heppner and Anderson, 1985; Heppner and Baker, 1997; Heppner, Witty and Dixon, 2004; Nezu and Perri, 1989, McCabe et al, 1999). During the development of the self, the individual who has positive interactions with his/her own self and surroundings would feel valued and develop self-esteem. Therefore, the development, consistency and continuity of the self depend on self-esteem (Gander and Gardiner, 1995).

The concept of the self defines the way an individual perceives himself/herself and his/her roles in life. Self-esteem, on the other hand, includes the feelings and thoughts about the self (İnanç, 1997). Self-esteem is the individual's definition of the self (Laing, 1993) and a like-dislike attitude towards the self (Rosenberg, 1965). Leading factors in the formation and development of self-esteem are feeling valued, being able to express skills, knowledge and abilities, being successful, being liked by others, being accepted, being loved and accepting the physical characteristics of oneself (Yörükoğlu, 1986). People with high self-esteem take risks to achieve their targets, have self-confidence and are more ambitious. People characterised with low self-esteem or with a tendency to protect their self tend to refrain from situations which could cause rejection and embarrassment and stay away from undesirable circumstances while seeking success and respect at the same time (Baumeister, Tice and Hutton, 1989; Tice, 1993). Research indicates extensive influence of self-esteem on human behaviour (Wylie, 1979). A sufficient level of self-esteem is central to the individual's adaptation to society and intellectual health (Chan and Lee, 1993; Rosenberg, Schooler and Schoenbach, 1989). High self-esteem plays an important role in happier, more effective, successful and confident relationships between the individual and the surroundings (Coopersmith, 1967). According to the results of a study by Garaigordobil, Perez and Mozaz (2008) students with a high concept of self and high self-esteem show less psychopathologic symptoms and behavioural problems. Moreover, research also indicates that people with low self-esteem experience depression (Abela, 2002; Biby, 1998; Gross and John, 1997; Krizan and Suls, 2009; Wylie; 1979; Rosenberg, Schooler and Schoenbach, 1989) and obsessive-compulsive symptoms (Biby, 1998; Bornstein, 1992) more.

Psychologically healthy students during the university years, which is an important period in the individual's life, is crucial for them to adapt to their surroundings and to effectively deal with stressful and anxiety provoking situations (Deniz, 2006). Therefore, an investigation of the psychological symptoms and self-esteem of the university students from abroad is crucial in terms

of the psychological counselling services provided. Research on the students from Turkish and Turkic Societies is quite rare (Garabayev, 2000; Otrar, Ekşi, Dilmaç and Şirin, 2002). Hence, this study would also significantly contribute to the literature in the area. The findings are also expected to yield important information for effective psychological counselling and guidance services aimed at these students. Based on the above, the aim of the present research is to investigate the relationship between psychological symptoms and self-esteem of the students from Turkish and Turkic Societies who are studying at Turkish universities. Accordingly, the research questions are as follows:

(i) Is there a significant relationship between students' self-esteem and psychological symptoms?
(ii) Do students' psychological symptoms significantly predict their self-esteem?
(iii) How many students have psychological symptom mean values at problematic levels?

Method

Research Group
This study has a survey research design. The population of research consists of the students from Turkish and Turkic Societies studying at Education, Religious studies, Sciences, Literature, Engineering and Architecture and Law faculties of Selcuk University. The research group consisted of a randomly selected group of volunteer students from Turkish and Turkic Societies studying at the above faculties. There were 207 students in the research group who were 16-28 years old ($\overline{X}$=21.42, ss. 2.34). 23 students in the group were female while 184 were male.

Data Collection Tools
Psychological Symptoms Checklist (SCL 90)

SCL–90-R checklist is designed to investigate psychological symptoms and complaints in 90 items and 9 symptom dimensions (Hocaoğlu, Tanrıöver and Bilici, 2001). Symptoms Checklist was developed by Derogatis and Cleary (1977). Turkish reliability and validity studies of the checklist were conducted by many researchers (Tufan, 1987; Kılıç,1987; Dağ, 1991; Vergili and Ebru, 1998). The nine dimensions of the SCL-90-R are Somatisation, Anxiety, Obsessive Compulsive Disorder, Depression, Interpersonal Sensitivity, Psychotic Symptoms, Paranoid Symptoms, Anger and Hostility and Phobic symptoms. *Somatisation:* According to the DSM-IV diagnosis criteria, is a disorder which displays itself with various physical complaints and symptoms and which starts early in life and continues over years. *Obsessive-compulsive disorder:* According to DSMV-IV, obsessions trigger or stimulate repetitive and continuous thoughts which result in distinct anxiety or distress and which sometimes happen involuntarily and cause inconvenience. Compulsions, on the other hand, are repetitive behaviour which the individual cannot help doing as a reaction to an obsession or according to his/her strict principles. *Interpersonal sensitivity:* Sensitivity in interpersonal relationships causes experiences such as being easily hurt and offended, a belief that one is not cared and valued by others and accordingly is behaved badly, self-depreciation, and an endeavour to not do anything wrong when with others. It is, thus, a situation which causes problems in interpersonal relationships and even spoils the relationship (Boyce et al., 1991). *Depression:* Depression is a state of long-term unhappiness and a lack of satisfaction and negatively affects the individual's life. *Anxiety:* Anxiety, which could be defined as fear, the origin of which is ambiguous, and is an emotional state which arises from a potentially threatening event or situation which was not predicted (Baltaş and Baltaş, 1999). *Anger and hostility:* Is a strong feeling related to knowledge of a real or supposed frustration, thread or injustice and which directs the person to eliminate undesirable stimulus (Biaggio, 1989). *Phobic anxiety:* Fear and anxiety are experienced simultaneously, the source of fear is clear and the person feels secure as long as s/he stays away from the object or situation s/he is afraid of.

In addition to these dimensions, 7 items were also added to the scale in relation to sleep and eating disorders, resulting in the 90-item scale. The items are scored between 0 and 4. Higher scores mean a higher level of psychological symptoms while scores under 1 mean that the symptoms are nonexistent. For all dimensions a mean score higher than 1 indicates the existence of that psychological symptom. SCL-90-R is an advantageous scale in quick data gathering, especially in survey research.

For SCL-90-R checklist, psychiatric threshold is suggested as 1.0 (Dağ, 1991, Kılıç, 1987; Yeşilyaprak, 2002) and could vary according to research aims. For all dimensions and the general symptom score, Öner (1997) accepted scores between 0.00-1.5 as "normal", 1.51-2.5 as "high symptom level", and 2.51-4.00 as "really high symptom level". In this study, as the students from Turkish and Turkic Societies were not a psychiatric group, the results were analysed in relation to two thresholds and differentiating scores were presented rather than setting a certain threshold such as 1.0 or 1.5.

Self-esteem Scale:
The self-esteem scale developed by Arıcak (1999) consists of 32 items. It is a 5-point likert type scale with options of "totally agree", "agree", "undecided", "disagree" and "totally disagree". Reliability of the scale was calculated by Cronbach Alpha internal consistency coefficient and test-retest techniques. Internal consistency coefficient of the scale was .90 (n=152, $p<.001$) and test-retest reliability coefficient was .70 (n=92, $p<.001$). 34 experts from 9 universities were consulted to achieve validity of the scale and scale items were reorganised accordingly. In order to determine the validity coefficient of the scale with other related scales, it was compared with Rosenberg Self-Esteem scale and the correlation between the scales was .69 (n=92, p<.001).

Data Analysis
Pearson product moments correlation coefficient was calculated in order to identify the relationship between students psychological symptoms and their self-esteem. Stepwise regression analysis was administered to determine the prediction power of students' psychological symptoms in their self-esteem. The number of students with problematic means of psychological symptoms was identified by percentage and frequency values.

Findings

In order to identify the relationship between self-esteem and psychological symptoms Pearson product moments correlation coefficient was calculated. The result is presented in Table 1.

Table 1
Pearson Product Moments Correlation Coefficient Values for the Relationship between Self-esteem and Psychological Symptoms

		Somatis ation	Anxiety	Obsessi on	Depressi on	Interper sonal sensitivi ty	Psychoti c	Paranoi d	Anger	Phobic	General Sympto m Index
Self-esteem	r	-.17*	-.22**	-.14*	-.32**	-.27**	-.13	-.19**	-.33**	-.22**	-.26**

*n=207, *p<.05, **, p<.01*

Table 1 indicates that a negative low and moderate relationship was observed between self-esteem levels of students from Turkish and Turkic Societies, and somatisation *(r=-.17, p<.05), anxiety (r=-.22, p<.01),obsession* (r=-.14, p<.05), depression (r=-.32, p<.01), interpersonal sensitivity (r=-.27, p<.01), paranoid thinking *(r=-.19, p<.05),* anger *(r=-.33, p<.01),* phobic *(r=-.22, p<.01),* general symptom index *(r=-.26, p<.01).*

In order to identify whether students' psychological symptoms predict self-esteem, stepwise regression analysis was calculated and the results are presented in Table 2.

Table 2
Regression Analysis Results for Psychological Symptoms as a Predictor of Self-esteem

R	R^2	ΔR^2	B	Standard Error	β
.326 (a)	.106	.102	-4.420	.894	-.326[*]
.351(b)	.123	.115	-3.324	1.047	-.245[*]
			-2.086	1.055	-.153[**]
.412(c)	.170	.157	-5.374	1.189	-.397[*]
			-4.041	1.182	-.296[*]
			5.181	1.539	.336[*]

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

a- Predictors: Anger
b - Predictors: Anger, obsession
c- Predictors: Anger, Obsession, Psychotic symptoms

Table 2 shows that the important predictors of the self-esteem levels of the students from Turkish and Turkic Societies were anger (β=.*326*, p<.01), obsession (β=.*153*, *p<*.05) and psychotic symptoms (β=.*336*, *p<*.01) respectively. Anger explained 10.6% of the variance in self-esteem. Anger and obsession together explained 12.3% and with psychotic symptoms they explained 17% of the variance in self-esteem.

The percentage and frequency calculations were run to identify the number of students with problematic levels of psychological symptoms and the results are presented in Table 3.

Table 3
Frequency and percentage of students from Turkish and Turkic Societies in terms of the SCL-90-R threshold

	0-1		1.01-1.5		1.6-2.5		2.6-4		1.01-4		1.6-4	
	F	%	f	%	f	%	f	%	f	%	f	%
Somatisation	130	62.80	48	23.18	26	12.56	3	1.44	77	37.18	29	14
Anxiety	121	58.45	53	25.60	32	15.45	1	0.48	86	41.53	33	15.93
Obsession	76	66.18	61	29.46	63	30.43	7	3.38	131	63.27	70	33.81
Depression	124	59.90	51	24.63	28	13.52	3	1.44	82	39.59	31	14.96
Interpersonal sensitivity	93	44.92	59	28.50	54	26.08	1	0.48	114	55.06	55	26.56
Psychotic	119	57.48	50	24.15	35	16.90	3	1.44	88	42.49	38	18.34
Paranoid	88	42.51	70	33.81	40	19.32	9	4.35	119	57.48	49	23.67
Anger	111	53.62	53	25.60	36	17.39	7	3.38	96	46.37	43	20.77
Phobic	148	71.49	35	16.90	19	9.17	5	2.41	59	28.48	24	11.58
Additional Item	90	43.47	45	21.73	60	28.98	12	5.79	117	56.5	72	34.77
General Sympt.	93	44.92	86	41.54	25	12.07	3	1.44	114	55.05	28	13.51

Table 3 shows that when the threshold was 1.0, 42.51% to 71.49% and when the threshold was 1.5, 65.23% to 88.42% of the students from Turkish and Turkic societies did not exceed psychopathology limits for the different dimensions of SCL90-R.

The means and standard deviations of the dimensions, which provide the basis for the interpretation of the SCL90-R scores of the students from Turkish and Turkic Societies, were, general symptom index 1.051± .526, somatisation .913± .648, anxiety .936± .601, obsession 1.291± .617, depression

.986± .598, interpersonal sensitivity 1.106± .583, psychotism .971± .640, paranoid .1184± .708, anger 1.089± .729, phobic .788± .617, and additional items 1.238± .723.

Discussion

The research results indicated negative low and moderate relationships between self-esteem levels of the students from Turkish and Turkic Societies and somatisation, *anxiety, obsession, depression*, interpersonal sensitivity, paranoid thinking, anger, phobic, and general symptom index. Other results demonstrated that anger, obsession and psychotic symptoms were the important predictors of self-esteem. This result is similar to the findings of Garaigordobil et.al.(2005) which suggested a negative relationship between self-esteem, and psychopathologic symptoms and behavioural problems. Other research indicated that people with low self-esteem experience more depression (Biby, 1998; Krizan and Suls, 2009, Abela, 2002) and obsessive-compulsive disorder (Biby, 1998). Türkbay et.al (2005) stated that adolescents experiencing an identity crisis show more psychiatric symptoms and have low self-esteem. An individual with low self-esteem would have a negative view of oneself and would show more psychological symptoms in stressful and anxiety provoking situations than an individual with high self-esteem. Garaigordobil, Perez and Mozaz (2008) found a negative relationship between the concept of self, self-esteem and psychological symptoms. In a study in Turkish and Turkic Societies (Otrar et.al., 2002) a negative correlation was observed between self-confident, optimistic coping strategy and psychological discomfort and a positive correlation between desperate, obedient coping strategy and psychological discomfort. The findings of the current study are similar to the findings of previous research. Garabayev (2000) reported that students from Turkish and Turkic Societies complained about the adaptation process to the life style in general, to school life and to their courses.

This study also investigated psychological symptoms of students from Turkish and Turkic Societies according to two threshold levels. In general the scores accumulated around 1.01-1.5. In other words, when the psychopathology threshold was 1.5 many students in the research group were accepted "normal", while when the threshold was 1.0, they were at a pathological level. If the threshold is accepted as 1.0, the psychological symptoms of the students from Turkish and Turkic Societies were above the psychopathological limit for all dimensions and in general about 40% showed psychological symptoms at a significant level. When the threshold is 1.5, the number of students who exceed the psychopathological limits decreased significantly. However, even when the threshold is 1.5, in terms of the characteristics of the group, the psychological symptom levels of the students from Turkish and Turkic Societies suggest a vital problem that requires attention. The results perhaps suggest an increase in the psychological symptoms of the students who chose to study university abroad due to many adaptation challenges they face and a lack of social support resources such as family. Likewise, Esentürk-Ercan (1998) reported problems in school life, self, life and inner life and anxieties towards future life of foreign and Turkish students in Turkey; and Grabayev (2000) found that 39.5% of students from Turkish and Turkic Societies had problems in adapting to general life style, 14.8% in adapting to school life, 12.6% in success and adapting to courses and 77% had economic problems and received insufficient funding (Aydın, 1995, Açıkalın, Demirel and Önzoy, 1997). The stress factors students face suggest possible causes of the results as well as imply that significant precautions need to be taken in relation to student problems.

Considering the increasing numbers of students from Turkish and Turkic Societies who currently study and wish to study in Turkish universities, it is crucial to provide relevant orientation services and social-psychological support. The students' adaptation to Turkey and universities in the country could be increased by supporting their struggle with the challenges of studying abroad and providing a happier and more productive university life. Further research might involve detailed qualitative studies about the sources of psychological symptoms, identifying the areas of dissonance in particular. Thus, the fundamental elements required in protective and preventive psychological counselling services could be specified for subsequent generations.

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