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The mediating role of the need for absolute truth in the relationship between intolerance of uncertainty, depression, and anxiety

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Abstract

This study aims to examine the mediating role of the need for absolute truth variable in the relationship between intolerance to uncertainty, depression, and generalized anxiety disorder. The sample of the study consisted of 314 participants between the ages of 18-65, at least high school graduates voluntarily, by convenience sampling method. Sociodemographic Information Form, the Intolerance of Uncertainty Scale Short Form, the Need for Absolute Truth Scale, the Beck Depression Scale, and the Generalized Anxiety Disorder Scales were applied to the participants to get data. Pearson correlation analyses and regression analyses were applied to the data. According to the results, the need for absolute truth partially mediated the relationship between intolerance of uncertainty and depression. Besides, the need for absolute truth had a partial mediating role in the relationship between intolerance of uncertainty and generalized anxiety disorder.

Keywords: Absolute truth; anxiety; anxiety disorder; depression; uncertainty.

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1. Introduction

Many people experience uncertainty about the present or the future throughout their lives (Bartoszek et al., 2022). When examining the literature on uncertainty, several definitions stand out. Uncertainty is a cognitive state arising from the inability to explain the meaning of events. Sarıcam et al. (2014) mentioned that uncertainty is the state of being unclear about the future. People with intolerance of uncertainty perceive the potential occurrence of future negative events as unacceptable, regardless of the possibility of their occurrence (Dugas et al., 2001; McEvoy et al., 2019; Bauer et al., 2020). Krohne (1993) also mentioned that some individuals perceive uncertain situations as unpredictable, complex, unsolvable, and threatening that this situation leads to the emotional aspect of uncertainty.

Before Krohne (1993) brought the concept of intolerance to uncertainty to the literature, there was another concept very close to this concept. This term was known as intolerance of ambiguity. The biggest feature that distinguishes the two terms from each other is that the concept of intolerance to uncertainty stems from anxiety about a threat situation whose source is unknown, and this situation distracts the individual from well-being and causes him to have depressive feelings. In Krohne's (1993) term intolerance to uncertainty, there is a perception of uncertainty as a threat (Gu, Gu, Lei & Li, 2020; Sahib et al., 2023).

Certainty or uncertainty in advance of an event that is about to happen is a dilemma that individuals both madly want to achieve and are too afraid to learn in case something bad happens. After learning that something that he had tried so hard to know before, will result in negativity, a person may regret learning that thing. Gigerenzer and Garcia Retamero (2017) describe this as “the regret of knowing”. Individuals want to eliminate the state of uncertainty that they cannot control, so they think that they can keep things under control and believe that they will feel better. Elimination of uncertainty is a necessary condition for psychological well-being (Revanthsai et al., 2022).

When describing the subject, experts on anxiety talk about the fear of unknown origin, that is, there is uncertainty, and the person is intolerant of this unknown and feels anxiety. The term intolerance to uncertainty refers to a negative emotion by itself. From this point of view, it would not be wrong to say that one of the elements that form the basis of anxiety is intolerance to uncertainty (Satıcı, Sarıcalı, Satıcı & Griffiths, 2022). The intolerance of uncertainty triggers not only anxiety but also depression Something that highlights anxiety and depression in the individual, of course, negatively affects the person's well-being (Hollinsworth et al., 2018).

1.1.Literature review

According to Budner (1962), there are three reasons for uncertainty. The first may be a new case with no clues; the latter can be a complex situation with many clues; and third, there may be a contradictory situation where different clues suggest different information. That is, an uncertain situation can be a new, complex, or contradictory situation that cannot be resolved. Submission and denial are two types of responses to a situation perceived as a threat. In submission, the individual accepts by believing that he cannot change the real situation. In denial, the real situation is changed according to the perception of the individual. When a new, complex, or unresolvable uncertain situation occurs, the individual may experience intolerance of uncertainty.

Psychological stress and coping theory define uncertainty as a mental state with its cognitive and emotional aspects and it is more prominent than an event, which causes stress in the individual (Oz, 2001). There is a lot of empirical evidence supporting the view that uncertainty is a strong source of stress, with psychological and physical consequences on the individual. It is seen that high levels of perceived uncertainty are associated with high anxiety and depression, and low quality of life (Bailey et al., 2009). While Budner (1962) defined intolerance of uncertainty as the bias to perceive uncertain situations as a source of danger, Buhr and Dugas (2002) expanded Budner's (1962) definition and

stated that there is a tendency to give negative emotional, cognitive, and behavioral reactions to uncertain events.

Self-rumination involves contradictory motivations in line with the motivations behind personal self-awareness shown by Trapnell and Campbell (1999), and the relationship of self-rumination to mental health is complex. Simsek (2013) named this motivation the need to find the absolute truth about oneself. He stated that the need for absolute truth is an endless search for internally consistent, and temporally stable self-knowledge. In addition, Simsek (2013) states that the need for absolute truth has a positive relationship with psychopathology and a negative relationship with mental health.

Similar to the studies mentioned, Simsek (2013) also stated that the need for absolute truth is one of the high-level representations of the self, such as the reality behind the self or personal experience, and the extreme general, high-level, and valid reality in all situations. He also stated that rumination will have harmful effects. Absolute truth is based on uncertain, intangible information and is relative. The absolute truth may vary from person to person. Therefore, it can be said that the need for absolute truth includes abstract thought. Also, Hixon and Swann (1993) said that if self-rumination is triggered by the desire to seek reasons and there is a question of 'why', this will damage insight.

Studies address the need for absolute truth as a variable that negatively affects mental health due to the unclarity of self-concept and its relationship with insight. People can have an abstract way of thinking by thinking about themselves over and over to obtain absolute information about themselves. Abstract thinking style is also associated with many psychopathologies such as depression and anxiety (Simsek, 2013).

According to Simsek (2013), strong motivation in obtaining the absolute truth about oneself causes anxiety. When the literature is examined, it can be said that the need for absolute truth and anxiety show a positive relationship that for people who have a high need for absolute truth, the anxiety level also increases because of rumination. Accordingly, it can be said that if people have a high desire to search for the real me and the reasons behind their behaviors, their anxiety levels of the people increase.

Another variable that is thought to be related to the need for absolute truth is intolerance to uncertainty. Intolerance of uncertainty is the tendency to perceive uncertain situations as threatening (Buhr & Dugas, 2002). People who cannot tolerate uncertainty feel uncomfortable and make more efforts to reduce uncertainty (Leite & Kuiper, 2008). It is known that they seek more information or avoid uncertain situations to reduce the uncertainty of their decisions. In addition, there is high uncertainty of intolerance was associated with high levels of depression, anxiety, stress, sadness, more information-seeking, lower processing speed in uncertain situations that required problem-solving, and frustration.

1.2.Purpose of study

This study aims to examine the mediating role of the need for absolute truth variable in the relationship between intolerance of uncertainty, depression, and generalized anxiety disorder.

2. Materials and Method

This study is a cross-sectional study.

2.1.Participants

The sample of the study consisted of 350 participants between the ages of 18-65, at least high school graduates in the provinces of Istanbul, Ankara, Antalya, and Izmir, voluntarily, by convenience sampling method.

2.2.Data collection instruments

The survey was prepared as an online Survey Monkey program. Since all questions were answered, there was no missing data. This cross-sectional web-based study used a survey comprising the Informed Consent Form, Socio-Demographic Information Form, the Intolerance of Uncertainty Scale Short Form, the Need for Absolute Truth Scale, the Beck Depression Scale, and the Generalized Anxiety Disorder Scales.

2.2.1. *Socio-Demographic Information Form*

This form was developed by the researchers on the relevant literature to gather information regarding the socio-demographic characteristics including information about gender, age, educational level, and marital status.

2.2.2. *Intolerance of Uncertainty Scale Short Form (IUS-12)*

The short form of the Intolerance of Uncertainty Scale-12 (IUS-12) was developed by Carleton, Norton, and Asmundson (2007). Sarıcam, Erguvan, Akın, and Akça (2014) adapted it into Turkish and evaluated its reliability and validity. The scale consists of 12 items. The form is 5-point Likert-type and is scored from 1 to 5 (1-Not at all suitable for me…5-Completely suitable for me). Only the first item is coded in reverse. The scores can range from 12 to 40, with higher scores indicating intolerance of uncertainty. The scale also has two sub-dimensions. The first seven questions indicate the dimension of "anticipatory anxiety", the other questions indicate the dimension of "inhibitory anxiety". The scale's Cronbach's alpha reliability coefficient was .88. Cronbach's alpha reliability coefficient was found to be .84 for the anxiety sub-dimension of the scale and .77 for the inhibitory anxiety sub-dimension (Sarıcam et al., 2014). The scale's Cronbach's alpha reliability coefficient was found to be .91 in this study.

2.2.3. *Need for Absolute Truth Scale -NATS*

The NAT Scale was developed by Şimşek (2013). Internal consistency of it was found to be as .75 and the scale has sufficient test-retest reliability (r = .72). It is a 5-point Likert scale, anchored from 1 = strongly disagree to 5 = strongly agree. Higher scores reflect a greater NAT. The scale consisted of five items ("I always try to find 'the facts' about me," "I think that the existing and real me are different," "I hope I will find myself as I am one day," "I always think about 'the facts' about me," "I try to understand what my experiences mean"). Internal consistency was found to be .86 in the present study.

2.2.4. *The Beck Depression Scale*

Beck et al. developed the Beck Depression Inventory (BDI) in 1961 which has 21 symptom categories (Jackson-Koku, 2016). The highest possible score is 63 and higher total scores show higher levels of depression. The inventory was adapted into Turkish in 1988 by Hisli and the scores above 17 indicated clinical depression. The split-half reliability of this version was 0.74. In the current study, Cronbach's alpha reliability coefficient was found to be .89.

2.2.5. *Generalized Anxiety Disorder Scale (GAD-7)*

GAD-7 is a seven-item scale developed by Spitzer et al. (2006) to evaluate generalized anxiety disorder based on experiences over the previous two weeks. Participants respond using a four-point Likert-type scale (0 = none, 1 = many days, 2 = more than half of the days, 3 = almost every day). Anxiety disorder is categorized as none (0-4 points), moderate (5-10 points), or severe (11-15 points). Patients with a score of 10 or more should be investigated and their condition confirmed through other GAD diagnostic methods. Patients with a score of 10 or more are considered to have an anxiety disorder. Cronbach's α was .92. The scale was translated into Turkish by Konkan et al. (2013) who reported a Cronbach's α of .85, while it was, 90 in the present study.

2.3.Data Analysis

Percentage, frequency, mean, and standard deviation was used in the analysis of descriptive data. The normality assumption regarding the variables of the study was evaluated with box-line graphs, branch-leaf graphs, Q-Q graphs, and data on skewness and kurtosis. As Tabachnick and Fidell (2013) stated, the normal distribution is accepted when the kurtosis and skewness coefficients are between +1.5 and –1.5. In this context, it was seen that the data were normally distributed and parametric analyzes were used. Pearson Correlation Analysis was used for the relationships between variables. In the study, regression models were applied and the necessary steps to test the mediating effect in the relationship between variables as stated by Baron and Kenny (1986) were applied sequentially and confidence intervals were examined. PROCESS SPSS Macro software was used in the analysis of the mediating effect. The data were analyzed with SPSS 25 program.

3. Results

Table 1

Demographic Characteristics of Participants

Variable	Groups	n/(x)	%(ss)
Gender	Female	230	73,2
	Men	84	26,8
Marital Status	Married	103	32,8
	Single	194	61,8
	Divorced	17	5,4
Education	High school	29	9,2
	Associate/Bachelor's	216	68,8
	Postgraduate	69	22,0
Age		30,72	10,86

There were 314 participants in the research. From Table 1 displayed above, there were 230 (73.2%) of the participants were female and 84 (26.8%) were male. 103 (32.8%) participants were married, 194 (61.8%) participants were single, and 17 (5.4%) participants were divorced. 29 (90.2%) participants graduated from high school, 216 (68.8%) participants graduated with a bachelor's, and 69 (22.0%) participants graduated with a postgraduate degree. The mean age of the participants was 30.72 and the standard deviation was calculated as 10.86. Table 2 below displays the descriptive statistics on the scores of intolerances of uncertainty scale, need for absolute truth scale, Beck depression scale, and generalized anxiety disorder scale

Table 2

Descriptive Statistics

Scales	Mean	Ss	Skewness	Kurtosis
Intolerance of Uncertainty Scale	36,32	10,37	-,001	-,632
Need for Absolute Truth Scale	14,66	5,06	,092	-,744
Beck Depression Scale	34,49	9,64	,763	,366
Generalized Anxiety Disorder Scale	12,29	4,76	,981	,465

Descriptive statistics on the scores of the Intolerance of Uncertainty Scale, Need for Absolute Truth Scale, Beck Depression Scale, and Generalized Anxiety Disorder Scale are given in Table 2. For the Intolerance of Uncertainty Scale, the mean was 36.32 and the standard deviation was 10.37. For

the Need for Absolute Truth Scale, the mean was 14.66 and the standard deviation was 5.06. For the Beck Depression Scale, the mean was 34.49 and the standard deviation was 9.64. For the Generalized Anxiety Disorder Scale, the mean was 12.29 and the standard deviation was 4.76.

Table 3 displays the Pearson correlation analysis for the relationships between intolerance of uncertainty scale, need for absolute truth scale, Beck depression scale, and generalized anxiety disorder scale.

Table 3

The Pearson Correlation Analysis for the scales of measurement

Scales	**1**	**2**	**3**	**4**
Intolerance of Uncertainty Scale (1)	**1**			
Need for Absolute Truth Scale (2)	,481**	1		
Beck Depression Scale (3)	,495**	,421**	1	
Generalized Anxiety Disorder Scale (4)	,516**	,440**	,746**	1

In Table 3, the results of the Pearson Correlation analysis for the relationships between the scores of the Intolerance of Uncertainty Scale, Need for Absolute Truth Scale, Beck Depression Scale, and Generalized Anxiety Disorder Scale are given. It was determined that there was a statistically significant relationship between the Intolerance of Uncertainty Scale scores and the Need for Absolute Truth Scale (r= .481; p<.01), Beck Depression Scale (r= .495; p<.01), and Generalized Anxiety Disorder Scale (r= .516; p<.01) scores. Furthermore, the scores of the Need for Absolute Truth Scale significantly related to the scores of the Beck Depression Scale (r= .421; p<.01) and the Generalized Anxiety Disorder Scale (r= .440; p<.01). It was determined that there was a statistically significant relationship between the scores of the Beck Depression Scale and Generalized Anxiety Disorder Scale (r= .746; p<.01).

Table 4

Regression Analysis Regarding the Mediator's Role of the Need for Absolute Truth in the Effect of Intolerance of Uncertainty on Depression

Dependent Variable	**Independent Variable**	**B**	**Standard Error B**	**Beta**	**t**	**p**	**LLC**	**ULCI**
NATS	**BDS**	,234	,024	,480	9,682	**,000****	,186	,281
R = ,480 R 2= ,231 Sd:1/ 312 F: 93,741 p=,**000****								
BDS	**IUS**	,354	,050	,381	6,993	**,000****	,254	,454
	NATS	,452	,104	,237	4,349	**,000****	,247	,657
R = ,537 R 2= ,288 Sd:2/ 311 F: 63,121 p=,**000****								
BDS	**IUS**	,460	,045	,495	10,074	**,000****	,370	,550
R = ,795 R 2= ,245 Sd:1/ 312 F: 101,495 p=,000**								

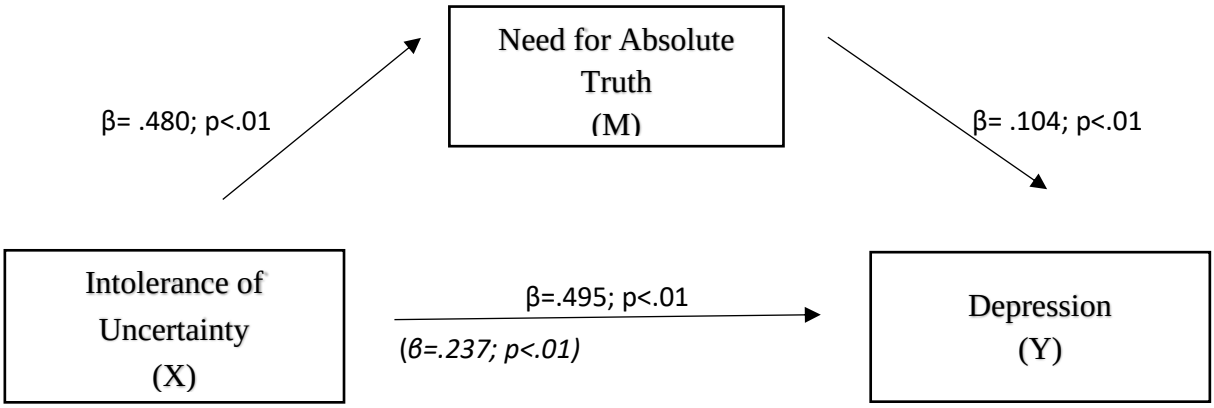
***p < .01, *p < .05; IUS: Intolerance of Uncertainty Scale; NATS: Need for Absolute Truth Scale; BDS: Beck Depression Scale*

Table 4 shows the results of the regression analysis regarding the mediating role of the need for absolute truth in the effect of intolerance of uncertainty on depression. The model obtained as a result of the analysis is given in Figure 1.

Y= 2x+ 5z+ 10

Figure 1

Model Diagram for the Examination of the Mediating Role of the Need for Absolute Truth in the Effect of Intolerance of Uncertainty on Depression



In the first stage of the mediating variable analysis, the effect of intolerance of uncertainty, which was an independent variable, on the need for absolute truth, which was the mediating variable, was examined and it was determined that there was a significant relationship between variables (β= .480; p<.01). In the second stage, it was determined that the effect of intolerance of uncertainty, which is an independent variable, on depression, which was a dependent variable, was significant (β=.495; p<.01). In the final stage, the need for absolute truth which was the mediating variable was modeled to analyze the effect of intolerance of uncertainty on depression. The results showed that there was a decrease in the predictive effect of intolerance of uncertainty on depression (β=.495; β=.237). When the confidence interval values were examined, it was seen that there was no '0' between the lower and upper limits (LLCI=.063; ULCI=, 175). When these findings were evaluated, it was determined that the need for absolute truth had a partial mediating role in the effect of intolerance of uncertainty on depression.

Table 5

Results of Regression Analysis Regarding the Mediator Role of the Need for Absolute Truth in the Effect of Intolerance of Uncertainty on Generalized Anxiety Disorder

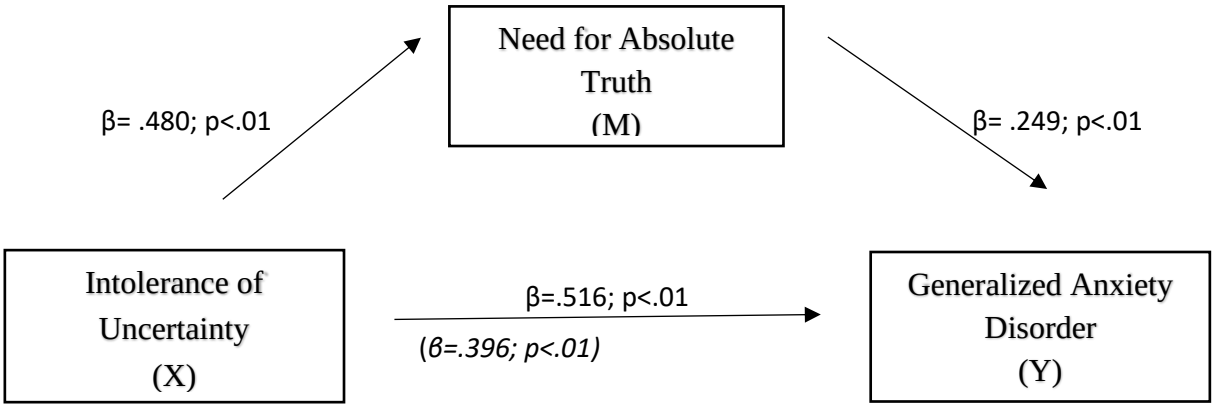
Dependent Variable	**Independent Variable**	**B**	**Standard Error $_B$**	**Beta**	**t**	**p**	**LLCI**	**ULCI**
NATS	**IUS**	,234	,024	,480	9,682	**,000****	,186	,281
R= ,480	R^2= ,231 Sd:1/ 312	F: 93,741	p=,**000****					
GAD	**IUS**	,181	,024	,396	7,397	**,000****	,133	,230
	NATS	,234	,020	,249	4,653	**,000****	,135	,333
R= ,560	R^2= ,314 Sd:2/ 311	F: 71,186	p=,**000****					
GAD	**IUS**	,236	,022	,516	10,640	**,000****	,193	,280
R= ,516	R^2= ,266 Sd:1/ 312	F: 113,217	p=,**000****					

***p <, 01, *p <, 05; IUS: Intolerance of Uncertainty Scale; NATS: Need for Absolute Truth Scale; GAD: Generalized Anxiety Disorder*

In Table 5, the results of the regression analysis on the mediating role of the need for absolute truth in the effect of uncertainty of intolerance on generalized anxiety disorder are given. The model obtained as a result of the analysis is given in figure 2.

Figure 2

Model Diagram for the Examination of the Mediating Role of the Need for Absolute Truth in the Effect of Intolerance of Uncertainty on Generalized Anxiety Disorder



In the first stage of the mediator variable analysis, the predictive effect of intolerance of uncertainty, which is the independent variable, on the need for absolute truth, which is the mediating variable, was examined and it was determined that there was a significant relationship between variables (β= .480; p<.01). In the second stage, it was determined that the predictive effect of intolerance of uncertainty, which was the independent variable, on generalized anxiety disorder, which was the dependent variable, was significant (β=.516; p<.01). In the final stage, the need for absolute truth which was the mediating variable was modeled to analyze the effect of intolerance of uncertainty on generalized anxiety disorder. The results showed that there was a decrease in the effect of intolerance of uncertainty on generalized anxiety disorder (β=.516; β=.396). When the confidence interval values were examined, it was seen that there was no '0' between the lower and upper limits (LLCI=.066; ULCI=, 183). When these findings were evaluated, it was determined that the need for absolute truth played a partial mediating role in the effect of the intolerance of uncertainty on generalized anxiety disorder.

3.1. Tests of Differences in Terms of Demographic Variables

It was determined that the scores of the Intolerance of Uncertainty Scale, the Need for Absolute Truth Scale, the Beck Depression Scale, and the Generalized Anxiety Disorder Scale did not differ significantly in terms of gender (p>.05). The scores of the Intolerance of Uncertainty Scale (F (2-311) =5.114; p<.01), Need for Absolute Scale (F (2-311) =12.096; p<.01), Beck Depression Scale (F (2-311) =11.527; p<.01) and Generalized Anxiety Disorder Scale (F (2-311) =12.903; p<.01) significantly differed in terms of marital status (p>.05).

The scores of the Beck Depression Scale (F (2-311) =3,066; p<.05) and Generalized Anxiety Disorder Scale (F (2-311) =4.939; p<.01) statistically significantly differed according to educational status. It was determined that the scores of the Intolerance of Uncertainty Scale and the Need for Absolute Truth Scale did not differ (p>.05). It was determined that there was a statistically significant relationship between the scores of the Intolerance of Uncertainty Scale (r= -.125; p<.01), the Need for Absolute Truth Scale (r= -.274; p<.01), Beck Depression Scale (r= .256; p<.01), Generalized Anxiety Disorder Scale (r= -.330; p<.01) and age.

4. Discussion

This study aimed to examine the mediating role of the need for absolute truth variable in the relationship between intolerance of uncertainty, depression, and generalized anxiety disorder. In this study, it was found that the Intolerance of Uncertainty Scale was positively related to Need for Absolute Truth, Beck Depression Scale, and Generalized Anxiety Disorder Scale. Moreover, it was

determined in this study that the Need for Absolute Truth Scale was statistically significantly related to the scores of the Beck Depression Scale and the Generalized Anxiety Disorder Scale (see Table 3). According to the results, the need for absolute truth partially mediated the relationship between intolerance of uncertainty and depression (see Table 4). Besides, the need for absolute truth had a partial mediating role in the relationship between intolerance of uncertainty and generalized anxiety disorder (see Table 5).

Intolerance of uncertainty is defined as a cognitive bias that affects how a person perceives, interprets, and reacts to uncertain situations (Dugas et al., 2005). People with high intolerance of uncertainty perceive uncertain situations as stressful and distressing. They believe that unexpected events are negative and should be avoided. That's why, they cannot take any action when they face an uncertain situation (Dugas et al., 2005). Predictability and the need for routines are considered important components of intolerance of uncertainty (Clark & Adams, 2020). If the future is certain, people with high intolerance of uncertainty perceive the possibility of their desired situations as higher and have more expectations about these situations, and to better prepare themselves for the negative conditions in the future (Schadenberg et al., 2021). However, when people face uncertainty, they have difficulties to take precautions. It can be said that they fear the possibility of failing and so, they become more prone to experiencing anxiety or anxiety disorders.

Moreover, it is known that people with high intolerance of uncertainty perceive uncertain situations as negative, threatening, and as something to be avoided (Carleton, etc., 2007; McEvoy & Mahoney, 2012). Research showed that a core fear of the unknown is related to multiple cognitive vulnerability factors like anxiety sensitivity, fear of negative evaluation and rumination (Hong & Cheung, 2015), generalized anxiety disorder (GAD) (Buhr & Dugas, 2006), panic disorder (PD), agoraphobia, social anxiety disorder (SAD), health anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), depressive disorders, and eating disorders (Renjan et al., 2016; Kesby et al., 2017; Saulnier et al., 2019; Mullarkey & Schleider, 2020). Furthermore, according to the cognitive models of psychopathology, distortions in cognitive processes such as attention, memory, and interpretations support the onset and maintenance of emotional disorders (Harvey et al., 2004). Moreover, cognitive distortions such as selective attention to negative information and negative interpretation of uncertainty are common in anxious and depressed individuals.

The findings of this research supported those findings that when intolerance of uncertainty increases, the level of depression and anxiety increases (see Table 3). It can be thought that if they perceive uncertainty as negative and ruminatively think of the negative conditions and the possibility of failure, they can feel more depressed and anxious. If a person makes negative interpretations when they face uncertain situations, they can think about themselves as insufficient and worthless. People who constantly evaluate the information negatively may develop a sense of guilt. Thus, they can feel more depressed themselves.

People with high intolerance of uncertainty make more efforts to reduce uncertainty (Leite & Kuiper, 2008) and use dysfunctional methods to cope with them, like trying to obtain information excessively to regain certainty and actively avoiding uncertain situations to make the right decisions (Birrell et al., 2011; Carleton et al., 2007; McEvoy & Mahoney, 2011). It can be thought that people with an intolerance of uncertainty have more tendency to find absolute truths. This study also supported this point of view that when the level of intolerance of uncertainty increases, the level of the need for absolute truth also increases (see Table 3).

Simsek (2013) named this motivation as the need for absolute truth (NAT) which is the tendency to overgeneralize and find general, superordinate and decontextualized rules for behaviors or meanings. Stöber and Borkovec (2002) stated that abstractness includes ambiguous structures that can be generalized to different situations; on the other hand, concreteness consists of distinct, situationally specific, unequivocal, clear, and singular structures. Watkins (2008) mentioned that focusing on oneself will be harmful if it contains abstract structures related to events and situations;

however, he stated that concrete-level structures have constructive consequences that positively affect mental health.

Nisbet and Wilson (1978) supported that people who focus on high-level representations have more tendency to approach situations with general theories or common estimations and have low insight. Approaching things with general theories may not be functional, because each event can have its dynamic. Simsek et al. (2013) also suggested that an abstract and higher-level representation has detrimental consequences for mental health.

Over general memory is an invariable personality trait marker for depression susceptibility (Brittlebank et al., 1993; Williams, 1996). According to Watkins and Teasdale (2001), analytical (abstract, ruminative) self-focus is associated with excessive general memory, however, concrete self-focus reduces excessive general memory, while rumination maintains it. It was supported that reduced concreteness is exhibited in both worry and depressive rumination (Stoeber & Borkovec, 2002; Watkins & Moulds, 2007). Research showed that rumination mediates the relationship between intolerance to uncertainty and depression. Our study also supported those findings that the need for absolute truth partially mediated both the relationship between intolerance of uncertainty and depression (see Table 4) and the relationship between intolerance of uncertainty and generalized anxiety disorder (see Table 5).

5. Conclusion

If people with an intolerance of uncertainty need absolute truth, they have higher levels of abstract ways of thinking and so, they have higher levels of depression and anxiety. However, if they do not need absolute truth, their depression and anxiety level decrease. Therapists can guide clients with depressive and anxiety disorders to make realistic assessments by thinking about positive as well as negative possibilities to cope with uncertain situations. If people try to find situation-specific instead of overgeneralized knowledge related to the present and future. Ruminative thinking about negative options leads to anxiety.

In uncertain situations, if people think that they cannot cope with the problems that may arise, they evaluate themselves negatively and therefore they may develop depression and anxiety. That's why, they try to find absolute knowledge to avoid problems. However, focusing on the situations will have constructive consequences that positively affect mental health if it contains concrete-level structures. Therapies for depressive and anxious people should focus on trying to change the cognitive distortions of clients that include abstract structures. Thus, if the level of the need for absolute truth decrease, depressive and anxious people can more easily cope with uncertainties.

The study can be examined according to more detailed demographic data to determine in which period of life people feel the need for absolute truth more and in which period they are more intolerant of uncertainty. In countries with different cultural habits, this study can be applied and then a comparative analysis can be made. It can be applied to the people of seven regions in our country separately and then the data can be compared. The mediating role of more variables can be looked at.

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