

THE EFFECT OF DEPRESSION AND ANXIETY IN CHILDREN

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ABSTRACT

Today, Anxiety/Anxiety can be defined as the individual's feeling inadequate in a threatening environment, uneasiness or inner distress caused by fear, an unpleasant emotional state, and a reaction to possible dangers. *Fear* is an emotion that produces by the person. Depression, on the other hand, is a mental disorder that negatively affects children's lives and is dominated by feelings such as self-worthlessness, guilt, unhappiness, hopelessness, inability to enjoy life, loneliness, and thoughts of suicide. Depression experienced in childhood causes negative effects, and as a result, it negatively affects the child's school, family, and friend relationships. While it is considered normal for the child to experience anxiety due to events different from his daily life, it is considered a pathological phenomenon to experience anxiety frequently except in different situations. Cognitive Behavioral Therapy is the most effective treatment method to normalize and improve this situation when depression occurs due to anxiety experienced above the normal level. In the treatment of depression in children, Play Therapy and Behavioral Cognitive Therapy are used to help the child gain skills to identify and change the thoughts that negatively affect his life, eliminate hopeless feelings, help him develop a sense of competence again, and to help the child understand what he feels and reintegrate him into society.

Keywords: *Depression in Children, Anxiety Disorder, Fear, Cognitive Behavioral therapy, Play Therapy.*

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Date of received:
17.01.2023

Date of acceptance:
23.02.2023

Declaration of interest:
The authors reported no conflict of interest related to this article.

INTRODUCTION

Depression is a psychological disorder that causes a person to evaluate her future negatively with some events that occur in her own life, and as a result, significantly affects the quality of life. As a result of the studies, when depression is observed in children, it has been determined that negative attitudes directly related to the child's life, distorted emotions, thoughts, and perceptions are the causes of depression.

A child's negative life experiences form negative schemas and beliefs that regulate his or her perceptions of life. These schemas and beliefs, which are based on negative thoughts, can significantly affect the behavior and emotional state of the child over time. Therefore, the child feels inadequate to cope with the difficulties he experiences in the face of negative life events; it causes feelings of hopelessness and helplessness for the future, and as a result, the risk of experiencing depression increases.

Therefore, a negative relationship with the parents, who are the priority in the child's life, may make the child prone to depression. It has been observed that the child, who cannot develop a relationship based on trust with his parents, develops negative personality traits on the one hand and deteriorates in his perception of himself and what is happening around him on the other hand. (Yaprasanlı, 2011, S:2)

Symptoms of depression include persistent low mood or sadness, loss of self-confidence, hopelessness, helplessness, constant fear and guilt, intolerance, and reactivity toward others. The depressed person has lost motivation and interest, has difficulty making decisions, and does not enjoy anything.

Depression can make it difficult for a person to concentrate and remember things. Therefore, this individual may avoid social events that he enjoys in general, and thus, he may lose his social interaction and enter a vicious circle that further humiliates him. In extreme cases, feelings of hopelessness can lead to thoughts of self-harm or even suicide. (Hemmings, 2019)

Symptoms of depressive mood are generally indifference towards every subject and accompanying side symptoms. It manifests symptoms such as appetite, body weight changes, sleep problems, psycho-motor agitation or slowing down, decreased energy, feelings of worthlessness and excessive guilt, difficulty in thinking and focusing, thoughts about death, and suicide attempts. These symptoms are quite persistent and observed in the individual almost every day. (Kutlu, 2011)

People go through different developmental life stages throughout their lives. In each of these periods, while performing certain developmental tasks, they face situations they have never encountered. Everything unknown, new, and different causes the human being to experience the feeling of anxiety since infancy and early childhood.

Anxiety differs from fear, although it typically refers to emotional states like fear. The causes of anxiety are often not as obvious and predictable as fear. In addition, *anxiety* is often defined as worry about a future event.

Anxiety and fears cause changes in the individual's body and emotions, thinking, and behavior patterns. While it is considered normal to feel anxiety without exaggeration, if it is felt even when there is nothing to be afraid of, it becomes a problem. If it cannot be corrected, this situation turns into a disorder. (Kennerley, 2019, S:24)

Although anxiety and fears are a normal part of growing up during the development of children, as the intensity of anxiety increases, children's lives continue to be negatively affected. The serious and destructive effects of childhood anxieties on the child and his family have made it necessary to introduce some theoretical explanations for childhood anxieties and their treatment. In this direction, psychoanalytic, behavioral, and cognitive approaches to childhood anxiety have been developed to explain anxiety theoretically.

According to the psychoanalytic approach, it is thought that childhood anxieties result from the failure of any of the developmental tasks in the psychosexual developmental stages (oral, anal, phallic) to experience fixation or a conflict between the id, ego, and superego.

On the other hand, the behavioral approach tried to clarify this issue by using classical conditioning, operant conditioning, and social learning principles as research tools for childhood anxieties.

One of the models developed throughout the research to understand the structure of childhood anxieties, which are the most common in childhood and cause deterioration in psychological, academic, and social functionality if not treated, is the cognitive behavioral approach, which also forms the basis of this research.. (Kul, 2019, S: 2,3.)

Therefore, according to the cognitive-behavioral approach, dysfunctional cognitions play an important role in forming childhood anxiety. In particular, self-expressions, cognitive errors, and cognitive schemas have been found to have an intense impact on anxiety disorders in children and adolescents.

Throughout a child's development, it has been observed that the effect of the communication with the parents and the parents being exposed to a supportive or oppressive attitude during this development process greatly affects the child's emotional development in the future. It can be said that the differences in the emotional processes of the children of supportive parents and the children of oppressive parents in child development have positive or negative effects on the child's life in many areas, such as family relations, friendship relations, and academic success. The child, who receives support, attention, and love from her parents and family, can grow up emotionally happy and sociable with improved self-expression skills and strong social ties.

As a result, the child who is brought up with the strict authority method under pressure in the family grows up as an unhappy, introverted child, affected by his parents' attitudes. As a result, he cannot express himself clearly, and this causes social adaptation problems. Therefore, as a result of the negative differentiation of the emotional processes of the child, who is oppressed by his parents and cannot feel the attention of his family, it has been observed that various depressions, depressive states, hopelessness, feeling helpless and high level of anxiety are experienced in children.

Parental attitudes are very important for the healthy development of children's emotions and behaviors. Parents with negative attitudes can lead to a lack of self-confidence in the child. It has been determined that children with low self-confidence exhibit depressive attitudes, develop hopeless thoughts about the present and future due to internalized failure, and experience learned helplessness. (Yarapsanlı, Burcu;, 2011)

As a result of the child's feeling helpless in the face of negative events and the decrease in the level of hope in the perspective of events, the likelihood of developing symptoms of depression increases.

1. Symptoms of Depression in Children:

Depression symptoms in children and adolescents have been seen since the 17th century. However, until the 1970s, the definition of depression in children was not fully defined. At the European Child Psychiatrists meeting in Stockholm in 1970, it was stated that depression is among the important psychological problems of childhood and adolescence, and the importance of intensifying studies in this field was emphasized.

As a result of the studies, it has been determined that the symptoms of depression seen in childhood, major depression in bipolar disorder begin to be seen from infancy and show its effects more clearly in other years.

Therefore, to determine whether there is depression in childhood, it is necessary to consider and examine the child's developmental stages. As a result of the evaluation, it was determined that there was a difference between the symptoms of depression in childhood and the symptoms of depression in adolescence.

Depression creates very important and vital effects on the lives of children. This effect manifests itself at school and home with friends and family. Although depression has not been considered a real disease in the last 20 years, more emphasis has been placed on how children experience depression, why they fall into depression, and how to help them. (Deniz & Özyeşil, 2009)

As a result of the observations made by the experts on children, there is a difference in non-verbal communication and functionality (sleep disorder, not eating, crying a lot, introversion, etc.) in children younger than seven years of age, whereas in children older than seven years of age, constant boredom, irritability, behavior, and thoughts are observed. They stated that they encountered symptoms such as slowing down, lack of interest and pleasure, behavioral disorder, and restlessness. (Aydemir, 2010)

Again, when we look at the experts' explanations, it is thought that childhood depression may be caused by insufficient, weak, or negative parental relationships and a family history of depression; genetics and learning may also be effective in the formation of childhood depression.

In addition, environmental stress factors also affect the formation of childhood and adolescent depression. Problems such as being constantly separated from parents, experiencing family problems, economic difficulties, problems at school, and difficulties in a group of friends are among the reasons that lead to depression in children and adolescents.

When we look at the reasons for being depressed in childhood, it has been observed that the second reason is family structure. When we look at the family structure in which a child grows up can cause depression, it has been observed that there are two types of families. Among them, the child in the first family structure is seen as the person who shows depressive features and acts undesirable by everyone in the family.

When we look at the second family structure, the child with depressive features is drawn into a pathological relationship with the parents who display problematic behaviors and are prevented from becoming independent from their parents. When depression is considered for research and divided into play-age and school-age depression because childhood depression has different symptoms and different treatment methods in both periods, research has been done by dividing it into two.

Therefore, looking at the research results from different aspects, it is thought that the depression experienced in the play age period is due to maternal deprivation, indifferent and indifferent parental attitudes. In

contrast, the depression experienced in the school-age period is thought to be due to negative parental attitudes, failure in social relations, and feelings of helplessness. (Yaprasanlı, Burcu, 2011)

Can differentiate depression in children by crying, avoiding eye contact, losing appetite, and aggressive behavior. The prevalence of depression in children under 13 is high, with a rate of 2.8%. There may be a related relationship between the child's parents being depressed and the child's depression. (Tosun & Zorlu, 2019)

Therefore, when we look at the child's theory of learning by seeing in childhood, the risk of having depressive behavior in the child increases as a result of the parents' depressive behaviors.

In line with all these studies, it has been seen that measurements can be made to determine whether there is depression in children and, after interviews with parents, can make determinations about depression. Likewise, it is seen that the symptoms of depression that appear in adolescence actually begin in childhood, and the effect of depression increases in parallel with increasing age.

Symptoms in Children Experiencing Depressive Condition:

Thought Disorders: Children with depression experience deterioration in their perceptions of themselves, their environment, and life. These perceptions are distorted from the objective cause-effect relationship in the face of negative events, causing the individual to attribute herself as "because of my incompetence, my stupidity, my failure.

These cognitive distortions associated with depression can also be defined as automatic negative thoughts. Automatic negative thoughts are negative thoughts and images that deal with most of the minds of individuals who experience distress in their emotional lives. These negative and irrational thoughts are, in order, overgeneralization, personalization, over-enlargement or minimization, all-or-nothing thinking, self-contempt, negative symptoms, self-blame, indecision, and distorted body image. (Yaşar, 2016)

Therefore, these negative thoughts above cause children to believe that no one loves them, that their responsibilities are too much for them, and that they have an unsuccessful personalities.

Emotional Problems: The most distinctive feature of the depressive state is that the child experiences low daily morale. Inappropriate crying crises seen in children with moral disorders are some symptoms of depression. The distortions and distortions in the thoughts of the child who has a crying crisis affect his feelings negatively. Therefore, distortions in thinking also lead to emotional disorders. The reasons included in the emotional problems are sadness, self-displeasure, dissatisfaction, loss of interest, crying spells, and joylessness.

Behavioral Problems: Serious problems have been identified in the behavior of children diagnosed as depressive. While distressing behaviors are observed in depressive children in living their daily lives, somatic complaints also occur along with these behaviors. Reactions such as not wanting to go out of the house, being depressed all the time, and not being interested in anything are the most frequently encountered disordered behaviors in depressed children.

Physiological Problems: Physiological symptoms in children are depression, loss of appetite, sleep disturbance, and weight gain. One of the other symptoms that can be seen is extreme tiredness and exhaustion. During this period of discomfort, it is seen that children constantly think that they are tired, cannot be motivated in daily life, and have severe pain in their bodies. (Yaprasanlı, Burcu, 2011)

1.1. Factors Affecting Depression in Children:

- **Age:** It is suggested that depression in the child emerges during the separation from the mother in the first year of life. Depression can be diagnosed because of symptoms such as crying and moodiness in infancy and symptoms such as introversion and lack of communication in adolescence. Children's behavior toward the negativities in life like adults is called "childhood depression."

- **Gender:** Parents exhibit different attitudes according to gender while raising their children. It has been observed that girls are sensitive, dependent, and less resistant to life events than boys. In studies conducted with children, it has been determined that girls are more prone to depressive states, depressive symptoms are more common in girls than boys, and girls have more severe depression.
- **Negative Life Events:** Events that affect the child's life, such as the loss of a relative, accident, sudden life changes, deterioration of the socioeconomic status of the family, natural disasters, divorce of parents, separation, school failures, loveless environments, illnesses, dependence on others can lead to depression. (Firat, Ayrılma Anksiyetesi Belirtisi Gösteren Çocuklarda Kaygı ve Depresyon Düzeyinin İncelenmesi, 2015)

2. Anxiety in Children:

Anxiety is an emotion given as a stimulant or adaptive response to a very dangerous situation. Therefore, when a child avoids strangers, they are instantly trying to ensure their own safety. The increase in the severity and persistence of anxiety causes undesirable psychological pressure on the individual's performance and adjustment.

Therefore, when a child avoids strangers, they are instantly trying to ensure their safety. The increase in the severity and persistence of anxiety causes undesirable psychological pressure on the individual's performance and adjustment.

When we look at the beginning years of anxiety, childhood years are discussed. Extremely rejecting and humiliating attitudes experienced during childhood, cynical attitudes of other adults during adolescence, repulsive behaviors of parents accompanying punishment while punishing, physical or psychological pressure on the child, the reaction of the child's bedwetting and sexual games, extreme protective attitudes, at the same time, the high level of anxiety of the parents, the conflicting wishes, the intense inconsistencies, the conflicts between the parents that continue even after the divorce cause stress in the child. (Alisinanoğlu & Ulutaş, 2003)

According to Geçtan, when we look at the origin of anxiety, it has been analyzed that it comes from childhood experiences and that these experiences are also effective in the relationships the child has with his/her peers as well as the relationship with his/her parents and teachers. Rejecting and humiliating attitudes cause children to create an anxious mindset, and later on, cynical attitudes that continue in adolescence cause anxiety to reach destructive dimensions. (Şahin, et al., 2020)

According to Vasey, certain fear levels lie at the root of childhood anxiety. Vasey explained childhood fears' origin and developmental changes with a cognitive developmental approach.

According to him, in the cognitive development of adolescence, the adolescent may develop panic or agoraphobia because he can consider himself and the thoughts of others, compared to the child with a concrete thinking orientation.

The severity of the anxiety experienced increases gradually and causes unwanted psychological problems in the child. Because of the seriousness and duration of childhood anxiety, it is necessary to intervene if it negatively affects the functionality of the child because otherwise, it can carry this anxiety into adulthood. (Özusta, 2000)

2.2 Anxiety Symptoms in Children:

The reason that triggers emergence of anxiety in children can occur for many reasons, not just one. It states that many factors, such as stress, feeling helpless, and feeling threatened, cause anxiety. He says that the causes of anxiety can also change according to how people perceive the environment and that a safe and peaceful environment for one person can cause stress for another. However, the reasons for anxiety are valid for all societies; it can be roughly examined under four main headings: internal contradiction, withdrawal of support, uncertainty, and waiting for a negative result.

The most obvious causes of anxiety disorder in children are:

- Irritability in mood,
- Getting tired easily
- Dikkat dağınıklığı ile beraber odaklanma problemi,
- Muscle tension and insomnia
- Symptoms such as intolerance and tension are persistently experienced. (Robichaud & Dugas, 2020)

Physiologically, heartbeat, differences in the chemical structure of the blood, breathing rate, muscle tension in the muscles in the neck and shoulder regions, sweating, constant cold or hot palms, changes in stomach and bowel movements, difficulty in swallowing, nausea, persistent headache, sexual reluctance, flushing, and heart palpitations are observed. (Karakaya & Öztop, 2013)

2.3 Factors Affecting Anxiety in Children:

- **Age:** Every age period has its concerns. Anxiety is experienced intensely after birth and during adolescence. Anxiety starting from birth varies. The baby's pressure in the first years begins with parental dependence; this is separation anxiety from the mother. After children pass the cognitive stage, they experience the fear of losing love and castration. In the abstract operational period, there are concerns about not being able to gain the love of friends, not gaining their trust, not being accepted, not being successful in classes, and being defeated. In the transition to adolescence, concerns include acceptance of the body, being disliked, and not being nice to the opposite sex.
- **Parental attitudes:** Since anxiety is a contagious emotion, it can develop with anxious people (authority figures such as parents or teachers) around the child and their perception or identification with the child.
- Children can perceive various emotions such as anxiety, anger, and hostility in their parents or their substitutes. A worried and fussy mother's tone and pleasant mood can affect the child.

As a result of the anxiety transmitted by the mother, the child may start to worry about some people and situations around him by establishing new connections in his mind.

- **Number of siblings:** Various studies have observed that being an only child or having multiple siblings significantly affects anxiety levels. It has been observed that children with multiple siblings have lower anxiety levels, and only children experience more anxiety when they lose their parents compared to those with various siblings. In contrast, children with siblings learn to share with their parents. However, this is not the case with single children. (Firat, 2015)

3. Treatment of Depression and Anxiety:

Psychotherapy is applied with a bio-psychosocial approach in the treatment of depression in children. Parents can often blame themselves for their child's condition and feel excluded. Cooperation with the family is very important, especially in the age of play. Therefore, education of the parent and assisting with the child's problem go hand in hand with the best results in treatment. In therapy, they should allocate special time to the child by entering his life and should show that he is valued.

The main treatment for children under the age of six plays therapy. Antidepressant treatment is not recommended for children of this age. While helping the child to cope with the stressful event that the child is affected by in play therapy, he also plans to be a good example with which he can identify, try to correct his cognitive misperceptions, and offer different options that he cannot see. (Tamar & Özbaran, 2004)

Cognitive Behavioral Therapy (CBT) is frequently used in treating anxiety disorder in children, and many studies have been conducted to evaluate the effectiveness of this treatment. In the review and meta-analysis articles evaluating these studies, it is stated that CBT is effective both in reducing anxiety symptoms and treating anxiety disorders, and these effects are permanent. (Hatton, Nicol, & Doubladay)

In the first stages of therapy, simple techniques such as self-monitoring and systematic desensitization, social skills training,

relaxation exercise, and cognitive restructuring are continued. In contrast, treatment is continued using more complex methods, such as appropriate exposure to the determined targets and rational analysis skills in the other stages of therapy. (Karakaya & Öztop, 2013)

Thus, after determining the causes of anxiety disorder in children, cognitive behavioral therapy is applied to help them reconstruct their mental aspects, re-correct their distorted thoughts, and regain their social skills.

As a result of the research, although we cannot say that family participation in CBT treatment programs causes 100 percent positive results, its benefits are too many to be ignored. For this reason, there is a need for child and adolescent-focused CBT intervention programs with family participation and their effectiveness studies.

It is possible to say that using CBT, which is an effective method that can operate in all kinds of mental problems ranging from anxiety, depression, and anger, to family-participated structured programs prepared according to the developmental point of view and using facilitating elements specific to these periods are effective when working with children and adolescents.

CONCLUSION AND RECOMMENDATIONS

In line with today's research, an individual can experience any state of anxiety, regardless of age. Anxiety is an emotion we must undergo to be protected from dangers, cope with them, confront them and escape them when necessary. The origin of anxiety disorder in children comes from childhood experiences; these experiences arise from the level of communication and relationship with the child's parents, teachers, and peers. Children under stress, children experiencing loss, or children with attention, learning, behavior, or anxiety disorders are more at risk of developing depression.

Depression in childhood causes serious problems such as cognitive, emotional, behavioral, and physical disorders in children. Child and adolescent depression is a disease that can heal but sometimes lasts for a long time, recurs, can turn into a more serious condition, and may

result in suicide. Parents and teachers must be suspicious of behavioral changes in young children, benefit from school counselors' knowledge, and go to a child and adolescent psychologist to help them start the treatment.

When the effects of childhood depression are examined, it is necessary to pay attention to communication with the child, should take care of, and children should be made to feel a sense of trust. Depression is a negative situation that has an impact on society day by day. This increase is likely to affect both individual and social life negatively. Therefore, raising awareness about depression can expand these studies and inform society more about this situation. For the anxiety experienced in childhood not to become abnormal stress, they should raise the child in love and trust, not with anxious thoughts, attitudes, and behaviors from infancy.

It is very important to display tolerant and consistent attitudes instead of parental attitudes that will increase anxiety. The child should be well acquainted with both their parents and teachers and should never be forced to perform above their ability by being compared with their peers. In cases where one cannot do it, one should support it without making fun of it and be encouraged to try again. When the child's behavior is successful, it should be appreciated after this positive behavior so that the child's self-confidence will increase and he will gain positive self-confidence.

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