PERCEIVED THEORETICAL ORIENTATION CHOICES OF PSYCHOTHERAPISTS

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ABSTRACT

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The purpose of the current study was to explore potential factors related with theoretical orientation choices of psychotherapists. For this purpose, a qualitative research based on constructivist paradigm was conducted. In order to identify the subjective views of psychotherapists 14 clinical psychologists were recruited as participants. Semi-structured interviews were conducted with the participants. Then thematic analysis was conducted. Eight themes and several sub-themes were identified based on the participants' responses. These themes were *personal factors, training factors, clinical experience, needs of clients, conditions in Turkey, empirical support, miscellaneous* and *extra factor: the influence of being therapist on personal life*.

Keywords: Theoretical Orientation, Personality, Training, Clinical Experience, Client Needs

ÖZ

PSİKOTERAPİSTLERİN ALGILANAN TEORİK YAKLAŞIM SEÇİMLERİ

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Bu çalışmada, psikoterapistlerin teorik yaklaşımlarını belirlemelerinde etkili olabilen faktörleri keşfetmek hedeflenmiştir. Bu amaca yönelik olarak düzenlenen nitel çalışmada yapısalcı paradigmanın önermeleri temel alınmıştır. Terapistlerin öznel görüşlerini araştırma amacıyla da 14 psikoterapist ile görüşmeler yapılmıştır. Her bir kişiye önceden belirlenmiş olan yarı yapılandırılmış sorular yöneltilmiştir. Ardından, cevaplar üzerinden tematik analiz yürütülmüştür. Katılımcıların yanıtları üzerinden birçok tema ve alt-tema belirlenmiştir. Bu bağlamda, *kişisel faktörler, eğitim faktörleri, klinik tecrübe, danışan ihtiyaçları, Türkiye'deki koşullar, ampirik destek, diğer* ve *ekstra faktör: terapist olmanın kişisel hayata etkileri*dir belirlenen 8 ana temadır.

Anahtar Kelimeler: Teorik Oryantasyon Seçimi, Kişilik, Eğitim, Klinik Tecrübe, Danışan İhtiyaçları

To My Brother, Yenge and Parents

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CHAPTER 1

INTRODUCTION

1.1. Theoretical Orientation

When psychotherapists are asked to explain their practice, there is a tendency to refer to one's theoretical orientation in the first place (Lyddon & Bradford, 1995; Vasco, Garcia-Marques, & Dreyden, 1993). This reflects the essential position of the theoretical orientation for psychotherapists. On the other hand, the question of how people choose and develop their theoretical orientations is very difficult to answer. One of the possible reasons could be the complex nature of the theoretical orientation development. The complexity of the concept was suggested to be caused by the interaction of various factors in forming one's orientation (Poznanski & McLennan, 2003; Bitar, Bean, & Bermudez, 2007; Buckman & Baker, 2010). It was clear that many situational variables, such as availability, institutional demands, client characteristics, orientation of the supervisor, as well as personal characteristics of the therapist interact during the development of theoretical orientation (Guy, 1987).

In line with this information, it is evident that theoretical orientation development is not shaped by mere exposure to certain orientations during training, but rather a complex interaction of multiple influences (Poznanski & McLennan, 2003). Moreover, it is a long-run process during which further theoretical revisions and changes, in addition to the initial choice, continue to be influenced by multiple interacting factors (Norcross & Prochaska, 1983, p. 204). Therefore, it is difficult to define the concept and to explain the underlying mechanisms.

Theoretical orientation was defined as the conceptual framework that is used with the aim of understanding the therapeutic needs of the client (Poznanski & McLennan, 1995). More specifically, theoretical orientation enables therapists to form

hypotheses about clients' experiences, feelings, or behaviors; provides a rationale for the interventions used in therapy; and helps in the evaluation of the therapy process. Furthermore, a theoretical orientation mediates between the theory and the practice by providing aims and methods to be used by the therapist (Strupp, 1955). Thus, basing practice on a theory is essential in forming the therapy process and managing interventions (Hansen & Freimuth, 1997).

Another function of theoretical orientation is to provide a roadmap and guide the organization of the information provided by the client. Theories provide effective methods that enable the therapists to feel more confident and secure (Halbur & Halbur, 2006, p. 4). It was suggested that to be effective, therapists need to have a commitment to certain theoretical frameworks (Stevens, Dinoff, & Donnenworth, 1998). Mastering in a particular theoretical orientation reduces the therapist's burden by clarifying the road ahead.

Especially during the early years of practice, beginning psychotherapists tended to have a strong need for guidance (Scandell, Wlazelek, & Scandell, 1997).Having a theoretical orientation made therapy easier for beginning therapists. Furthermore, it was recommended for beginning therapists to initially gain mastery on a single theory to increase the sense of competence and to have a deeper understanding of human nature. Clients also tended to trust beginning therapists more if they showed mastery of a theory, which in turn may affect therapy outcome (Corey, 1996; Frank & Frank, 1993).

Similarly, counseling students were advised to have a theoretical orientation in the very beginning phases of their professional development (Murdock, 1991; Prochaska & Norcross, 1994), and the trainees were tasked with finding the approach that fits with their personality and values (Prochaska & Norcross, 1994). The emphasis on the match between one's orientation and personality is important, because this fit can be crucial in practice.

Supporting this idea, experienced therapists tended to feel more comfortable in conducting therapy. Therefore, their personal therapeutic style emerged and their

personality characteristics were reflected in the practice of chosen orientation (Stoltenberg, McNeill, & Crethar, 1994). On the other hand, beginning therapists tended to adhere more to the models of their theoretical orientation compared to more experienced therapists (Vasco, Garcia-Marquez, & Dryden, 1993; Topolinski & Hertel, 2007). In light of this information, it is safe to suggest that therapists need a theoretical orientation to base their practice and this need is stronger when the therapist's experience level is low. As therapists gain experience in the field, there is a tendency to adjust one's orientation based on personal preferences and characteristics.

Theoretical orientation is inseparable from psychotherapy; however, how to decide on which orientation to choose is another big challenge. The challenge stems from the complex nature of the selection process as mentioned above. There are a few studies and models that focus on the process of selecting theoretical orientation (Arthur, 2000; Heffler & Sandell, 2009; Poznanski & McLennan, 2003). Evidence-Based Practice Model suggests that the selection should take place based on what has been empirically supported for a specific problem (Roth & Fonagy, 2006). In this regard, empirical support from the literature determines the choice of psychotherapists.

Another model underlines the importance of the fit between the theoretical orientation and the client. It was suggested that psychotherapists tend to choose their orientations based on what would be suitable for the clients and their problems (Roth and Fonagy, 2006). Yet, it was assumed in the model that psychotherapists have more than one orientation to choose from, which may not always be the case.

Yet another model named Developmental Model described the selection process in three different stages (Stoltenberg & Delworth, 1987). In the initial phase, novice therapists tended to be inflexible and focus only on one orientation. Then they started to consider other approaches without being sure which one to follow. At the final stage, therapists had a chosen orientation, while at the same time benefited from other orientations flexibly (Stoltenberg & Delworth, 1987). These three models

capture the process from different angles and each has important contributions; however, they are still limited in explaining the process comprehensively.

As it was mentioned before, the number of research studies on this topic is limited and the accumulation of information is very slow (Arthur, 2000; Poznanski & McLennan, 2003; Heffler & Sandell, 2009). Yet, the implications of the mismatch between therapists and theoretical orientations are substantial. Consequences of such a mismatch included increased stress (Hochschild, 1983), relational imbalance (Carson, 1969), dissatisfaction with the job, and decrease in therapeutic efficacy (Vasco & Dryden, 1994). Therefore, careful consideration of the related factors in the theoretical orientation development is important. In this regard, maximizing the fit between the therapists and the orientations turns out to be a desired consequence.

1. 2. Factors Related to the Development of a Theoretical Orientation

There are hundreds of theoretical orientations in the psychotherapy field and this number seems to increase every year (Corsini & Wedding, 1995). Yet, in the literature there is the idea, first suggested by Saul Rosenzweig in 1936, that all orientations have something in common. Accordingly, these common factors are the core of therapy and are responsible from the effectiveness of therapy (as cited in Luborsky, et al., 2002). In other words, there is no difference between orientations in terms of effectiveness. Thus, common factors tend to create the therapeutic change rather than orientation-specific practices (Luborsky, et al., 2002).

For instance, in a meta-analysis examining the common factors it was reported that goal consensus and collaboration accounted for 11.5% variance in therapy outcome, empathy accounted for 9%; therapeutic alliance7.5%, positive regard and affirmation 6.3%; genuineness 5.7%, and therapist factors accounted for 5% of variance (Laska, Gurman, & Wampold, 2014). That's to say common factors among different psychotherapies were found to be effective in facilitating therapeutic change. If this is the case, why do therapists need and produce more and more different theoretical

orientations? Obviously, therapists are searching for something more than the common factors.

The fit between therapist characteristics and the chosen orientation was an important factor (Frank & Frank, 1993). A good fit between the therapist's characteristics and his or her theoretical orientation would lead the therapist to feel comfortable in therapy, which in turn would facilitate effective therapy practice (Frank & Frank, 1993). Otherwise, cognitive dissonance (Topolinski & Hertel, 2007; Vasco, Garcia-Marques, & Dryden, 1993), stress (Hochschild, 1983), relational imbalance (Carson, 1969), and decline in job satisfaction (Vasco & Dryden, 1994) are likely to occur. In this regard, what produces the harmony between the theory and therapist is an important question to be asked. Personality characteristics of the therapist are among the determinants of harmony between theory and therapist.

1. 2. 1. Personality

There are various definitions and measures of personality. Overall, personality can be defined as thought, emotion, and behavior patterns of individuals (Funder, 2007, p. 5). Personality tends to be relatively enduring although it is shaped by interpersonal interactions (Larsen & Buss, 2005, p. 4). Personality is one of the most frequently mentioned factors in relation to theoretical orientation development (Bitar, Bean, & Bermudez, 2007; Ogunfowora & Drapeau, 2008; Topolinski & Hertel, 2007; Vasco & Dryden, 1994). It was stated by Messer and Gruman (2011) that there can be a natural fit between chosen theoretical orientation and therapist's personality. That is to say, a therapist can work more effectively with a certain orientation rather than others due to a natural fit between his or her own manners and the expected manners by the chosen orientation (as cited in Heinonen & Orlinsky, 2013).

Researchers investigated the relationship between therapists' personality characteristics and preference for certain theoretical orientations (Walton, 1978; Trembley, Herron, & Schultz, 1986). In line with this information, educators emphasized increasing the fit between the orientation choice and the personal

features of the students (Scragg, Bor, & Watts, 1999). Therapists with certain personality traits may be more prone to prefer certain theoretical orientations compared to others (Poznanski & McLennan, 2003) and be more likely to use those orientations more effectively (Messer & Gruman, as cited in Heinonen & Orlinsky, 2013). It has been found that low levels of openness to experience, conscientiousness, relatively low levels of emotional expression, optimism, commitment to rationality and objectivity predicted a preference for cognitive-behavioral orientations (Poznanski & McLennan, 2003). Openness was found to predict a preference for humanistic and existential orientations.

Consistent with previous findings, conscientiousness was negatively related to preference for humanistic and existential orientations (Ogunfowora & Drapeau, 2008). Openness to experience (Scragg, Bor, & Watts, 1999; Costa & McCrae, 1992; Ogunfowora & Drapeau, 2008), intuition, relatively high levels of emotional expression, commitment to rationality, and subjectivity were found to be associated with psychodynamic orientation rather than cognitive behavioral, behavioral, or systemic orientations (Poznanski & McLennan, 2003; Topolinski & Hertel, 2007). In addition, when psychotherapists were asked whether their personality traits had an influence on their preference for a certain therapeutic orientation, they confirmed such a relationship in their subjective reports (Bitar, Bean, & Bermudez, 2007; Chwast, 1978).

Another study indicated that the relationship between personality characteristics and theoretical orientation of the therapists become stronger during later stages of their careers (Vasco, Garcia-Marquez, & Dryden, 1993; Topolinski & Hertel, 2007). Stated differently, personality factors are likely to be more influential in shaping theoretical orientations as therapists become more experienced. In light of this information, it is important to consider the relationship between therapist's personality and his or her choice of theoretical orientation.

1. 2. 2. Education

In addition to personality factors, the training process of psychotherapists influences the choice of theoretical orientation. In the literature, the findings were not consistent and the influence of training factors tended to vary depending on the chosen theoretical orientation. In this regard, Poznanski and McLennan (2003) reported in their study that almost all the cognitive behavioral therapists claimed university training to be the determinant of their choices. Yet, more than half of the experiential psychologists reported no impact of university training. On the other hand, almost all the psychodynamically oriented participants suggested that their supervision process was the determinant of their theoretical commitment to psychodynamic approach and one third of them claimed that their university training had no influence. Half of the CBT and experiential psychotherapy oriented therapists reported supervisions as being an important factor in their theoretical orientation choices (Poznanski & McLennan, 2003).

In short, preference for Cognitive Behavioral Therapy (CBT) was found to be associated with taking courses on CBT, yet, preference for psychodynamic and systemic orientations was associated with having supervision based on those perspectives. Authors explained that psychodynamic supervision tends to be more relational while CBT supervision is more didactic. Therefore, therapists may be more attracted to the relational nature of the psychodynamic supervision than CBT-based supervision (Poznanski & McLennan, 2003). The findings clearly reflected the complex nature of the influences. Considering the effects of training without also considering differences across orientations would be misleading. Thus, a holistic look can be beneficial when trying to understand the effect of training factors on therapists' theoretical orientation development.

Similarly, Buckman and Barker also reported mixed findings about training factors and supervision as determinants of psychodynamic orientation. They found a negative correlation between having CBT oriented supervision during training and choosing psychodynamic theory as one's orientation. This finding was explained by choosing based on personal interests rather than what was taught during training

(Buckman & Barker, 2010). In the light of this information, it is important to keep in mind that the influences of certain factors change depending on the individual differences and chosen theoretical orientations.

On the other hand, in a study which examined the effects of preexisting biases towards CBT it was stated that the effects of training can override the influence of personality and philosophical worldview (Freiheit & Overholser, 1997). In line with this, another group of researchers suggested that the initial training has stronger effect than personality characteristics on theoretical orientation choice of psychotherapists. The aim of the study was to find the relationship between the personality and theoretical orientation and it was found that trainees tend to learn the taught orientation in the first place and reflect own personality on orientation choice later (Topolinski & Hertel, 2007).

Supervision is one of the important components of psychotherapists' training. The longitudinal study conducted by Guest and Butler revealed that in the first year of training no factors other than supervision was influential on theoretical orientation. Thus, personality of the trainee or the locus of control in terms of external and internal did not have an effect on theoretical orientation in the first year. Moreover, it was suggested that the effects of supervisor's orientation and supervisory experiences endure several years after the therapist is qualified to work independently (Guest & Beutler, 1988). Therefore, training factors tended to be very influential in the early years of training, while supervisory experiences and the supervisor's orientation continued to influence over time.

Furthermore, student therapists tend to find psychodynamic approach more appealing during graduate education, which could be due to the underrepresentation and negative stereotyping of the orientation during undergraduate training. Thus, although trainees may have personality characteristics or a philosophical approach that is in line with the psychodynamic orientation, they might not have the chance to discover this tendency until they start graduate training and supervisions (Buckman & Barker, 2010). In conclusion, it is important to consider the popularity of an

approach or existing stigma towards an approach when studying the development of therapists' theoretical orientations.

In conclusion, training experiences, including supervision and university training, seem to have an influence on the theoretical orientation choices of trainee psychotherapists. Yet, the effect may vary according to theoretical orientation and it is not safe to make clear-cut conclusions about the effects. Moreover, potential stigma about certain approaches may also have an influence. In the light of this information, it can be claimed that training factors should be considered in understanding one's theoretical orientation choice.

1. 2. 3. Personal Therapy

Orientation of one's own psychotherapist was another factor found to be influential on one's own theoretical orientation choice. Choosing the orientation of one's own therapist was particularly true for humanistic and psychodynamic therapists, while the opposite was suggested for cognitive therapists. It was reported that cognitive therapists tend to disregard their own therapists' orientations (Vasco & Dryden, 1994). In another study, the researcher asked the participants about the factors that contributed to their selection of current theoretical orientation. The orientation of therapist's therapist was ranked first within the factors of personal readings, therapeutic bias of the colleagues and supervisors, belief system of own therapist, age of the patients and size of the patient unit in terms of individual, couple or group factors (Steiner, 1978).

Again, the effect of personal therapy varies across theoretical orientations, yet the finding held particularly true for psychodynamic and experiential practitioners in the study examining factors associated with theoretical orientation choice. CBT oriented personal therapy, however, was less influential on CBT oriented therapists (Poznanski & McLennan, 2003). Moreover, it was suggested by Rosin and Knudson (1986) that psychodynamically oriented individuals tend to receive personal therapy significantly more often than psychotherapists with behavioral orientations. Thus, the choice and need for personal therapy differs across different orientations.

Furthermore, the personal therapist choices of psychotherapists may not be random in the first place. That is to say, the relationship between the chosen orientations and own therapist's orientation may be explained by this conscious decision in the very beginning. Therefore, the effect being different among theoretical orientations can be explained by individual differences. In any case, own therapists tend to have an impact of chosen orientation that it would be a good idea to include this in understanding theoretical orientation development.

1. 2. 4. Early Life Experiences

In terms of early life experiences factor, it is clear that people are not exempt from what they have experienced throughout their lives. Early life events tend to have an influence on one’s current life and interpersonal interactions. According to Murdock and colleagues, therapists' experiences in close personal relationships, including relationships with parents and family members, influenced their choice of theoretical orientation (Murdock, Banta, Stromseth, Viene, & Brown, 1998). In line with this information, in a study conducted with mixed qualitative and quantitative design it was suggested that psychodynamically oriented counsellors tend to describe their own familial experiences as involving "emotional extremes of turmoil as well as disengagement." (Poznanski & Mclennan, 2003, p. 224).

Similarly, psychodynamically oriented participants reported mental illness in family of origin members significantly more often than behavioral oriented participants. Moreover, significantly more conflicts in family of origin environment were reported by psychodynamic psychotherapists (Rosin & Knudson, 1986). On the contrary, cognitive behaviorally oriented therapists referred to a family environment characterized as involving "practical problem solving and lower levels of emotional stress" (Poznanski & Mclennan, 2003, p. 225). In addition, experiential psychotherapists stated that their experiences in their family of origin were emotionally restricted. Moreover, family-systemic therapists reported that they had taken the responsibility for other family members at a very early age which was called "early parentification" in the article (Poznanski & McLennan, 2003, p. 225).

Identifying therapists from different theoretical orientations by considering familial experiences is such an important finding to underline the importance of the factor.

In addition, it was claimed that a therapist's family of origin experiences may shape his or her theoretical orientation development in two ways (Bitar, Bean, & Bermudez, 2007). The first effect was that psychotherapists tend to choose a theoretical orientation that effectively contributed to the resolution of their own family of origin issues. The second suggested influence was that psychotherapists may be sensitized to certain theoretical orientations due to family of origin experiences. Thus, therapists either choose the orientation which helped with their own familial issues or family of origin experiences led therapists to feel closer to certain orientations (Bitar, Bean, & Bermudez, 2007).In either case, the salience of family-of origin experiences and parental influences were suggested to decline over time (Johnson, Campbell, & Masters, 1992). Therefore, it can be concluded that early life experiences, mostly with parents, tend to be influential especially at the early stages of therapy career and decline over time.

1. 2. 5. Worldview, Personal Philosophy, Values

Besides personality characteristics, training, and personal therapy of the therapists, personal values, philosophy, and worldview are also crucial determinants of therapists' theoretical orientations. Every person grows up in a developing system of values and philosophy of life. Values are inevitably involved in psychotherapy process (Fabrikant, Krasner, & Barron, 1977). It was argued that psychotherapists from different orientations can be differentiated based on their philosophical worldviews and epistemological commitments (Buckman & Barker, 2010). Theoretical orientations differ in terms of view of human nature, mental health conceptualization, and epistemological, as well as ontological assumptions (Henry, Sims, & Spray, 1973; Messer & Gurman, 2011). One's values tend to be enduring and resistant to change (Costa & McCrae, 1994) and thus, therapists are required to adopt an orientation that is compatible with their values and philosophical worldview. Choosing an orientation that is incompatible with one's worldview could

result in wasting time and money (Costa & McCrae, 1994). Therefore, it is better to consider these factors before starting a training program in psychotherapy.

What makes an orientation suitable for one person and not for another is a big question. Still, there are some attempts to shed light on the process. In one study cognitive-behavioral orientation was found to be related with Empiricism and Rationalism epistemic styles. Meanwhile, psychodynamic orientation was linked with Metaphorism which involves the beliefs about symbolic processes (Lyddon & Bradford, 1995). Moreover, Lyddon and Bradford conducted the study using the Organicism- Mechanism Paradigm Inventory (OMPI) which has 26 forced-choice items to measure philosophical areas and the practical concerns of ordinary people. Philosophical areas refer ontology, epistemology, personhood, analysis and causality and practical concerns include conjugal, parenting, interpersonal relationships. The aim of the study was to assess the philosophical worldview of psychotherapists from different theoretical orientations. It was found that therapists with psychoanalytic or systemic orientations were more Organismic, which refers to the subjectivist worldview. On the other hand, cognitive-behavioral therapists had a tendency to be more Mechanistic, which refers to the objectivist worldview (Lyddon & Bradford, 1995). Thus, the individuals with different theoretical orientations also have different worldviews.

The match between the orientation and the therapist's values is found to be an important component of satisfaction with the orientation. Therapists tend to prefer therapeutic approaches which are in line with their epistemological commitment (Vasco & Dryden, 1994). Yet, such good matches are not always the case. It was found that a mismatch resulted in dissonance between therapist values and the theoretical assumptions, which leads to dissatisfaction with current orientation and decline in therapeutic efficacy (Cummings & Lucchese, 1978). In addition, life experiences contributed to substantial changes in personal values and beliefs, and when changes in values were not followed by changes in theoretical orientation, dissonance was likely to occur (Arthur, 2001). Furthermore, dissonance increased the possibility of leaving one’s career in psychotherapy, which holds particularly true for psychodynamic and systemic therapists. On the other hand, it was suggested that

eclecticism reduced dissonance (Vasco, Garcia-Marques, & Dryden, 1993). Although there are some cases of mismatch, most therapists tend to consider personal values and philosophy when deciding on a theoretical orientation (Prochaska & Norcross, 1983), and in general, therapists' views of human nature tend to be in line with their preferred theoretical orientations (Sandell, Carlsson, Schubert, Broberg, Lazar, & Grant, 2004).

1. 2. 6. Clinical Experience

Clinical experience is another prominent factor in theoretical orientation development. Vasco and Dreyden suggested that clinical experience overrides personal factors in changing one's initial orientation. Vasco and Dryden suggested a linear pattern of relationship between clinical experience level and therapeutic style of the therapists, which was independent of the theoretical orientations of psychotherapists. Thus, it was claimed that as the level of clinical experience increased, therapists tended to be less directive and more reflexive (Vasco & Dreyden, 1994). In this regard, therapy experience tended to change the psychotherapists' styles independent of their personality or chosen orientation.

On the other hand, Topolinski and Hertel (2007) claimed that personality factors tend to become more influential on theoretical orientation as the practice level of the therapist increases. Accordingly, after receiving initial training on a certain theoretical orientation, therapists tended to increase their level of clinical experience through actual interactions with the clients. Therefore, they began to understand which intervention style fits better with their own personal needs and skills. In the end they chose the appropriate orientation to own personality (Topolinski & Hertel, 2007). In this sense, clinical experience was a tool to identify a personally suitable orientation.

Furthermore, in a study, clinical experience was linked with receiving feedback from clients and working with similar stories and disturbances. In this regard, the feedback provided by clients had a positive effect on therapists' therapeutic approach to evaluate and enhance own style accordingly (Bitar, Bean, & Bermudez, 2007).

Therapists were mostly receptive to the feedback given by the clients so that the therapy process can be enhanced accordingly. The more clients a therapist had, the more he or she would have become experienced in certain types of clients. Sated differently, the therapist may observe some patterns over time when working with clients having similar stories (Bitar, Bean, & Bermudez, 2007). Therefore, therapist's orientation will be enhanced by previous clinical experiences about how to proceed therapeutically with certain clients having certain types of problems.

Moreover, individuals' interpersonal styles tend to be more evident in low- anxiety situations. In this regard, advanced psychotherapists display lower anxiety levels, and consequently, their therapeutic style becomes more natural (McNeill, Stoltenberg, & Pierce, 1985). Considering all the support from the literature, one can assume that clinical experience influences therapists' choice and development of a theoretical orientation.

1. 2. 7. Experiences in Close Personal Relationships

It was suggested that one's personal identity was formed within interpersonal relationships. Therefore, personal identity of individuals tended to be reflected mostly on close relationships (Carson, 1969). The client-therapist interactions tended to be influenced by therapist's experiences in close personal relationships (Heinonen & Orlinsky, 2013). It should also be noted that the link between experiences in close personal relationships and therapy may be observed in low anxiety conditions. As mentioned before, when anxiety is low, the therapist will reflect his or her own interpersonal style with comfort and the resemblance between the theoretical orientation and personal style will be more salient (McNeill, Stoltenberg, & Pierce, 1985).

Moreover, results of a study indicated a significant relationship between therapists' self experiences in close personal relationships and theoretical orientation. It was suggested that therapists' manners in close relationships were significantly related with the expected manners based on one's theoretical orientation. For instance, humanistic therapists described themselves as genial in close relationships more than

psychodynamic therapists. It was suggested that a genial disposition had a natural fit with the expected manners of humanistic orientation, such as; being warm, empathically responsive, and open. Likewise, CBT therapists described themselves as practical, which again fits with the problem solving ethos of cognitive behavioral orientation (Heinonen & Orlinsky, 2013). In line with this finding, it was suggested that therapists are predisposed to certain interactional styles and there can be a natural fit with some orientations rather than others (Messer & Gurman, 2011). Thus, Humanistic psychotherapists perceived themselves as warm, friendly, and nurturing in close relationships as compared to Psychodynamic therapists. Therefore, predisposition to genial characteristics will display a natural fit with humanistic thought (Bohart & Watson, 2011). Moreover, integrative-eclectic therapists tended to be independent minded, open, proactive, and pragmatic in close personal relationships, and they match with a wider range of orientations (Robertson, 1979).

On the other hand, Borys and Pope claimed that therapists may display different characteristics in therapy compared to personal relationships (Borys and Pope, 1989). Accordingly, therapists tended to perceive themselves as more self-centered, authoritative, critical, demanding and less altruistic, nurturing, accepting, tolerant, and protective in close personal relationships compared to therapy interactions (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Coontz, 2005; Heinonen & Orlinsky, 2013). In addition, it was reported that therapists tended to adjust the relational manner dictated by their chosen orientation during therapy sessions. In this regard, psychoanalysts were warmer, friendlier, more nurturing and organized in their daily lives as compared to their therapy setting. CBT therapists also claimed to be less directive and challenging and more intuitive in their personal spheres compared to therapy sessions (Heinonen & Orlinsky, 2013). Thus, although individuals tend to choose the orientation that prescribes similar manners of interaction with personal sphere, therapists still need to adjust themselves in sessions based on the requirements of the chosen orientation.

Furthermore, psychodynamically-oriented therapists described themselves as warmer, more nurturing, friendlier, and more organized in personal relationships compared to therapy relationships (Wolitzky, 2011). Likewise, CBT therapists

reported that they were less challenging and directive and more intuitive in personal relationships compared to the relations with clients. Humanistic psychotherapists also reported to be less protective and accepting in private sphere than in professional sphere. Moreover, integrative-eclectic psychotherapists perceived themselves more or less the same in both conditions (Borys and Pope, 1989).

In light of this information, it is safe to suggest that there is an association between theoretical orientation and the way therapists interact in close personal relationships although some differences also exist. In general, therapists tend to display certain manners of interaction in therapy which resembles their manners in private life. Yet, certain manners are expected by theoretical orientations which are different from personal manners. As long as these expectations are compatible with therapist's personal style, there would be no problem. On the other hand, a strong mismatch between the interpersonal relational style of the therapist in private and professional spheres may lead to a relational imbalance for the therapist (Carson, 1969). Consequently, therapists' experiences in close personal relationships should be considered in the theoretical orientation development process especially when the traits of the orientation are incompatible with the personal style of interaction.

1.2.8. Other Factors

Other factors also influence theoretical orientation development. For example, workplace demands and restrictions can influence therapists' choice of theoretical orientation. In some workplaces, psychotherapists are expected to work in a certain manner and use certain theoretical orientations. Also, there could be time restrictions at certain institutions, enforcing short-term or long-term psychotherapy practices (Guy, 1987). Even when a therapist has a different orientation than expected, the choice of the therapist may be disregarded and the practice might be determined based on the workplace culture. Such strict restrictions are not always the case but, should be taken into account.

In addition to workplace demands and restrictions, availability can be very prominent in theoretical orientation choice of psychotherapists. Training in certain theoretical

orientations may not be available, and a therapist with appropriate characteristics may not be free to choose an orientation that matches his or her style (Guy, 1987; Stevens, Dinoff, & Donnenworth, 1998).

Moreover, some individuals prefer to practice an orientation that has been empirically supported. The evidence behind an orientation can be the reason to choose that orientation for some therapists (Roth & Fogany, 2006). In this sense, an orientation with less empirical support may be disadvantaged even when it is more appropriate for the therapist's style.

Therapists also may determine their theoretical orientations based on clients' needs (Roth & Fonagy, 2006). In order for that to happen, the therapist must be proficient in multiple orientations, which may not always be the case (Buckman & Barker, 2010). Still, considering the need of the client and adapting the approach accordingly may be an important factor.

Recently, insurance system demands became a salient dimension. It was suggested that there is an increased demand for CBT therapists by the health care system, which might cause therapists with different orientations to make strategic choices and shift towards CBT (Vasco & Dryden, 1994). It was also claimed that if there is a poor match between the therapist and the orientation, the therapist may experience dissonance and obtain lower satisfaction from practice (Vasco & Dryden, 1994). Therefore, choosing solely based on demands of the system without considering personal aspects may not be advisable. It would be much better to evaluate all the factors that may influence one's satisfaction with a theoretical orientation.

1. 2. 9. Interactions of the Factors

As it has been pointed out, theoretical orientation development consists of multiple interacting factors (Guy, 1987). Yet, the focus of research studies was rarely on the interaction of multiple influences (Bitar, Bean, & Bermudez, 2007). In general, it is difficult to draw clear-cut boundaries between all the factors mentioned above. There are overlapping areas between seemingly different but in fact related factors that

influence one's choice of theoretical orientation. Thus, it is important to investigate the interaction of various factors. Moreover, the influence of several factors and their interaction is not limited to the initial phase of one's therapy career, but continues to influence one's practice as the therapist becomes more experienced. A therapist's personality, philosophical worldview, and life circumstances may also change during the course of his or her therapy career (Guy, 1987; Farber, 1983; Henry, Sims, & Spray, 1973). Therefore, the complexity of the process never diminishes but rather increases as a function of additional factors throughout the process.

In this section, the interaction of various factors is highlighted. For instance, if an individual is required to conduct therapy with a certain orientation determined by the workplace, the therapist's disposition to another orientation will not be considered. In this case, workplace demands will override personal factors, unless the therapist quits the job. Another example can be related with availability. The therapist may not have the chance to get training on a certain orientation due to time, space, and financial problems even when there could be a great match between the orientation and the therapist. This time, external factors become more salient and the therapist may be forced to choose another orientation that is available. The examples can be multiplied hundreds of times; however, the underlying point is the idea that there is no linear pathway in theoretical orientation development. On the contrary, there are multiple crossroads to be considered while trying to investigate the process of theoretical orientation development. Therefore, the current study was decided to be conducted in qualitative research design in order to account for the complex and interacting nature of the topic. Otherwise, it would not be possible to cover all the factors at once with a quantitative design.

1. 3. Aims of the Study

There are only a few studies investigating the development of therapists' theoretical orientations and most of those studies are out-dated (Arthur, 2000; Poznanski & McLennan, 2003; Heffler & Sandell, 2009). Only in one study authors investigated the development of therapists' theoretical orientations qualitatively (Bitar, Bean, & Bermudez, 2007). Moreover, no studies investigating the development of therapists'

orientations in the Turkish context were found. In conclusion, there is a great need for a comprehensive qualitative study to investigate various factors related to choices of therapists' theoretical orientations in Turkish context.

A qualitative design was seemed better to capture various factors that are assumed to influence theoretical orientation choices. The qualitative design of the current study enabled the researcher to simultaneously capture various factors and it was a good start to explore and conceptualize the situation in the Turkish context.

Therefore, the present study was conducted in an interview format which included questions that explored each factor. In this regard, the present study aimed to explore the theoretical orientation choices of psychotherapists from a wide perspective. Thus the aims of the study were:

1. To examine the determinants of theoretical orientation choices of psychotherapists.

2. To understand the possible influences of personality characteristics of the therapists on theoretical orientation choices.

3. To explore the possible impacts of training factors which may include university training, supervision or private training courses on theoretical orientation choices.

4. To identify the potential influences of personal therapy experience on theoretical orientation choices.

5. To examine the possible impacts of early life experiences on theoretical orientation choices of psychotherapists.

6. To explore the potential influences of worldview, personal philosophy and values of psychotherapists on theoretical orientation choices.

7. To identify the potential influences of clinical experience on theoretical orientation choices

8. To explore the possible effects of close personal relationships on theoretical orientation choices.

9. To examine the potential influences of workplace demands or restrictions on theoretical orientation choices

10. To understand the probable effects of availability of training opportunities.

11. To explore the any other factor which is considered to be influential by the participants themselves

CHAPTER 2

METHOD

2.1. Participants

In the present study, 14 participants were recruited using purposive sampling. The technique of purposive sampling involves purposeful selection of the participants who have certain qualities that are required by the study. In this regard, the researcher determines the qualities of individuals beforehand and finds people who are willing to contribute to the study with their own experience and knowledge (Bernard, 2002; Lewis & Sheppard, 2006). In the present study, participants who had at least a master's degree in Clinical Psychology were recruited. Moreover, the individuals who had diverse qualities in terms of clinical experience level, educational and professional background, as well as chosen theoretical orientation were preferred. This preference was made so that different perspectives could be represented. Thus, the sampling method included individuals with diverse viewpoints and experiences, which enriched the information gathered from the participants.

In order to ensure confidentiality, the match between the participants' training institutions, work place, and theoretical orientation was not reported in this section. The participants' ages ranged between 26 and 52. Four of the psychotherapists were male and 10 were female. The experience level of the participants ranged between 2 and 25 years. Two of the participants had Master's degrees, 7 were doctoral students, and 5 had Doctoral Degrees. The participants obtained their degrees from, or were a student of Middle East Technical University, Hacettepe University, Ankara University, Koç University, Boğaziçi University, Bilgi University, or California Institute of Integral Studies.

Four of the participants worked as psychotherapists at university counseling centers. Two of these four participants worked in both private practice and university counseling centers simultaneously. One of the participants worked at a Government

Hospital. Three of the participants were working only in private practice as a psychotherapist. Four of the participants were working as research assistants at their university, in addition to doing therapy as part of their practical training. Finally, two of the individuals worked as Associate Professors, while at the same time working in private practice or at a hospital. Moreover, some of the participants had therapy experience with refugees, trauma victims, nursing home residents, women's shelter residents, and special education clients.

Another dimension that the participants differed on was their theoretical orientation. The therapists' theoretical orientations included Cognitive Behavioral Therapy (CBT), Schema Therapy, Relational/Interpersonal Psychoanalysis, Contemporary Psychoanalytic Psychotherapy, Art Therapy, Acceptance and Commitment Therapy, Positive Psychotherapy, Mindfulness Based Cognitive Therapy, and Rogerian Client Centered Therapy. Gestalt Therapy, Psychodrama, and Group Therapy approaches were also mentioned, but these were participants' secondary choices.

2.2. Interviews

Semi-structured, face-to-face, in-depth interviews were conducted. The duration of the interviews ranged between 32 and 113 minutes. The interview questions were prepared based on a comprehensive literature search and the researcher's curiosity. The researcher initially determined various factors that may be related to therapists' choice of theoretical orientation, and then she included these factors in question format. Finally, the thesis advisor edited the questions (see Appendix A). The semi-structured nature of the interviews provided flexibility and enabled the researcher to change and modify some questions based on the information obtained from participants. The researcher also added some questions to the interview when a participant's answers revealed a new factor that was not on the original list.

2.3. Procedure

Initially, the necessary approval for the study was obtained from Middle East Technical University Human Subjects Ethics Committee. Potential participants were

found by word of mouth, based on their theoretical orientation, age, gender, educational and professional background, and clinical experience level. As stated previously, the researcher tried to choose participants from diverse backgrounds, representing diverse theoretical orientations. The participants were contacted via electronic mail or phone calls and those who accepted to participate in this study were recruited. Each participant was provided with an informed consent form (see Appendix B), which included information about the aims of the study and the procedure. More specifically, participants were informed about the voice recording procedure and the use of the interview information for educational purposes in an ethical manner, by strictly ensuring confidentiality.

Thirteen of the interviews were conducted face-to-face individually. Only one of the interviews was conducted via Skype, since the participant was living in another city. Otherwise, the same interview procedure was applied to all 14 interviews. Thus, the voice records were transcribed by the researcher. After the interview and the transcription process, the data was analyzed using thematic analysis method. At the end of the analysis, the researcher identified major themes and subthemes.

2.4. Qualitative Analysis

2.4.1. Brief History of Qualitative Research

Qualitative research is primarily rooted in anthropology, philosophy, and sociology. Initially, the methods were not structured and diverse as they are now. Currently, there is a rise in use of qualitative research in social sciences (O'Neill, 2002). Still, the use and publications of qualitative analysis tend to be limited and the dominance of quantitative paradigms continues (Denzin & Lincoln, 2000). The comprehensive literature search revealed that only a small number of published studies were conducted with qualitative paradigm between the years of 1990 and 1999 (Rennie et al., 2002). The reason could be the underlying positivist tradition or the stigma towards qualitative methodologies as being unscientific (Braun & Clarke, 2006). Basically, the claim of qualitative method is not being "scientific" in the positivist

sense. Qualitative research, in a way, emerged as an opposition to the positivist tradition and thus, their underlying philosophy is substantially different.

Considering the historical development of the method, in early 1900s, commitment to objectivism within qualitative methods was the case. In this regard, researchers were observing the situation in its natural environment, but their intentions were to find universal knowledge that was valid, reliable and objective (Denzin & Lincoln, 1994, p.4). Then, starting in mid-1980s, the perspective of qualitative research excluded the neutral, objective, positivist views (Denzin & Lincoln, 1994, p. 11). Exclusion of positivist shadow from qualitative research opened the road for subjectivist, interpretivist tradition. Considering the emergence of the paradigm and the subsequent changes made, it is important to explain the underlying philosophy and some related concepts to ensure better understanding.

2.4.1.1. Three Paradigms: Positivism, Interpretivism, and Critical Theory

Chalmers (1982, p. 90) stated that a paradigm is "made up of the general theoretical assumptions and laws, and techniques for their application that the members of a particular scientific community adopt" (as cited in Willis, 2007 p. 8). In other words, the function of the paradigm is to guide the research context (Ponterotto, 2005).

Starting with positivism, the positivist way of thinking was developed by Auguste Comte; the founder of sociology. Comte defined sociology as *social physic* based on the idea that human studies should have a solid scientific basis. Therefore, he supported the use of scientific method in validation of human behavior (Willis, 2007, p.12). Positivist philosophy assumes the existence of a single truth which can be acquired via objective and scientific methods. Moreover, the role of the researcher should be minimized in order not to have any influence on the research process. In this sense, the research conducted in a carefully structured and controlled environment will end up with true knowledge. Contrary to this naïve realism which claims the existence of a single truth and possibility of reaching it, post-positivist ideology accepted that one may never grasp the truth totally, while still accepting the existence of a single truth to be searched (Willis, 2007, pp. 32-44).

On the other hand, in line with relativism, Interpretivism suggests that there are multiple and socially constructed realities rather than a single, objective, and universal truth. In this regard, reality is subjective and the context influences the situation all the time. Therefore, interpretivist researchers do not claim that they are in search of a single reality. On the contrary, Interpretivists are interested in searching one of the realities constructed in that specific context. As a result, the objective, scientific, and highly standard procedures of positivist paradigms gave their place to subjective, context-dependent, and interactive methods of inquiry (Ponterotto, 2005).

Critical theory is somewhat similar to interpretivist/constructivist paradigm. Critical theorists also accept that reality is shaped by multiple sources, such as culture, gender, ethnicity, social environment, and political values. The researchers of this paradigm attend to the realities shaped by power relations. Thus, research is not just an exploration of context dependent reality but also an intervention to change the situation shaped by the power relations (Ponterotto, 2005).

2.4.2. Epistemological Standing of Present Study

The current study was conducted based on the premises of constructivist paradigm, which suggests the existence of multiple, socially constructed realities. Accordingly, the subjective reality is influenced by the context, individual's perceptions, and researcher-participant interaction (Ponterotto, 2005). In this sense, subjectivity is something welcomed rather than something that should be avoided, because the underlying philosophy suggests that it is not possible to eliminate subjectivity from reality. In fact, constructivist view suggests that the reality itself is a subjective phenomenon and that the meaning is produced, not a given (Braun and Clarke, 2006). Constructivist approach was seemed appropriate for the purposes of the current study and the researcher's viewpoint. The major aim of conducting this study was to shed light on subjective experiences of psychotherapists regarding their theoretical orientation development. Constructivist paradigm, with its emphasis on multiple, socially constructed reality, was a good fit for the purpose of the research

project. Moreover, according to constructivist paradigm, meaning is produced via the interaction between the researcher and the participant and the active participation of the respondents. Therefore, the method also enabled the researcher to include the participants as meaning producers.

2.4.3. Thematic Analysis

Thematic analysis is one of the most widely used qualitative methods for analysis (Roulston, 2001). Some argue that thematic analysis is just a tool to be used by different qualitative methods and not a method (Boyatzis, 1998; Ryan & Bernard, 2000). Braun and Clarke objected to this idea by claiming that thematic analysis is also one of the qualitative methods in its own right (2006). Overall, thematic analysis is defined as a method to identify, analyze, and report the themes found in the data. The method both describes the data in a detailed manner and provides interpretations (Boyatzis, 1998).

Thematic analysis provides flexibility, freedom, and an active role for the researcher (Taylor & Ussher, 2001). Thus, the meaning is produced by the participants and the researchers themselves, and researchers create the themes. It is also important for a qualitative researcher to recognize his or her personal values and theoretical position. In this regard, this method opposes a naïve realist position in which the researcher only gives voice to the participants.

Furthermore, unlike other methods within qualitative research, thematic analysis is not bound to any predetermined theoretical framework. Thus, thematic analysis can be conducted with any of the methods, including realism and constructivism. This aspect was also considered to be important since it gives researcher the freedom to apply his or her own philosophical approach to the study. Moreover, there is no objective or preexisting rules to determine a theme and it enables real and free contact with the data. On the other hand, this freedom gives a responsibility to the researcher and the researcher needs to be reflexive from the very beginning of the research process regarding self experiences, feelings, and ideas.

In the beginning of the analysis process, the researcher read all the transcriptions to increase her familiarity with the data. During this reading, the researcher also searched for meanings and patterns in the data and took some notes on preliminary categories. Microsoft Office Word Program was used throughout the analytical process. Moreover, inductive way of analysis was conducted in which the meaning units and the themes were identified based on the data itself. Stated differently, the researcher coded the data without attempting to fit it into a preexisting frame of analytical preconceptions. Therefore, the entire data rather just the related parts were read and analyzed.

After the familiarizing herself with the data, the researcher generated initial codes. The codes were the smallest meaningful units of the data set. The inclusion of contradictory information in coding was also considered to be very important. For example, comments regarding the effect of early life experiences on the therapist's development, and the comments regarding the lack of such an effect were included in a category. Then, the codes were sorted into potential themes. When the candidate themes and subthemes were identified, they were reviewed to ensure that the themes were coherent within themselves and distinct from other themes and subthemes. Then each theme and subtheme was named appropriately, which ended the analysis.

CHAPTER 3

RESULTS

In the current study, eight different themes were found in relation to the theoretical orientation choice of psychotherapists. These themes were *personal factors, training factors, clinical experience, needs of clients*, *conditions in Turkey*, *empirical support, miscellaneous* and *extra factor: the influence of being therapist on personal life*. Each of the themes and subthemes were explained below.

3. 1.Personal Factors

Personal factors theme was one of the major themes acquired from the data. Almost all the participants suggested the possible influence of personal factors on their theoretical orientation choice as well as on the personal therapeutic style within the chosen orientation. The theme was differentiated from the other themes by including only self-related aspects. In other words, the theme contained only the factors related with the therapists themselves. *Personality characteristics, worldview, early life experiences, own therapy, important people in life* and *self-healing* were subthemes of the personal factors.

3. 1. 1. Personality Characteristics

Personality characteristics of the participants and whether they have any influence on theoretical orientation choices were asked during the interviews. Initially, the therapists described their personality characteristics, and then they linked the characteristics to their chosen orientation or personal therapeutic style if appropriate. Almost all of the participants agreed that their personality characteristics had an effect on their theoretical orientation choice or the way they conduct therapy. In this regard, therapists suggested that they tended to choose the orientation which fits with their personality traits. Yet, in situations where there is a mismatch between the

personality characteristics of the therapist and their theoretical orientations, therapists reported that they make adaptations in practice. Overall, participants highlighted the importance of feeling comfortable in conducting therapy with certain orientation or techniques. This effect seemed so important for one of the participants that when asked to describe her personality characteristics, she suggested that being a therapist was an integral part of her identity. The therapist said: "Let me first talk about my identity features; I define myself as a woman, and I am a therapist, which is a very important part of me."

It was also found that participants adopt an orientation or distance themselves from certain orientations based on their personality characteristics. Expressions such as feeling close, feeling distant, or feeling comfortable with an orientation or a technique were frequently used by the participants to describe the relationship between their personality characteristics and theoretical orientations. These subjective feelings towards certain orientations seemed to have an influence on the participants' theoretical orientation choices. Those feelings were also linked with certain personality characteristics that the participants had. One of the participants claimed:

> CBT being structured was the reason for me to feel close to it. Well, I prefer structured, predetermined paths rather than the orientation full of surprises and uncertainties. Of course, the needs of the client may change the flow of the sessions but more or less you know what you will do. You also know how long the therapy will continue. This certainty comforts me.

For example, one of the participants reported that the relatively non-directive position of psychoanalytic psychotherapists was coherent with being an introverted and calm individual. The therapist stated:

> Well, in psychoanalytic therapy, the therapist is inactive as compared to other orientations. You make interpretations but not always, and generally you are in a neutral position where you try to understand the patient. I don't know, last year I took a family therapy course, we saw a technique that the therapist

> was too active. Well, I think of myself, I cannot do them in that persuasive manner. I think other people would fit the method and perform very well but I am a calm person, an introverted person, I think. I guess, the stability and the slowness of psychoanalytic therapy are good for me. In this respect, I feel comfortable there.

Another participant stated that being a patient and self-analyzing person are the traits that push a person to be a psychoanalytically oriented therapist. CBT, as being more structured and predictable, was favored by one participant, while criticized by another. In addition, being curious, self-analyzing, and willing to read were highlighted by multiple participants in relation to being a psychotherapist, especially one with psychoanalytical orientation. In terms of personality characteristics, one of the therapists suggested that the personality of the therapist itself was a tool in therapy sessions. The participant reported:

> The therapist uses his or her own personality in the therapy relationship. The most important tool in the tool bag of a therapist is his or her own personality. I think the therapist adapts the chosen orientation based on his or her own personality. In therapeutic relation, the therapist initially identifies what is suitable for himself or herself and then finds the theoretical orientation which fits the therapist

Furthermore, participants reported that even when there is a mismatch between the personal traits of the therapist and his or her chosen orientation, he or she tends to make personal adaptations. Thus, one of the participants suggested:

> You interpret the orientation based on your personality anyway. I cannot claim that the thing that I conduct and call Schema Therapy is the same thing that one of my colleagues conducts. They would resemble in common factors; however, would not be the same structurally. The personality has an impact there.

Integrating other orientations and techniques, preferring not to use certain techniques and viewpoints of an orientation, or developing one's own style in therapy were examples of personal adaptations. One of the participants said that: "The personality is important from this standpoint; you pick what seems plausible to you and do not pick the others." Another participant stated: "Well, I find these imagination techniques a bit pretentious. It feels as if I perform in a theatre, which I cannot accommodate into my therapist style, so I prefer not to use them."

In the light of this information, individuals tended to choose a theoretical orientation or adapt the orientation based on their personality traits. Thus, personal interpretations and person-specific applications of techniques were reported to be common practices among psychotherapists. Moreover, personality could also account for not adopting certain orientations.

3.1.2. Worldview

Worldview was one of the identified subthemes under the personal factors. Similar to personality characteristics, participants were asked to link their chosen orientation with their worldview if possible. In general, participants agreed on the possible influence of their worldview; however, the effect was not necessarily solely on their choice of theoretical orientation, but also on their therapeutic style. All the participants agreed that they adopted a theoretical orientation that was compatible with their personal philosophy and worldview. The term worldview included the participants' views about the human condition and human mind, as well as their political and social views. The link between one's orientation and views about human mind was highlighted by one of the participants:

> The important thing is how close the theoretical orientation's views about humans are to mine. CBT could be suitable for someone else, or Gestalt for another. I believe that an effective therapy can only be through the mental model that you feel close to, otherwise it cannot be. I mean, for example; "I don't believe in unconscious but I will conduct psychoanalytic therapy"; there can be no such thing.

This section also contained participants' views about psychotherapy, which affected their therapy practice. For instance, one of the therapists stated that the important thing in therapy is to support the client so that he or she can change himself or herself. The participant reported:

> In my opinion, the fundamental thing in therapy is the patient changing and strengthening himself or herself. No matter how much we try to provide help, the patient will take as much as he/she can. The thing we should do is to provide a comfortable environment to support the individual to grow.

Another therapist also shared that no one was in a position to interfere with others' lives. Therefore, the client was the one to choose the road to follow, and the therapist can only guide how to get there. Similarly, egalitarian approaches were highlighted by some of the participants: "I can tell this especially for schema therapy that the emphasis on equal relationship is very crucial for me." Another therapist also stated:

> There is unavoidable hierarchy between the therapist and the client. Therefore, the egalitarian relationship between the client and the therapist is an important aspect for me. It is the same in my personal life too; I value people just because they are human beings, which is also a bit of humanistic approach.

Moreover, one of the participants had the view that an orientation should serve all the living things in the world. That was why behavioral therapy was attractive for this therapist. In terms of the effect of political view, one of the participants suggested that she is on the side of the oppressed, and that is why she chose to study psychology in the first place: "Ever since I could remember, I always liked to stand by the oppressed individuals. I always try to understand those people. That's the main reason why I chose psychology." Another example of the influence of political view was:

> Even my political view, I don’t know, could be the reason why I feel distant to CBT. I think CBT is a very capitalist approach. Does it work? Yes. It comes from America, has very successful marketing. That's why the influence of worldview is certain.

On the other hand, another participant claimed that worldview has no influence on theoretical orientation choice, but on the way the chosen theoretical orientation is practiced in sessions. The participant stated:

> I think there is no such influence. I mean my values like equality, freedom, human and animal rights. These do not influence my orientation choice, but I can be more didactic in some instances to teach these rights to a woman client. Thus, the influence is on how I use those orientations.

Considering all the examples above, it can be summarized that psychotherapists’ worldview usually influenced their theoretical orientation choice or their therapeutic style. Therapists tended to choose orientations that are compatible with their personal philosophy and worldview. Moreover, in some instances participants reported not to choose the theoretical orientation but to make personal adaptations based on worldview and personal philosophy.

3.1.3. Early Life Experiences

Early life experiences of psychotherapists also seemed to have an influence on their theoretical orientation choice, the way a chosen orientation is conducted, or even on their choice of studying psychology. The category included the family environment, the relationship style within the family, and the level of emotional expression, all of which were reported to influence therapeutic style and theoretical orientation of the therapists.

One of the participants stated that her conflictual family environment influenced her choice of being a therapist: "For me, well, being a therapist, the thing I chose, I think the predominant thing was my own family. The conflictual environment there

motivated me to be a therapist I guess." Moreover, early life experiences influenced the client populations with which the therapist wants to work. One of the therapists stated:

> It has influenced me to become a therapist. In my therapy I realized my issues with my family and then I decided to be a therapist. It also has a very deep influence on my decision to work with trauma. I experienced early losses, parents' health problems, conflictual phases in family and these motivated me to work with victims of trauma.

Another therapist suggested that her negative experiences in childhood did not have any effect on her theoretical orientation choice, but had an effect on her use of certain techniques within the chosen approach. The participant reported:

> When I think of my own narrative, I was raised in an environment where I had many traumatic experiences that I wasn't even aware of. Still, I do not think those memories have any impact on my theoretical orientation. Maybe they remind me to use some techniques more often.

It was also stated that experiences of negative feelings during childhood and not receiving compassion may result in insight about how the client might be feeling. This insight was considered to be helpful in understanding the client and showing compassion to the client when needed. A participant explained this influence:

> Sometimes I may get angry with a client whom I try to understand and when I realize my anger I try not to behave like my father did towards me. That's to say, I try to avoid the parenting style of my father in my relation with the client. Sometimes I stop myself saying "if I tell this, I will be behaving like my father and the client may feel like me."

In addition to negative experiences in early life, another therapist reported the influence of positive experiences within the family:

> My father always tries to understand other people. When I get angry with someone, he just says "there can be many reasons, first figure out why she did this. Maybe she has a reasonable excuse." My empathic standing in therapy is definitely influenced by my father's approach.

Still, it was observed that participants with negative experiences brought more specific examples while others mostly gave vague answers without specific instances. For instance, one of the participants with positive experiences stated: "Certainly there has been some effect."

Furthermore, the relationship style within the family and between the parents and the child was also reported to have an influence on the participants' theoretical orientation or their therapy style. One of the participants stated: "My father is an aggressive man and my attitudes towards him are a bit like staying on his good side. I feel like this trait is awakened by some clients who are aggressive and dominant like my father." Likewise, another therapist confirmed this influence saying: "Well, I experience counter-transference with some clients. I can be more protective towards them while being neutral towards others. In those cases, I observe that I approach the client as I approach my younger brother."

In addition to the relationship style in the family, the way emotions are felt and expressed was also found to be an important factor. In this regard, some of the participants stated that their family environment was not rich in terms of expression of feelings. For example, one participant stated: "I cannot say that it was an emotionally rich environment. When I was a child, especially my mother could not deal with my emotional expressions, which ended up leading me to avoid emotional expressions."

In fact, different individuals responded to this emotionally poor family environment very differently. One participant reported that he has problems handling emotions in therapy, while another participant stated that poor family environment had a positive influence on his therapy skills. Thus, individuals may experience different things as a

result of even the same conditions. For instance, a participant who eventually developed emotional skills stated:

> In my family, there is no place for negative emotions and the only dominant feeling is aggression. Well, everybody shows sorrow by shouting at each other, which is supposed to mean “I'm sorry.” I was raised in a family where emotions were neglected. Yet, this emotionally poor environment taught me to care for my own and the clients' feelings. Thus, in psychoanalytical orientation, the emphasis on emotions was healing for me. Embracing the clients' emotions in sessions is healing for me. I can say that my past experiences led me to care more about emotions.

On the other hand, the participant who experienced a negative influence stated:

> During my early years as a therapist, one of the most difficult things was embracing client's feelings. I could easily comprehend cognitive and behavioral aspects in sessions; however, I had trouble with following and understanding the client's emotions. I worked hard on this and although I still have some trouble, I think I am better now.

Other participants reported experiencing an emotionally rich family environment and the positive influence that had on them. One participant, for instance, stated:

> I recognized feelings in my family; my father was very good at expressing emotions while my mother was like a stone. Therefore, I could observe both and when I needed to recognize my own or my client's emotions, I never had a problem. That is probably due to the effect of my father, because he expresses emotions easily and gives us feedback, like “you look sad” or something.

Moreover, two of the participants reported that a therapist can compensate for this lack of ease in dealing with emotions through training even if his or her family environment was very poor: "It would have been the same if I grew up in another

family. I had the chance to become aware of my emotions during training; that could have happened in family, that's all."

Emotional environment within family can be very important in theoretical orientation choice. For instance, a therapist can choose an orientation where the emotions are not salient or an orientation in which emotions are the focus of therapy. These choices may directly be influenced by early family life experiences regarding emotional environment. Moreover, there were some cases in which the therapist focused on emotions in his or her practice of an orientation. The reason was reported to be early life experiences which taught the importance of emotions in people's lives. In this case, family life influenced the therapeutic style of the therapist while the chosen orientation stayed the same.

In summary, family environment had an influence on the way client's feelings were embraced by the therapists. Some participants reported that they have problems in embracing clients' emotions due to negative life experiences regarding emotions, while others with similar experiences suggested having no problems. On the other hand, emotionally expressive family environment could support a therapist's skills in handling clients' feelings. Yet, therapist's difficulty in helping clients with emotional issues can be compensated in training.

3.1.4. Own Therapy

The therapists with personal therapy experience as clients suggested that the therapy process was influential on their theoretical orientation and therapeutic style in many ways. The common influence was being inspired by the therapist's techniques, orientation, or personal characteristics when the process was personally healing. A positive therapy experience could be one of the most important determinants of the participants' choice of methods or techniques. One of the participants explained own therapy experience and stated:

> There was a period in my life full of disappointments, deep losses. In my therapy, we embraced these issues for a long time. I think, for example, my

> life issues could not have been solved through homework assignments. I really needed to be understood; someone being there for me and genuinely listening to me. In my therapy process, the most curing thing was the relationship that my therapist built with me. Thus, such an experience showed me that one can build deep and healing relationships with psychoanalytical therapy.

Another participant with positive experiences suggested that the influence was not limited to therapist's therapy techniques, but that the personality and lifestyle of the therapist was also inspiring. The participant reported:

> I realized at some point that the healing part for me was the person he was. Well, I was impressed with his life style, as much as I was impressed with what he did in therapy. I don't know. Some of his actions that I figured out were impressive. Therefore, when I became a therapist, I pay attention to the things I do. Because, I know that my life style and the person I am will also impress my clients. It was very enlightening for me.

Moreover, one's own therapist could have a prolonged effect on the participant's choice of a master program and a supervisor. One of the participants stated: "My choice of a Master's Program was not random. I chose a program based on my therapist's theoretical orientation. I also chose a supervisor who resembled my therapist in terms of attitudes and manners. I chose these because my therapist was good to me in my therapy."

In other occasions, when personal therapy was not helpful, not choosing the same orientation, not using certain techniques, or developing own style by revising unhelpful practices of the therapist were the suggested effects. Thus, one of the participants stated:

> Well, I had a psychodynamic psychotherapist who acted like a typical psychoanalyst; she used to say welcome and then keep quiet. At least we could have had small talk or chitchat. Sometimes there were very long

> silences. My trouble was not being able to talk and her method of keeping quiet to make me talk was increasing my anxiety. On the contrary, this method caused me to withdraw into my shell. This may have been because of her or her orientation. I mean I don't think psychodynamic orientation was good for me. That's why I never refer clients to her.

Moreover, it was claimed by some participants that therapists going to personal therapy would lead to a power struggle between the therapist and the client, which may reduce the quality of the therapy experience. One therapist stated:

> As I said, I loved my first therapist and I was very young when I went there; in the second year of university. In fact, that is why I advice psychology students to go to therapy before they know too much. Because, the more you know, the more you experience a power struggle with your therapist. When you know too much, there are some dialogues like "well, you did this and it didn't work out!" I think a therapy experience without that would be much better.

On the other hand, one of the participants who had a very short term therapy experience claimed that therapy did not have a big influence on her own theoretical orientation. She added: "I don't know, but I don't think it had a big influence. The connection there was very humane and healing, but I don't think the orientation of my therapist had any influence."

In short, participants' personal therapists tended to have a strong influence in both positive and negative ways. In a way, the influence depended on how healing the process was for the participant. As a result, participants used or refused to use the methods and techniques of their personal therapists.

3.1.5. Self-healing

One of the most frequently mentioned factors was self healing. Therapists claimed that they tended to choose orientations or techniques that were healing for them. In other words, individuals tended to shape their orientations and therapeutic styles by considering what would heal their own life problems. In this sense, participants' own therapy experiences, supervisions, or courses on different therapy orientations enabled the participants to explore what was healing and what wasn't. In fact, self-healing factor was also very salient under own therapy factor. Yet, participants frequently reported that supervisions, the methods of chosen orientation, and the training courses, in addition to own therapy, were determinants of their orientations or therapeutic styles. In addition, some of the participants stated that they use the techniques on themselves first in order to check if they work. This attempt to check on themselves shows the importance of the self-healing criteria. Therefore, a separate subtheme was created in order to underline the significance of self-healing. Moreover, a question regarding self-healing was added to the interview protocol afterwards.

One of the participants replied to the interview question regarding the importance of self-healing with a metaphor:

> I explain to my clients that I used and benefited from my own method with a metaphor: This is the water that I drink, I would give it to my mother if she wants, I would even give it to my enemy. Now I will serve this water to you. I have nothing else to offer you, but this water cured me.

Similarly, another participant stated:

> Definitely, definitely it [self-healing factor] has been influential. Well, we also go through stages. I had losses and bereavements in my life. At that time, I did not know Schema Therapy yet; however, I think Schema Therapy guided me inside to resolve my previous life issues. That's why I became more attached to this theory.

The instances above were about the influence of self-healing on theoretical orientation choice. On the other hand, a therapist claimed that he prefers to use certain techniques that were good for him; however, this did not influence his choice of the theoretical orientation. The participant expressed:

> I use the methods that I learned in both my therapy training and personal therapy. These techniques were healing for me, that's why I use them in my therapies. Still, I cannot claim that these were the reasons behind my choice of current theoretical orientation. I can say that they influenced my preference for certain techniques that worked on me.

In the light of the participants' answers, it is clear that the participants cared that their chosen techniques and orientations were self-healing in the first place. Such that, some of the participants regularly tried the techniques on themselves in order to ensure effectiveness. Therefore, techniques that were healing were used and others tended to be eliminated. Moreover, some participants added techniques from other theoretical orientations if they were healing. Also, therapists used techniques that they learned in supervisions or courses which were good for them. Thus, self-healing was identified as one of the important subthemes of personal factors.

3.2. Training Factors

Training factors constituted another main theme in theoretical orientation choice and therapeutic style development. Training factors were even considered to be the most influential factor by some of the participants. This theme includes the subthemes of *opportunity, attitudes of the training institution towards other orientations*, and *supervisors*. The influence of courses on orientation was asked, but the answers did not support the existence of such an influence. Thus, the influence of courses was excluded from this theme. Moreover, the influence of the professors was also included under supervision subtheme, because in several occasions they were the same people or the influence had taken place in supervisions, not in lectures.

3.2.1. Opportunity

Opportunity subtheme refers to the availability of different theoretical orientation training options. The number of available training opportunities and especially the lack of those options in training institutions were suggested to be a very important factor. Therefore, opportunity was found to be very influential, sometimes even overriding the other factors. The reason was that no matter how one personally feels about a certain approach, he or she cannot choose that approach unless there are training opportunities in that area. Participants' experiences revealed that training opportunities may be limited in Turkey. There were some instances in which the therapist had practiced in another orientation until a training opportunity arisen. The effect of training expenses was also included in this subtheme. Some participants mentioned that they learned a theoretical orientation because its training was cheap and available.

Regarding the effect of limited training opportunities, one of the participants explained:

> As I said previously, there was no alternative; our professors were trained in that orientation and they naturally taught that orientation. Hence, we had no other choice and we learned and practiced it. If I had my Master's in another university, it would have been very different now. I would know and practice another orientation due to the opportunity to get the training and supervisions based on that orientation. As a result, I would be a therapist who uses that orientation.

In addition, one of the participants stated that he could not receive training in the orientation that he preferred, because there were no training opportunities in the city he lived. He reported:

> It captured my attention during my undergraduate years. It was the orientation that I felt personally close to and familiar with more than any other option. So, why did I wait till 2004 to learn psychoanalytical therapy?

> Because, there was no one to be trained by; there were people in Istanbul but none in Ankara. Thus, if you believe in unconscious motives and be trained in CBT like us, the likely reason would be unavailability of training.

Likewise, another participant shared this view and mentioned the lack of choices at universities:

> I think this problem occurs at other universities too where they stick to a single orientation and move on with that. The students have no choice. But the problem is, how many students know which therapy approach will be taught at a certain university?

In general, there was a tendency to refer to the lack of training opportunities at universities or outside the university environment. Sometimes the training opportunity could be obtained by chance, which again determined the chosen theoretical orientation. In this sense, one of the participants stated:

> Well, usually positive psychotherapy training is very expensive but my advantage was that I had a huge discount for a reason. I don't know if I would have made that investment otherwise. I cannot say that I had a lot of money and I could choose any training option. In fact, I took any opportunity that came my way. So for me the reason to choose my current orientation was the chance to have those training options.

In summary, availability of opportunities in different theoretical orientations had potential influence on choices of psychotherapists. In this regard, having no opportunities either in Turkey or in the city where the participants lived limited their choices. Additionally, high prices of the available courses were stated to be another determinant of restricted choices. On the other hand, participants reported that having cheap and available private course opportunities led them to prefer those orientations over others. Thus, having reasonable opportunities resulted in learning and practicing those orientations.

3.2.2. Institutional Attitudes towards Theoretical Orientations

Attitudes of the training institutions also influenced students' choices. Comments about negative attitudes towards other orientations or institutional restrictions to learn and practice certain orientations were grouped under this subtheme. Moreover, the participants mentioned that the way a theoretical orientation was presented to students also influenced them by increasing their interest in that theory. In other words, if the institutional attitudes were very positive towards an orientation, the students would be more committed to that orientation.

One of the participants stated that a theoretical orientation was presented in a very positive light at his university and this influenced his theoretical orientation development. He reported: "In those years, CBT was taught as a cure for all problems, so we started with the perception of 'we can solve anything with CBT.' I think this had a huge effect on my theoretical orientation."

Positive attitudes towards an orientation were accompanied by negative views about other approaches. For instance, one of the participants stated: "They expected us to use the orientation that they taught. Well, I can even say that they were biased against other approaches." Another therapist reported that the instructors even made fun of or undervalued other orientations. Still, while the first therapist followed CBT as was taught during training, the second therapist was interested in psychoanalysis despite the negative attitudes she encountered during training. The second therapist was initially trained in CBT orientation too. She stated:

> I learned CBT during training at my university. At that time, I tried to learn it very well. Our performance was evaluated by the supervisors. Yet, after the training, I worked with CBT for a couple of years and then I followed my interests. CBT was not for me! Thus, I chose to learn and get therapy in psychoanalytical orientation.

One of the participants also claimed that the exclusion of different orientations was not limited to his university. He added that all universities tended to eliminate

contradictory views and that he was trying to hide his own orientation, because it was not welcomed at his university during training years.

One the other hand, some of the psychotherapists claimed that they were free to learn and practice any orientation they liked and they were supported by their training institutions to explore as many different orientations as possible to find the one that fits their own personality. The participant stated:

> I've never observed a negative attitude towards other orientations. They even told us: "you are in training process. Be open to everything, then, you will find your own way and the method that fits you in time." I also believe that anyone can find an appropriate approach for themselves. In my point of view, none of the orientations is superior to the others.

It is also important to keep in mind that there were some instances where participants from the same institution perceived institutional attitudes very differently. In other words, participants from the same institution, receiving training at about the same time period reported very different views about the institutional attitudes towards other orientations. One of them stated that it was a very open and free place where different theoretical orientations were welcomed. On the contrary, the other therapist expressed that the same university was very restricting.

In summary, institutional attitudes influenced either the theoretical orientation choice of the therapists or the way they perceive other approaches. Thus, although people perceived the attitudes of the training institution very differently, the way they perceive it tended to have an influence. That is to say, therapists who were trained in an institution where other orientations welcomed were more open to explore their own style and orientation. On the other hand, those who were trained in a conservative training institution which strongly favors one orientation ended up with increased commitment to that approach. Yet, individual responses to situations varied so much that such conclusions should be drawn with caution.

3.2.3. Supervision

The influence of supervisors and supervision was one of the most frequently mentioned factors by the participants. When the participants were asked about their training institutions, the answers usually included supervisors and their approaches. Therapists reported many different functions of supervision. Some participants stated that supervisions involved learning new techniques and the opportunity to reflect on their own style as a therapist, which was considered as a challenge. Others mentioned supervisions as a therapeutic process in which their early life issues were resolved to better help the clients. Moreover, having group supervisions were perceived as beneficial because the therapists could witness their colleagues' supervision process and learn from others' perspectives

Starting with the challenging aspect of supervisions that forced therapists to enhance their styles, one of the participants stated: "If the supervisions had not challenged me, all the changes that I have been going through would not have been initiated. Therefore, I think supervisions were the most influential part in my professional development."

In addition to the challenging aspect of supervision, supervisors tended to influence the therapists by their own therapeutic style. One of the participants stated that she wouldn't have used a certain orientation if she had not seen the therapeutic style of a supervisor using that approach. The participant stated:

> If I didn't have supervision from her, I would have thought very negatively about CBT. I observed how CBT could be soft, humane, and touch the client's life in her supervisions. She did not teach us CBT but showed how to use it unlike the other supervisors. That's why I think how a therapist uses an orientation matters, not the orientation itself.

Moreover, it was mentioned that observing how the styles of the supervisors within the same orientation could differ, the therapists were motivated to develop their own

style. In addition, some of the therapists suggested that supervisors made theoretical and practical contributions to their training. Thus, one of the therapists stated:

> Many things that she [one of the supervisors] had told me are still in my mind. She had substantial influence on both my orientation choice and my love of the profession through her personality, therapeutic skills, and theoretical knowledge. She and other supervisors loved their work so much that we were all inspired by that.

Some of the participants thought of supervisions as a therapeutic process and stated that such an experience influenced their own approach to clients. In other words, when the therapists had a healing experience in supervisions, they tended to try the same techniques and styles of the supervisors in therapy sessions with clients. One of the participants explained this by saying:

> In our supervisions, there were some therapeutic interventions and interpretations about us. When I saw that they worked on me, then I had the courage to do the same in my sessions with clients. After I tried those interventions, I observed the positive influence in therapy outcome and my use of those interventions increased.

Moreover, when asked whether they had any personal therapy experience, some of the participants reported their supervision experience instead. Thus, supervisions were considered substitutes for personal therapy. In this sense, supervision was perceived as a place where new information and techniques were learned, and where therapeutic interventions took place.

In short, almost all of the participants suggested that supervision had a significant influence on their theoretical orientation or therapeutic style. Each participant underlined different roles of supervisors, ranging from providing theoretical information to teaching therapeutic interventions. Yet, almost all of the participants mentioned supervisions and the supervisors as one of the most fundamental factors.

3.3. Clinical Experience

Clinical experience was identified as another major theme that was associated with changes in one's theoretical approach over time. Each participant had gone through some changes throughout their professional life. Participants reported that they went through some minor changes in their attitudes towards clients. They also reported that they had included or excluded some techniques and went through more substantial changes in their theoretical orientation choices.

The subthemes included in this theme were: *proficiency, client feedbacks, observing the effectiveness or ineffectiveness of orientations or techniques,* and *workplace*. All the comments in this category involved the changes that the therapists made in their therapeutic style.

3.3.1. Proficiency

Clinical experience tended to cause certain changes in psychotherapists' professional life. Increased experience in the field was frequently associated with increased proficiency both in theoretical orientation and the personal style of the therapist. Participants suggested many different effects of clinical experience, one of which was increased proficiency. In this sense, becoming more flexible in application of certain techniques, finding one's own style and own words within therapy, tailoring therapeutic framework in line with clients' personal needs, being more confident, listening to the clients' every word rather thinking about what to say next, understanding the client better and faster, decreased anxiety, and decreased attention given to clients' problems outside of therapy room were the changes that were reported by the therapists. These were examples of the changes in the style of the therapist rather than the theoretical orientation choice. Therapist tended to adjust their orientations and to add new techniques rather than completely changing their chosen orientations. Therefore, proficiency level was influential on the therapists' therapeutic styles rather than their theoretical orientation choices.

Most frequently mentioned comment was the increased flexibility in practice. In this regard, therapists tended to leave behind their strict style, especially when their performance anxiety faded away. As an example, one of the participants stated:

> Earlier, I was very nervous and was talking in a literary way in therapy sessions. Then, when I become more experienced, I gained flexibility in what to use where and when, without diverging from the original theory. Rather than insisting on using certain techniques in certain places at the expense of making mistakes, choosing the techniques that seem right makes me feel more secure.

Another participant added that as a function of clinical experience, she created her own words instead of using words from a book. The participant claimed:

> I realize it now that initially I was trying to conduct therapy in a very academic manner. I read too many books about psychoanalytic techniques and when I formed my sentences; my attempt was to be literary. Now, I realize that I have formed my own language. I express things in my own way and with my own words.

In addition, with increased proficiency, therapists tended to adjust the therapy process according to their own views about effective therapy. For example, one of the participants stated that she changed her therapy framework. The therapist suggested:

> For instance, there had been many changes in my therapy framework. In fact, I understood the reasons behind therapy rules. I was taught the therapy rules before, but through my clinical practice, I developed a framework that fits me. Moreover, earlier I used to panic when anything outside the rules happened. Now, I am much more flexible in my framework, because I know why I am doing what.

Moreover, with the help of decreased anxiety and fear of performance, therapists claimed to start focusing on the real needs of clients, truly listening to them, and being more client-centered, rather than thinking about what to say next. For instance, a participant claimed:

> I recently realized that I wasn't listening to the clients in the beginning. Before I could overcome my anxiety at the end of a year and a half, I was listening to myself and thinking about what to say. The reason could be the performance anxiety due to being evaluated in Master's program. I think that was felt by the clients because my drop-out rate was about 60-65%, which is much lower now. I think when you start to form real relations with clients, focus on their needs, and hear them, the bond becomes stronger.

Furthermore, when a therapist gained more experience, he or she tended to be less concerned about a client outside the therapy room. This change was due to being more practical and confident, as well as having more clients. One participant stated:

> One of my professors once said that the therapists who are most engaged with their clients are those in their early years of profession. Then, when the experience level increases, the therapists lose their motivation and interest in their clients. For instance, 8 years ago my mind was full of my patients. Now, with increased number of clients, I don't think of my clients all the time, which was the case earlier. I cannot say that this is a bad thing, maybe this is how it is supposed to be because you cannot think of the same 5 people in your whole life. Now it is at a reasonable level.

In summary, it was observed that through gained proficiency, participants tended to adjust their theoretical orientations based on their own views about effective therapy. Thus, the strict application of the orientation was replaced by flexibility in sessions. This flexibility enabled therapists to use their own words rather than sticking strictly with the sentences in the books. Moreover, when the initial anxiety faded away, therapists started to pay more attention to their clients. It was reported that in high anxiety situations the therapists tended to focus on what to say next rather than truly

listening the clients. Furthermore, participants suggested that as they gained proficiency, they tended to be less concerned about the clients in their private sphere. When the numbers of clients increased, therapists found personal shortcuts to take notes, and to remember. Therefore, this decline was considered to be a positive consequence of gained proficiency.

3.3.2. Client Feedbacks

Feedbacks from clients were also suggested to have the power of tailoring the therapeutic style, and in some occasions, the theoretical orientation of the therapists, especially when a person had an eclectic orientation. Client feedbacks were often directed towards the personal therapeutic style of the therapists. Thus, in this section, positive and negative feedbacks and their effect on the therapeutic style and the theoretical orientation of the therapists were reported. One of the participants suggested:

> For example, I received the feedback from a couple of my clients that I was a bit shy in making interpretations. I was a very hesitant person. With the help of those feedbacks, I was able to get rid of that shyness.

Similarly, another participant suggested: "I received feedback about my voice being too hoarse and I fixed it." Participants also reported that they received feedback regarding their theoretical orientation or techniques. One therapist, for instance, stated:

> Well, the feedbacks are not like “your orientation is this and it doesn't work.” Still, they are referring to my orientation by saying "what you do is not good for me." As a result, in those cases clients’ feedback turns out to be a control mechanism and I do not to use that orientation with those clients.

Moreover, participants reported that they also received positive feedback, which motivated them to continue using their orientation. One therapist said: "Of course positive feedback helps me to think that I am on the right track."

Considering all the examples, client feedback influenced the therapists in modifying or preserving their orientations. Thus, positive feedback reinforced therapists to use those techniques more often. On the other hand, negative feedback was also very informative for psychotherapists. They reported that they modified or changed their theoretical orientation or therapeutic style based on negative feedback. Therefore, it was observed that client feedback had the power to affect therapists' therapeutic style or theoretical orientations.

3.3.3. Observing the Effectiveness & Ineffectiveness of Orientations or Techniques

Clinical experience also gave therapists the chance to observe what is effective and what is not. This subtheme included participants' clinical experiences that led them to observe the effectiveness or in effectiveness of their own orientation and techniques in solving clients' problems. The therapists reported that they tailored their orientations accordingly. The effect of such an observation was so strong that it could even override the personal factors in some cases. For instance, one of the participants reported using a technique after observing its effectiveness even though she previously did not feel comfortable with it. Thus, observing the effectiveness and ineffectiveness of certain orientations or techniques was claimed to have a direct influence on the choices of psychotherapists.

One of the participants suggested: "The most influential factor is training and the second is observing the effectiveness of the techniques in practice. That's why I think these two factors were the foundation of my orientation." Likewise, another participant also claimed to use a technique due to its significant effectiveness in practice. The therapist stated:

> I can say that those who did the mindfulness exercises regularly benefited from therapy in 50% less time than those who did not. That's to say, if a person keeps doing mindfulness exercises regularly, we reach the therapy goals much earlier. Therapy tends to be more effective and alive in each

> session. After observing this effectiveness I forced myself to apply mindfulness techniques.

On the other hand, observing the ineffectiveness of practices also resulted in abandonment of those techniques or the theoretical orientation. In this sense, one of the participants suggested:

> Well, maybe the reason for me was not being very effective in conducting CBT. I also realized through my clinical experiences that approaching clients with a different orientation than CBT was more effective. That's why I personally claim that I choose this orientation [Positive Psychotherapy] due to observing more positive outcomes instead of saying CBT was negative etcetera.

In summary, participants claimed that they choose or change the techniques and methods of therapy by considering the effectiveness or ineffectiveness in practice. Thus, the orientations or techniques which were ineffective to solve the clients' problems were adjusted or abandoned in most cases.

3.3.4. Workplace

Workplace demands, possible restrictions, and whether they had any influence on therapists' chosen orientation or therapeutic style were also asked. Overall, participants did not report strict restrictions; however, certain workplace regulations influenced therapists' therapeutic style. Moreover, the participants reported the effects of working with different client populations, such as university students and trauma victims. Sometimes the client populations caused therapists to adjust or change their theoretical orientation.

Participants generally reported that they are free to use any orientation as long as the clients benefited. There was one exception where the workplace restricted the use of long-term therapies due to the long waiting lists. Other than this, participants working at university health centers reported that they tended to conduct short-term

therapies whenever it was appropriate. They also reported that they preferred to conduct short-term therapy with certain clients and it wasn't an institutional constraint. One of the participants working at a university health center stated:

> In my workplace, we have the right to take initiative about the duration. There had never been an official restriction for conducting therapy in 12 sessions. Yet, we are trying to keep the sessions short because of the long waiting list. Well, there were cases that I would have preferred to work for a longer duration; however, I terminated as soon as the symptoms declined. I normally focus on emotions with Schema therapy, but in therapy if the client doesn't have relational or personality problems, I use CBT to work with mild symptoms in order to keep the sessions short.

Furthermore, one of the participants reported that there was a restriction in the Public Hospital about conducting therapy. It was suggested that psychiatrists there did not want a clinical psychologist to conduct therapy. Rather, they wanted psychologists' to give psychometric tests and write reports. The therapist working in the hospital suggested:

> Being the only therapist there, I need to take care of all the inpatients. What I meant by taking care is that I give psychological tests, join medical visits, and earlier I was conducting group therapy with them. Now, I am alone here as a psychologist and I barely find time to give the tests. On the other hand, other than the workload that I can hardly handle, I don't think me conducting psychotherapy here would be welcomed by psychiatrists. The doctors are not supporting the therapy conducted by a psychologist. They told me that I could but I know that they don't like it.

In addition to workplace restrictions, working with different client populations was suggested to be very important and maturing experience. Different client populations tended to shape the orientation or the therapeutic style of the therapist.

Moreover, another participant highlighted the maturing effect of working with victims of trauma. The therapist expressed:

> I worked with victims of human-made trauma. That had a huge effect on me; a maturing effect. It increases your capacity to tolerate. You can burn-out very easily and you learn to protect yourself. You also learn that you cannot help everybody. You want to feel like a hero, but you, in fact, can help some people and cannot help others. You learn that you are not perfect. You accept that you cannot understand everything as much as the actual survivors, but you can try to be with them faithfully. Therefore, I learned a lot from my clinical experiences with trauma victims and I recommend everybody to go through such experiences.

In short, participants reported a possible influence of workplace on their theoretical orientation choices and therapeutic style. The long waiting lists led therapists to use short-term interventions. In some cases, workplace conditions limited the practice of long-term therapies. Yet, in other cases therapists took the initiative to conduct short-term therapy in order to help as many clients as possible. Moreover, working with different client populations also influenced therapists' orientation and therapeutic style.

3.4. Needs of Clients

Needs of clients factor was found to be one of the very important determinants of the theoretical orientation and the therapeutic style of the psychotherapists. The participants generally reported that they consider the needs of the clients as well as their suitability for a certain theoretical orientation. Thus, changing or adapting the orientation according to the clients was not an uncommon practice. In this regard, *therapy needs*, *suitability for chosen orientation*, and *financial conditions* were identified as subthemes of this category.

3.4.1. Therapy Needs

Therapy needs refers to the symptomatic needs of clients. Participants suggested that the problems of the clients were one of the important determinants of their orientation and therapeutic technique choices. As a result, needs of the clients were identified as an influential factor on theoretical orientation choice of psychotherapists. Throughout the interviews, participants frequently referred to the needs of clients having an effect on their orientations. In fact, the mentioned needs were mostly symptomatic needs and the therapists adjusted their approach accordingly. In this sense, working with trauma victims, refugees, or people with urgent problems shaped therapists' approach regardless of their main orientation. For instance, a psychoanalyst reported applying CBT in post-disaster periods to work with the victims. The participant stated:

> I also work in trauma field and I conduct post-disaster interventions. I only use behaviorist orientation in trauma cases. Psychoanalysis has no place in such a situation. In post-disaster cases, we predominantly use psycho-education based on cognitive behavioral knowledge in our psychosocial interventions. Well, the context is totally different there. I cannot conduct psychoanalytical therapy there, that's not suitable. This is the nature of trauma; you need to be fast, and find solutions. So, you need to work with the conscious part of people. Of course, they also have unconscious issues but post-disaster period is not a good time to work on them.

Another therapist suggested that the choice of theoretical orientation was determined by the characteristics of the client problems:

> I conduct client-centered therapies. I try to understand the clients without strictly adhering to a theoretical orientation. That's why I move away from dynamic theory quite often by making different formulations and applying some other techniques. Therefore, what determines my theoretical orientation is the type of client problems.

Furthermore, one of the participants expressed that she tried to learn another orientation through reading, because it satisfied the client's needs. The therapist reported:

> I use Existential Psychotherapy techniques but not the theory itself. I use it especially for one of my clients. In fact, I can choose different theoretical orientations depending on the needs of the clients. For instance, this client was suffering from existential problems; therefore, I started to read existential theory and the related literature. In general, I integrate the perspectives that might be effective in helping the clients.

In addition to types of problems, urgency was mentioned as another factor. The therapists tended to shape their orientations based on the urgency of the symptoms. When a client had very urgent symptoms, the therapists generally focused on those symptoms in the first place. In this regard, one of the participants claimed to use CBT in urgent situations even though she normally does not use CBT techniques. The participant stated:

> I add CBT to my own orientation when there is an emergency such as severe sleep problems, suicide risk, or appetite problem. These are the problems that should be taken care of before working with the chronic problems of the client. Therefore, CBT is a tool in my toolbox to be used whenever needed.

On the other hand, one of the participants suggested no influence of the client needs on the theoretical orientation or the way the therapy was conducted. Perceiving the needs of clients from the viewpoint of one's own orientation was the explanation behind this argument. Thus, the therapist claimed: "At that time, CBT was the only orientation that I knew and I perceived the needs of the clients from that perspective. Well, you see what you know."

In summary, clients' problem characteristics and the urgency of them were suggested to influence theoretical orientation choice and therapeutic style of the therapists. From another point of view, the needs of the clients may not affect the orientation

since a person conceptualizes the needs according to the orientation that he or she already knows. In other words, the orientation may affect the way therapists understand the needs. Still, some participants reported tailoring or changing the orientation according to the needs of clients frequently.

3.4.2. Suitability for Chosen Orientation

Client suitability for a chosen orientation was claimed to have an influence on the theoretical orientation choice of the psychotherapists who use eclectic approaches. In this regard, age and educational level were considered to be affecting the theoretical orientation choice of psychotherapists. One of the participants suggested:

> In fact, as a result of working with children and adolescents, I mainly apply CBT. Yet, in adolescent or young adult populations I conduct the sessions with Schema Therapy if the problems and conditions of the clients are suitable.

Furthermore, working with different client populations resulted in change or adjustments in the chosen orientation. In this regard, working with university population was considered to be very different from working with primary school graduates or trauma victims. It was suggested that using CBT with university population was appropriate, but primary school graduates might have difficulty with CBT-based therapy. One participant, for instance, stated:

> Well, both the personnel and the students in universities are at a certain level of education. Therefore, they can be more prone to accomplish the homework of CBT. When I was working in University Health Center, I thought that working with highly educated individuals was a kind of convenience. Now, in my private practice, I observe that clients may have difficulty in doing homework. That's why in private practice I work through a couple of life events of the clients rather than expecting them to note every experience within a week. Yet, in University Health Center, I had been expecting the clients to note every symptoms and related experiences within that week.

On the other hand, sometimes a therapist referred clients who were not suitable for his or her approach, in this case psychoanalytical therapy, to other therapists. In this example, adapting or choosing the orientation according to the client was not the case. The therapist stated:

> I tell the client in the first place that I conduct psychoanalytical therapy then I check the suitability of the client's problem. If it is within the boundaries of my work, I offer the client to work with psychoanalytical orientation. If not, I refer to a professional who can help with that problem.

In short, the therapists mostly tended to choose and adapt their orientation according to the suitability of the clients. Yet, there can always be exceptions. In some cases, therapists preferred to refer the clients to another therapist when own orientation was not suitable for the clients.

3.4.3. Financial Conditions

Financial conditions of the clients were also suggested to be a factor that the therapists considered in private practice. Accordingly, some participants quit therapy prematurely when they had economic problems. When this was the case, therapists preferred to use short-term approaches. One of the therapists claimed that the time and money available for therapy determined the therapy process. In line with this, another participant expressed being very nervous when she first started working in private practice. The participant pushed herself to provide help as quickly as possible, because the clients were going to pay high prices.

Another therapist also felt this kind of pressure and tried to work fast, but the outcomes of those therapies were not as promising and the clients dropped-out. This experience changed the therapist’s views and he began to believe that long-term techniques tended to create deeper changes. The therapist stated:

> Well, it [deciding on which orientation to use] is a bit related with the clients that I work with. Earlier, the clients were poorer, now they are wealthier. Wealthier patients are advantageous for the therapist in the sense that you can plan longer-term therapy. The longer the therapy plan, the lower the felt pressure by the therapist. Not feeling pressured, in fact, increases the effectiveness of the therapy. Thus, whenever I said "this patient has financial problems that I should help very quickly," the client dropped-out. That's why I think long-term techniques create deep changes.

In short, some of the participants reported that they consider financial conditions of the clients when determining the therapy duration. In other words, therapists felt pressured to provide help as quickly as possible when the client had financial problems. Yet, this rush resulted in some negative consequences, such as, early drop-out of those clients. Therefore, the idea of conducting therapy in regular speed even when feel pressured, was supported by the participants. Still, the influence cannot be disregarded since the therapists felt the pressure on themselves.

3.5. Conditions in Turkey

The conditions in Turkey in terms of health care system and training options were mentioned by the participants. In general, the therapists tended to mention negative aspects of both.

Considering the healthcare system in Turkey, participants stated some problems with availability of the therapy services for the clients, which resulted in higher demand for private practice. This was evaluated both positively and negatively in the sense that it enabled freelance work, but in an uncontrolled environment. The therapist claimed:

> Country conditions, such as changes in healthcare system are also influential in this process, for sure. We are affected by them. Unfortunately, it can be difficult for people to have access to public therapy services. This leads to increased utilization of private practice. There are disadvantages of this

> situation, such as the emergence of ineffective services due to lack of control. Thus, the advantage of private work brings the disadvantage of uncontrolled work in private practice.

Another participant also mentioned the negative conditions in healthcare system. She stated that the ministry of health is forcing the healthcare personnel to see 90 patients a day as a condition for making profit share payments. The participant suggested:

> In policlinic, the physician assistants are provided with supervision too but they have to conduct pharmacotherapy and they see 1 client every 15 minutes. Otherwise, the ministry of health does not make profit share payments. The physicians see 90 patients a day and I think you can only ask the client's name in that short time frame.

In addition to healthcare system in Turkey, training conditions were mentioned frequently to explain the lack of different theoretical orientation choices. Lack of training opportunities and the high prices of the available choices were claimed to be influential on theoretical orientation choices. Training opportunities were mentioned under training factors. Yet, the opportunity under training factors included only university training. Here, the lack of training opportunities in the format of private courses was mentioned. One of the participants expressed:

> When I consider conditions in Turkey; the education system regarding psychotherapy training, there are not many opportunities. Thus, people are necessarily directed towards certain options. Moreover, the private training opportunities are so expensive that I wish we had more options of training institutions with diverse theoretical orientations. Then we would have a chance to choose.

Likewise, another participant claimed:

> In addition to personality, our worldview, or life, some factors external to us also are very influential. There are not many options for training in Turkey.

> Therefore, we are talking about something we don't know. Really, if there were training institutes of different theoretical orientations and if I knew a little bit about those orientations, then I would claim that I can choose my orientation based on my personality and such. Yet, in this situation, I don't know whether I chose existential psychotherapy or if I only had the training opportunity.

Moreover, another participant also referred to this lack and added that in Turkey, the candidate students of clinical psychology were also not making conscious choices. In other words, the students choose their training institutions without being aware of theoretical orientation options in other universities.

In summary, health care system in Turkey was suggested to influence therapies in certain ways. Restricted access to public services led to increased demand in private practices. Yet, those practices reported to be uncontrolled private work. Moreover, Ministry of Health forced psychiatrists to see 90 patients daily as a prerequisite of making profit share payments. As a result, the quality of given services at public hospitals declined. In addition, pharmacotherapy became the only option. In addition, lack of different private courses on different orientations was reported. Lack of options was accompanied by the expensive prices of the available courses. Therefore, available private courses were not accessible by everyone. In light of this information, it can be suggested that conditions in Turkey may also have an influence on therapy practices of the psychotherapists.

3.6. Empirical Support

The answers of the participants revealed that they did not consider the empirical support when deciding on their theoretical orientation. One of the participants claimed that one could prove or support anything using SPSS. Similarly, it was suggested that the empirical literature kept growing and widening. Knowing that psychotherapy is an effective method was enough to freely choose any theoretical orientation. The participant stated:

> This is a matter of perspective. You can prove the effectiveness of anything with SPSS. There are many orientations now and each has certain effectiveness. I think everyone has their own style of therapy for sure. Moreover, anything can be proven. Therefore, which one is more effective is not the issue here.

On the other hand, another participant highlighted the importance of support from the literature. He stated not to use any of the unscientific methods; such as, hypnosis. Yet, he did not look for strong empirical support from the literature regarding chosen orientation that was within the boundaries of scientific approaches. Stating differently, strong empirical support on effectiveness was not required when the orientation is known to be scientific. The therapist suggested: "I can certainly say that I cannot use any of the unscientific methods like hypnosis or wishy-washy techniques of energy therapies. These are attempts to exploit people. But, I also do not look for extra empirical support in terms of effectiveness to my chosen orientation"

In summary, participants did not perceive empirical support as an important determinant of choosing an orientation. Some argued the meaningless of empirical support due to the power of SPSS to prove anything. Thus, just knowing that certain orientations are scientific was enough for some therapists to reinforce the use of an approach. Yet, therapists did not report a strong influence of the empirical support on their orientation choices.

3.7. Miscellaneous

The meaning units under this category were provided by the same participant, and hence, were reported under the miscellaneous category. One of the participants suggested that it was personally important to consider applicability of the orientation to all the living things. Behavioral orientation was appealing for this therapist, because it could be applied to animals, as well as humans. The participant said:

> Well, the most impressive thing was this continuity. There are slight differences between humans and primates. This difference is caused by the use of language. I apply ACT [Acceptance and Commitment Therapy] but the language is not everything for ACT and I could help a primate or a chimpanzee with behavioral principles. Therefore, when I see a therapy orientation, I initially ask whether other species can also be treated using this orientation. Well, if it is limited to only human beings, it gets a huge minus from me.

The participant also referred to the need for a culture specific therapy. The therapist claimed that he would only be interested in a new theoretical orientation that grew out of these lands. The therapist stated:

> I don't know how to say. Well, different versions of ACT [Acceptance and Commitment Therapy] are emerging every day. They try to create new versions which excite me. The thing I am curious about is having an orientation with proper formulations for Turkish culture. I mean there should be an orientation that emerged in Turkey including the cultural codes. They created the master's of therapeutic orientations in the West and I expect to reunite our cultural experiences with those theories.

Thus, the same participant who reported the importance of the previous factor also stated the culture specific therapy factor. Basically, he underlined the need of culture specific therapy and claimed that if it were created, he would choose that orientation.

3.7. Extra Factor: The Influence of Being Therapist on Personal Life

This theme emerged from the data and was mentioned by the participants frequently. Therefore, the researcher decided to include it in the results even though it was outside the scope of this study. This theme included comments regarding the effect of being a therapist on personal life. In this sense, psychotherapists claimed that being a therapist had an influence on their personality, worldview, and personal

relations. The participants in general applied the therapeutic techniques on themselves and being a therapist in a certain theoretical orientation inevitably affected them. One of the participants explained:

> When I first learned this orientation, I applied it on myself. I've changed so much that I am not the person I was in past. In fact, therapy process changes you as well. Well, the team that I supported or the political party that I voted for or even the sports I like or dislike have changed.

In line with this, participants stated that they became a therapist in order to change their personality characteristics. Some of the participants claimed that they synthesized their personality characteristics with their chosen orientation. For instance, a therapist stated: "Being a therapist increased my tolerance very much. It taught me to respect others' suffering. This also affected my life in terms of the relations that I form in my personal life." Moreover, another therapist claimed that therapy training helped him become more mature and understand the effect of early life experiences. Thus the therapist suggested:

> Additionally, therapists are people who are talented at finding childhood wounds. Actually, everyone, especially in Turkey has childhood wounds. As therapists, we are good at finding those wounds. It does not necessarily mean that we will heal them but we can find them. We can work on some of them and do not work on others. In any case, therapy training has the function of maturing us. It enables us to see our wounds. It breaks the denial and when the denial is broken, your capacity to see and endure the wound increases.

In addition to its influence on personal life, some participants claimed that being a therapist and choosing a certain orientation tended to have an influence on their worldview. For instance, working with trauma victims, one of the participants reported that her views about human nature had changed. After observing human-made trauma victims, she started to think that human beings are not decent. This experience changed her views about human nature. She started to think that humans

are not clever, rational, logical beings who are able to control things and find the truth.

Furthermore, therapists claimed that they were exposed to the very high expectations of other people in personal life due to being therapist. In other words, families, friends, relatives and students tended to expect their therapist friends to be extra patient, understanding, to not feel any negative emotions, and not to express those emotions. Yet, the therapists complained about these high expectations by underlining the difference between being a professional and being a normal person. One of the participants suggested:

> Actually, there is a general expectation that a psychotherapist should be therapist everywhere. The therapist should protect the others, be understanding, and cure them anywhere. However, we do not have this luxury, we also need to let ourselves be and be "normal". In fact, I try not to be a therapist outside of therapy.

Another participant supported this idea by saying: "I do not tell other people that I am a therapist when I am travelling with public transportation. I am scared to death that a person will come and tell private information about himself or herself in my personal life."Similarly, one of the therapists claimed:

> My students tell me: "you are therapist, be a little understanding" and such. I tell them not to expect this, me being a therapist does not mean that I will be understanding towards you; not at all! I tell the students in my first lecture that I am a terribly distant and cold professor.

On the other hand, therapists tended to analyze themselves and their friends, and significant others which also affected their personal life. One therapist mentioned: "We constantly think about the motivations behind our behaviors. This habit sometimes gets reflected on the behaviors of our friends, or wives and husbands, about which they sometimes complain."

In the light of this information, not only personal and external factors influence the theoretical orientation development but also the chosen orientation affects the personal life of the therapists. As a result of applying therapeutic techniques on themselves, therapists reported that they changed. They reported that their theoretical orientations influenced their personality characteristics. In this sense, participants claimed to synthesize their personality and chosen orientation. Moreover, participants also reported that their views about human beings also changed as a result of working with trauma victims. The therapist claimed to view human beings more negatively after observing human-made traumas. In addition, high expectations of friends, family, and colleagues to act like a therapist all the time were also frequently reported. Finally, analyzing himself or herself in private sphere of life was also reported to be one of the influences on therapists' own lives. Therefore, it can be concluded that being a therapist changes therapists' lives substantially.

CHAPTER 4

DISCUSSION

The aim of the current study was to explore the factors related with theoretical orientation development of psychotherapists. Eight different themes were identified through thematic analysis. Thus, the answers of the participants led to the identification of the themes through the clustering of meaning units into categories. These themes were *personal factors, training factors, clinical experience, needs of clients, conditions in Turkey, empirical support, miscellaneous* and *extra factor: the influence of being therapist on personal life*. The extra factor was not directly related with theoretical orientation choices or the therapeutic style of the therapists, and involved the influence of being a therapist on personal life. Yet, it was reported in the results section to reflect personal experiences about being a therapist.

As mentioned earlier, the aim of the current study was to explore factors related with theoretical orientation choices. Yet, the analysis was conducted in an inductive manner and even though they were not included in the original list of interview questions, factors regarding therapy style also emerged from the data. Therefore, issues related with therapy style, in addition to theoretical orientation choices were reported in the results section. In fact, it can be argued that therapeutic style should be considered as a part of theoretical orientation. No matter what the chosen theoretical orientation was, it was observed during the interviews that therapists adjust their orientations according to their personal style.

Essentially, participants stated that various factors had an influence on their therapeutic style rather their choice of theoretical orientation. Stated differently, participants frequently reported that factors could influence their therapeutic style even when their theoretical orientation choice remained the same. The possible explanation is that theoretical orientation is a more stable choice while personal therapy style can be adjusted anytime. Additionally, one cannot easily change the

theoretical orientation without being trained on another approach. Yet, personal style adjustments can take place more readily.

Moreover, if only therapists' orientation choices were considered, the perspective would have been very restricted. For example, one therapist claimed that the same theory can be applied substantially differently by different therapists. Each of the orientations takes different forms in the hands of different therapists. In this regard, just focusing on theoretical orientation choices and disregarding the differences in practice would have been very lacking. Therefore, personal therapeutic styles of the participants were also included in the analysis and the results.

4.1. Findings Regarding Personal Factors

The results of the present study based on the subjective perspectives of the participants demonstrated the potential influence of personality factors on theoretical orientation choice or the therapeutic style of the therapists. In this regard, *personal characteristics, worldview, early life experiences, own therapy, important people in life* and *self-healing* were identified as subthemes of personality factors. The perceived influence of personality factors was also supported by Mason (2012). According to the results of the qualitative study conducted with 15 therapists, personality traits, personal beliefs and values, personal therapy experiences, socio-cultural identities and psychological difficulties had an influence on theoretical orientation development of the participants (Mason, 2012).

Participants in the current study reported that they were in search of a fit between their personality characteristics and theoretical orientation. Thus, the participants did not to select an orientation when there was no personal match. A similar pattern was also found in another study that investigated trainees' personal philosophy and theoretical orientation. Participants suggested that a natural fit with personality traits and personal values directed them to certain theoretical orientations (Mason, 2012). Bitar and colleagues who conducted a qualitative study with 5 psychotherapists based on the Grounded Theory perspective also reported an important perceived role of personality on theoretical orientation choices (Bitar, Bean, & Bermudez, 2007).

On the other hand, Topolinski and Hertel suggested a delayed influence of the personality characteristics on their theoretical orientation choices. Stating differently, therapists tended to choose based on personality characteristics as they become experienced (2007). Participants initially learned the main approach promoted by their training institution. The influence could even be stronger if the institution was conservative in its approach. During initial training, trainees were under the evaluation of supervisors that they tended to learn the orientation promoted by the training institution. Still, personal adjustments were observed in the situations when the trainee learning the taught orientation. Therefore, it can still be claimed that personal factors influence at least the therapeutic styles of the therapists from the beginning. On the other hand, the same cannot be claimed for the initial theoretical orientation choice due to mentioned external restrictions and requirements of the training institution. Moreover, Topolinski and Hertel's findings were supported by another study. Participants of the study reflected their own personality on their therapeutic style as they became more advanced (Mason, 2012).

As mentioned earlier, personal characteristics of the therapists were one of the identified subthemes. Overall, the characteristics of being curios and self-questioning were reported to be important. Moreover, participants' personal views regarding certain theoretical orientations influenced their choice of theoretical orientations and therapeutic styles. Negative views were accompanied by distancing oneself from certain orientations and positive views resulted in the use of certain techniques. The important thing is that the views were observed to be strongly linked with personality characteristics. For example, an extroverted therapist might favor an orientation in which the therapist assumes a more active role due to his personality characteristic. On the other hand, an introverted therapist may feel differently about the same orientation due to his own personality characteristics. Therefore, views about theoretical orientations are not the consequences of objective realities, but the subjective views of the therapists. In fact, constructivism also argues that personal views are emerged and shaped within interactions. In this sense, the way a person perceives reality will shape the personal response as expected.

Previous study findings indicated that there is a general tendency to choose an orientation that is compatible with one's personal philosophy and worldview (Sandell, Carlsson, Schubert, Broberg, Lazar, & Grant, 2004). Similarly, almost all of the participants in the study of Mason suggested that their personal beliefs and values influenced their orientation preferences and development. It was reported that each participant mentioned one or more beliefs guiding their theoretical orientation choices. Several participants stated adjusting their own orientation by considering underlying beliefs and experiences (Mason, 2012). Moreover, in another study it was suggested that therapists with a subjective belief system tended to choose subjective orientations; such as, psychodynamic and existential. It was also reported that participants with objective belief systems tended to choose objective orientations; such as, CBT and behavioral (Delshadi, 1998). The findings from the present study also supported this notion. When there were major differences between one's worldview and theoretical orientation, changing the orientation or at least adjusting it based on personal philosophy was the likely consequence. In early stages of career development, therapists may be required to follow the rules of the training institution, but in the long term therapists tend to change their theoretical orientations to match their worldview.

Furthermore, some of the participants in the present study reported that the reason for becoming a therapist was their negative family environment. Participants reported that they chose an orientation that could help to overcome familial conflicts. Conflicting family environments' effects on theoretical orientation choices were supported by previous findings (Bitar, Bean, & Bermudez, 2007; Poznanski & McLennan, 2003). Bitar, Bean and Bermudez conducted a qualitative study based on Grounded Theory approach with 5 participants. The authors suggested that many therapists chose their theoretical orientations that helped them with their family of origin issues (Bitar, Bean, & Bermudez, 2007). Moreover, in another study 103 psychologists were interviewed and majority of the psychodynamic psychotherapists reported a need for self-healing due to family of origin experiences. Thus, psychodynamic therapists expressed their negative family life experiences as a major determinant of their orientation choices (Poznanski & McLennan, 2003).

In addition, Delshadi (1998) conducted a study on the importance of various factors in deciding on a theoretical orientation and she reported that personal values and beliefs have a significant role in the selection of theoretical orientation. The participants selected the item related with personal values and philosophical beliefs as the most or the second most important factor on their orientation choices (Delshadi, 1998). Additionally, it was discussed whether therapists choose a theoretical orientation based on their philosophical beliefs or the chosen orientation shapes their views (Delshadi, 1998). In fact, the results of the present study reflected a two-way influence. Therapists reported that they chose orientations that were compatible with their personal worldview and philosophy and the chosen orientations influenced their personal characteristics and philosophical views.

In short, personal factors are very important in the exploration of theoretical orientation development. Such that, therapists tend to perceive external reality through their personal filters. Therefore, a careful consideration of personal factors would be very informative and helpful in understanding theoretical orientation choices and individual differences within the same orientations.

4.2. Findings Regarding Training Factors

Training factors were also found to be one of the important factors in the current study. *Opportunity*, *institutional attitudes towards theoretical orientations* and *supervisions* were the identified subthemes. In this sense, opportunity referred to the availability of the training options for different theoretical orientations within the training institution. Institutional attitudes towards orientations included the negative and positive attitudes of the institution towards one's own and other theoretical orientations and their possible influences on theoretical orientation choices of the participants. In addition, supervisors were also mentioned to have significant effects on theoretical orientation development of the trainee therapists. The therapeutic style and the orientation of the supervisors tended to influence the trainee psychotherapists.

The factors of training were also found to be important in the literature. Steiner conducted an online survey (1978) and found that training was one of the influential factors on theoretical orientation choices of psychotherapists. On the other hand, training factors were not found to be an important determinant of theoretical orientation choice in another study. The author explained this situation with the lack of direct questions asking about the training factors. Even though there was an open-ended question regarding the role of training factors, none of the participants reported training factors in their answers (Delshadi, 1998). In the current study, training factors, especially the supervisors, were found to be very influential. Yet, in the present study there were some specific questions regarding the potential effect of training on theoretical orientation development.

Moreover, findings regarding the importance of supervision were also reported by other researchers. Guest and Beutler (1988) found that, supervisions superseded many other factors, such as, personality factors and the other training factors. According to the results of this longitudinal study, supervisory experiences had a long-term influence on the orientation of psychotherapists (Guest & Beutler, 1988). Likewise, in the current study participants emphasized the influence of their supervisors on their orientation and therapeutic style.

In summary, training process was very influential on theoretical orientation choices. Especially, the initial choices of the therapists tended to be influenced by the choice of the training institution. Additionally, supervision experiences tended to have enduring effects on both theoretical orientation and the therapeutic styles of the therapists.

4.3. Findings Regarding Clinical Experience

Clinical experience theme included the subthemes of *proficiency*, *client feedbacks, observing the effectiveness or ineffectiveness of the orientation with the clients,* and *workplace.* Proficiency referred to the increased proficiency both in theoretical orientation and the personal style of the therapist. Client feedbacks also shaped therapeutic style and the theoretical orientation choices of therapists. Moreover,

observing the effectiveness or ineffectiveness of the orientation with the clients was the most frequently suggested subtheme of this category. Therapists tended to shape their approach by considering what works with the clients. Similarly, it was also suggested in the study of Mason that drastic changes and adaptations in the chosen orientations were attributed to the effectiveness or ineffectiveness of the methods. Stating differently, participants reported that they find their orientation through trial and error. In this regard, when the results of an intervention were not good enough, therapists changed or adjusted their orientations (Mason, 2012).

In the literature, clinical experience was also suggested to influence the therapeutic style of the psychotherapists. As the therapists advanced, there was a tendency to have a more natural therapeutic style due to lower anxiety (McNeill, Stoltenberg, & Pierce, 1985). The findings of the current study also suggested that through gained proficiency, therapists tended to experience lower anxiety and performance fear. Therefore, they claimed that their own words and therapeutic style emerged as they advanced. Moreover, Vasco and Dryden (1994) suggested that clinical experience overrides person factors in changing the initial orientation. This claim was also supported by the findings of the present study. Thus, therapists reported that they started using certain techniques after observing their effectiveness even though they previously did not feel comfortable with those techniques.

Moreover, Topolinski and Hertel reported that personality factors influence the therapy style more as the therapists get more experienced (2007). This claim was also supported by the current study. The therapists stated that they found their own words and style and became more flexible once their anxiety was reduced as a function of clinical experience. The findings are reasonable in the sense that people tend to reflect their own style in low anxiety situations (McNeill, Stoltenberg, & Pierce, 1985). Thus, clinical experience enables therapists to overcome their anxiety, which in turn increases the influence of personal factors.

4.4. Findings Regarding Needs of Clients

Needs of the clients were found to be a very important determinant of theoretical orientation development. Changing or adapting the orientation according to the clients was frequently mentioned by the therapists. In this regard, *therapeutic needs, suitability for chosen orientation,* and *financial conditions* were identified as subthemes of this category. Throughout the interviews it was observed that sometimes therapists even chose their orientations based on the needs of the clients. Problem characteristics, age, financial conditions, and educational level of the clients were considered by the therapists when choosing or adjusting their orientations.

Supporting this finding, there is a model named client-fit model (Roth and Fonagy, 2006) underlining the importance of the fit between the theoretical orientation and the client. Psychotherapists were suggested to choose their orientations by considering suitability for the clients and their problems. Yet, this model requires therapists to have proficiency in more than one theoretical orientation to switch in mismatch conditions, which may not always be the case. In another study (Delshadi, 1998), types of clients were reported to be the most important factor within the variable of professional clinical experiences. Therapists reported an important influence of client needs on their theoretical orientation choices. Results of the present study also showed that participants adjust their style or choose their techniques based on the clients' needs.. The therapists were prone to be client centered in order to be responsive to client needs and be more helpful. Still, there were also some cases in which therapists considered referring the clients to other therapists rather than adjusting their orientation according to the clients.

4.5. Findings Regarding Conditions in Turkey and Empirical Support

Participants of the present study reported that empirical support did not affect their choice of a theoretical orientation. This finding was contradictory with previous findings. It was claimed by Roth and Fonagy that therapists tended to choose empirically supported orientations (2006). Similarly, according to Mason (2012),

several therapists reported that they would be willing to use orientations with empirical evidence-base (Mason, 2012).

On the other hand, it was suggested that therapists did not frequently use clinical research to decide on their orientations (Chambless, 2012). The reason was explained by the negative attitudes about research. Participants doubted the generalizability of therapy research outcome to real-world patients in the sense that real patients were more difficult than those in the research trials. Another objection to therapy research was therapy being an art form that cannot be tested empirically. Moreover, participants reported that manualized psychotherapy put a distance between the therapist and the client and decreased the amount of empathy, creativity, and therapeutic alliance. They explained that clinical experience was a better guide for practice, which was another reason that explained participants' negative attitudes (Chambless, 2012).

In line with Chambless' (2012) findings, the current study did not confirm the influence of empirical support on theoretical orientation choices. Participants reported that they do not trust statistical proofs and stated that anything can be proven via SPSS. Knowing the effectiveness of therapy in general was claimed to be enough. Thus, participants in general did not select their theoretical orientation based on the empirical support. Yet, after the selection of the orientation, additional empirical support was claimed to be a positive thing that increases commitment to the chosen orientation. Relying on clinical experience rather than empirical support could be the reason behind this finding. Additionally, the sample could also account for this finding in the sense that therapists who use manualized therapies might have answered the question differently, but there were no such participants.

4.6. Findings Regarding the Miscellaneous Category and Influence of Being Therapist on Personal Life

Effectiveness of the approach with all the living creatures was also stated to be important. This aspect of the behaviorist approach made it approach attractive for one of the therapists. Even though the idea of helping all the living things can be

influential in some cases, such an influence has not been mentioned by other researchers.

Culture specific therapy was also discussed by only one participant. The idea of including cultural codes and traditions into the theoretical approach could be very effective Studies on indigenous healing reflected this need for culture specific treatments. It was suggested that some people benefit from traditional healers rather than conventional therapy interventions. It was stated that some clients visit traditional healers to end the process initiated by the conventional therapies or to be freed of the residue of the conventional interventions (Kleinman, as cited in McCabe, 2007). In light of this information, culturally inappropriate interventions may even be harmful for some clients. Hence, the importance of culturally sensitive interventions and creation a of culturally appropriate therapy approach are suggestions worthy of careful consideration.

Finally, the influence of being a therapist on personal life factor was identified. Initially, there was no question regarding this topic; however, the participants referred to it frequently. As a result, this extra theme emerged. In this regard, therapists reported that being a therapist changed their personality characteristics in many ways. Future qualitative studies focusing on this topic would be very informative and valuable.

Supporting this finding, Mason (2012) suggested that therapists' professional development leads to an integration of therapists' personal and the professional selves. Stated differently, therapists tended to merge their personal identities with their professional selves as a result of increased clinical experience (Mason, 2012). In fact, not being influenced by the occupation that a person always performs would not be a realistic claim. As it was suggested in constructivist ideology, every interaction produces its own reality. Therefore, therapists' interactions with their clients and chosen orientations will produce a new reality which will cause changes in personal self of the therapist.

4.7. Interaction of the Factors

As mentioned throughout the previous sections, it is impossible to work on factors in isolation. Guy also suggested that theoretical orientation development consists of multiple factors (1987). All the factors are interacting with each other, which complicates the nature of the study. Basically, the reason of studying this topic with a qualitative design was this complex nature of the process. Thus, focusing only on a part of the phenomenon separately would not be satisfying, knowing that these multiple influences are in interaction. Likewise, theoretical orientation development was considered as an ongoing process that is under the influence of many different factors; such as, supervision, readings, trial-error, clinical experience and so on. Thus, selection of an orientation was suggested to be a long term process rather than a decision made at a certain point in time (Mason, 2012).

It was observed during the interviews that none of the factors had the power to account for the theoretical orientation development by itself. For instance, personal factors can be surpassed by a restrictive training environment that forces trainees to learn and apply only chosen certain orientation. In such cases, no matter how suitable or unsuitable the orientation is, trainee psychotherapists are required to adopt the chosen theoretical orientation. For instance, one of the participants stated:

> I was learned CBT in my graduate training; however, I always find this approach a bit superficial. It was also not in line with my worldview. Yet, I was student who was obligated to learn that orientation and practice in it. Therefore, until I graduated from university I had to use CBT.

Similarly, workplace restrictions can also surpass the personal factors. For instance, one of the participants suggested using short term therapy in the workplace which expects short term practices from the therapists although she was favoring Schema Therapy. She stated:

> I work as part time therapist in a University Health Center. My coordinator does not like the use of Schema Therapy due to the duration of it. We even

> feel strong pressure on us to work very fast, because we have long waiting lists there and this makes the coordinator anxious. This is such a negative pressure on us, still I apply Schema Therapy in my private practice. The pressure did not decrease my interest in Schema Therapy although I cannot use it in the Health Center.

Moreover, client needs were also found to be important determinants of theoretical orientation choices in the current study. When clients need certain techniques or methods, supplying the demand would override the other factors. On the other hand, inclusion of personal therapeutic styles of the participants enabled the researcher to consider certain personal influences even when external factors restricted the choices. When a therapist is forced to use a certain technique, the the style of the therapist still shaped the techniques. Thus, in any case, personal style is involved in the process. In addition, whether training opportunities are available is another determinant of theoretical orientations. In such cases, a therapist with an interest in a certain orientation cannot learn and use it even if the workplace or training institution promotes it.

Moreover, Vasco & Dreyden (1994) argued that clinical experience can override personal factors in some instances. This argument could also be understood by considering the interaction of the factors with each other. It can be suggested that even the clinical experiences of the psychotherapists are influenced by their individual perceptions. For instance, one may choose a certain orientation that is compatible with his or her worldview and personal interaction style. The clinical experience aspect will be affected by the personal factors of worldview and personal interaction style from the very beginning. Additionally, participants expressed feeling close or distant to certain orientations or techniques. This case reflects that even in clinical experience, therapists choose and develop methods and techniques based on their personal factors.

Furthermore, meaning is produced by the individuals themselves. It was observed that people perceive the external factors based on personal states. For example, therapists receiving their training from the same training institution around the same

time period perceived the limitations of the institution very differently. One of the participants suggested that there was a restriction in theoretical orientation choices, while the other participant referred to a very libertarian place where different theoretical orientations were welcomed. Therefore, external factors are going through the filters of individual perceptions in some instances. Yet, I do not claim that personal factors are the most important determinants. There are many different instances of external factors affecting theoretical orientation and personal therapeutic styles of the participants too. Still, it is important to keep in mind that the way individuals perceive the things and make sense of them influenced by their own personal standing.

The examples of interactions can be multiplied thousands of times. Yet, the main idea is to underline the importance of considering the interactions between the factors. This is important in order to understand the situation comprehensively. Otherwise, considering only some parts of the influences would be misleading and unsatisfying. Thus, the qualitative research method enabled covering all the factors at once which was one of the strengths of the study. It was suggested by Bitar, Bean and Burmudez that the interaction of multiple influences was rarely the focus of research studies (2007). Moreover, it was evident that a therapist's personality, philosophical worldview, and life circumstances may also change during the course of his or her therapy career (Guy, 1987). Therefore, the complexity of the process never diminishes but rather increases throughout time.

4.8. Self-Reflections

Starting with the research question, I was personally interested in this topic from the very beginning. I am a clinical psychology trainee and I have not decided on my own theoretical orientation yet. In my training institution, I have more than one option to learn. Moreover, the attitudes towards other orientations are not negative and there are instructors and supervisors with different theoretical orientations. Thus, I feel no institutional pressure to use a certain theoretical approach. As a result, I can claim, contrary to the majority of the participants, that the training institution did not

determine my orientation in the first place. Still, common therapeutic styles and expectations may influence my therapeutic style.

In short, I am a novice psychotherapist who is curious about the process of theoretical orientation choices. Therefore, sometimes I found myself in interviews asking questions about my personal interests. Sometimes my curious trainee position was so salient in the interviews that I found myself hearing advice from the participants. Being aware of my personal interest, I tried not to get distanced from the core of the topic. Moreover, I think my personal curiosity towards this topic increased the probes in interviews and enabled me to obtain rich information, yet produced the interaction between me and the participants differently. I switched between the roles of researcher and novice psychotherapist which would have an effect on the interview process and produced reality. Yet, this novice therapist role was salient only when I interviewed with participants who were very older than me. Thus, I did not observe such role switch on me while interviewing with close age groups.

Additionally, some of the participants were the people I know beforehand. Thinking about this aspect, the interviews with familiar people were not very formal. Definitely, their answers would be influenced by me as an interviewer. Also, they were colleagues of me that some other dynamics would be involved in the responses of them. Still, I used formal language and the interview was conducted in a semi-structured way that being familiar was not salient aspect of those interviews.

Moreover, I am also curious about how different would have been the answers of the participants if I asked the questions as a sociology student rather than clinical psychology trainee. My position of being therapist definitely influenced the process which was expected. Still, I keep wondering about other scenarios and how would the themes have been different there.

In addition, I conducted literature search before the interview and analysis had taken place. Therefore, it is very likely for me to be influenced by this preexisting knowledge during the process. For instance, the way I named the themes or even I

identified them probably influenced by this. In fact, as human beings we cannot be exempt from our preexisting knowledge. Otherwise, I could not explain how the words lead to themes and categories without any background factor. Thus, it would be important to accept the role of preexisting psychology knowledge, personal experiences as a therapist and literature knowledge about this topic.

I also want to say that the research process and the process of interviewing more experienced psychotherapists from different backgrounds and theoretical orientations were personally enlightening for me. Observing various influences and how they can be common or different across individuals were informative. As a result of conducting the study, besides obtaining information about the therapy process and practices of different orientations, I was able to determine my personal area of interest. Thus, talking with people from different orientations and learning their practices, I decided on which orientation was personally suitable for me. I think this was the most important benefit I gained. Moreover, observing how the same orientation takes different forms in the hands of different individuals was in a way liberating. No matter what orientation you choose, you will put your personal sign on it.

4.9. Limitations of the Study

Considering limitations, the first questions in the interviews for each section were very broad; however, sometimes the following questions would have been directive. For example, when the participants were asked what has changed throughout their clinical experience, participants might have felt pressured to report a change even if they did not actually change. No change at all over time is not realistic still asking the question in that way may result in forced answers reflecting the change. Moreover, at some point during the interviews I wondered what would have been if I just asked "what can be the factors which influenced your theoretical orientation development?" The reason is; with the questions, participants' perspectives would have been directed towards certain factors. Although the researcher initially asked the participants their views about the factors that influence their theoretical

orientation development, the participants' answers might have been influenced by more specific questions as the interview progressed.

Furthermore, the more diverse the sample is the more comprehensive the study will be. Yet, desired diversity of the participants in terms of education background, theoretical orientation, workplace, age and gender could not be achieved. Moreover, due to the nature of qualitative design, the sample size was small and two thirds of the participants were from the same city. Therefore, findings tended to be limited in this regard.

4.10. Strengths of the Study

The research method of the current study can be considered as one of the strengths. As mentioned above, theoretical orientation development is a complex process in which many factors are accompanied by complex interactions between them (Guy, 1987). Thus, through a quantitative methodology, it would be impossible to explore all the factors in the same study. In this regard, the qualitative method enabled the researcher to understand the factors as deeply as possible.

Another significance of this study was conducting research with semi-structured interviews. It helped to explore the phenomenon deeply and at the same time provided flexibility. Moreover, the questions were also updated regarding the answers of the participants. Thus, asking certain questions differently or adding some more questions did take place. The research progressing interactively enabled the discovery of different factors with more details.

Moreover, in order not to be directive, potential factors were asked the participants first and then the specific questions of the study followed. This was another significance of the study that enriched the answers of the clients. Similarly, first questions of each factor were too broad in order not to lead or restrict the participants' responses. Thus, the results of the study benefited from these precautions.

In addition, the questions regarding theoretical orientations of the participants were very detailed. This enabled participants to freely express chosen theoretical orientation by including personal adjustments and therapeutic style. In this regard, enriched information about theoretical orientation and personal therapeutic styles of the participants was gathered. Just asking the name of the theoretical orientation without considering personal adjustments or changes would be superficial for this study. Therefore, in-depth information about theoretical orientations of the participants was another significance of the study.

Furthermore, although there were some preexisting research questions, the analysis was conducted in an inductive manner. Actually, the inductive analysis enriched the results by including the factors that were not considered before. In this sense, the data produced the themes which mean the results were not limited with predetermined factors. Therefore, exclusion of the factors which were thought to influence before the study and inclusion of factors which were not considered before can be the most important strength of the current study.

4.11. Clinical Implications and Future Directions

Individuals do not decide on their approach randomly. On the contrary, the selection process is under the influence of many related factors (Buckman & Barker, 2010). Yet, the mentioned multiple interacting factors did not capture the attention of researchers enough (Bitar, Bean, & Bermudez, 2007). If sufficient attention can be captured to this topic, the gains will be great in the sense that by being aware of the factors, trainee psychotherapists can make more conscious decisions, experienced therapists can consider revising own approach, training institutions can inform the students about the influences of various factors while providing and promoting training opportunities of different orientations. These implications hopefully may prevent or reduce the mismatch situations which may end up with the negative consequences of cognitive dissonance (Topolinski & Hertel, 2007), stress (Hochschild, 1983), relational imbalance (Carson, 1969), and decline in job satisfaction (Vasco & Dryden, 1994).

Moreover, a good fit between the therapist and his or her theoretical orientation suggested to facilitate effective therapy practices (Frank & Frank, 1993). Thus, the implications would not be solely avoiding negative consequences but also promoting effectiveness of therapy. In addition, it is important to note that these negative outcomes are also studied rarely; therefore, this part of the literature also requires more exploration to further understand and clarify the phenomenon.

Furthermore, the most crucial implications will be on the personal level. When the therapists are aware of the significance of finding personally suitable orientation and the factors affecting their choices, they will make more conscious decisions in the first place. Trainee psychotherapists may have chance to choose the training institution accordingly. Instructors may also lead trainee therapists to choose by considering these factors.

Additionally, training institutions being more explicit about the taught orientation in order to help future students to decide was suggested to be important (Poznanski & McLennan, 2003). The institutions providing multiple options of theoretical orientations to the trainees may be one of the system level implications. At least, the institutions may inform the prospect therapists about the theoretical orientation development process and possible consequences of match and mismatch situations. Moreover, institutions giving up stigmatic views and having flexible and accepting perspective towards the use of other theoretical orientations would have substantially positive influence on the trainees to find their own paths. Lastly, experienced therapists of different orientations may consider providing training opportunities to novice psychotherapists if they have proficiency and license to teach. In other words, increase in opportunities of training options of diverse orientations in Turkey would be an important implication.

Additionally, there are few studies in the world and even no study in Turkey regarding theoretical orientation choice and development. Hence, more attention on this topic would be very informative and supportive. Moreover, another in depth-study to explore the influences of being therapist on personal life and personal relations topic would also be very informative. As the study also indicated, private

life factors are not separate from professional life. Therefore, shedding light on the experiences of the therapists in their private lives as a result of being therapist would be very complementary.

In conclusion, theoretical orientation choices of psychotherapists were found to be influenced by many different factors. It was also suggested to have many negative consequences in mismatch situations and positive consequences in fit situations between the person and the chosen orientation. Yet, this part of literature requires more studies. Therefore, studies on the theoretical orientation development as well as on the possible consequences of the choices are highly recommended. Once the factors identified deeply enough, follow-up studies will have chance to take their base from the identified factors and conduct studies by dividing the whole process into more manageable pieces.

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APPENDICES

Appendix A: List of Questions

Questions for Exploration

1) Terapilerinizde uyguladığınız teorik yaklaşımınız nedir?

a) Terapi uygulamalarınız, teori ile ne kadar paralellik göstermektedir?

b) Terapi uygulamalarınızın temelindeki teorik yaklaşımda size uygun olmayan yöntem ya da bakış açıları var mı?

c) Terapiye başladığınız tarihten bu yana terapi yaklaşımınızda neler değişti? Değişiklik varsa bu değişime neden ihtiyaç duydunuz?

d) Başka yaklaşımlardan alarak uygulamalarınıza kattığınız yöntemler, bakış açıları var mı? Varsa, bu yöntemleri seçmenizin sebepleri nelerdir?

e) Şimdiki yaklaşımınız dışında, hangi yaklaşımı uygulamak isterdiniz? Neden?

f) Hangi yaklaşımı asla uygulamak istemezdiniz? Neden?

2) Terapi uygulamanıza temel oluşturan teorik yaklaşımınıza karar verme sürecinde sizce hangi faktörler etkili oldu/oluyor?

3) Terapi yaklaşımınızı belirlemenizde kişiliğinizin ne gibi etkileri olmuş/oluyor olabilir?

a) Kişiliğinizi nasıl tanımlarsınız?

b) Kişiliğiniz dolayısıyla hangi yaklaşımlara daha yakın duruyor olabilirsiniz?

4) Terapi yaklaşımınızı belirlemenizde kişisel düşünce biçiminizin, hayata bakış açınızın, değerlerinizin, inançlarınızın ne tarz etkileri olmuş/oluyor olabilir?

a) İnsana ve hayata dair kişisel bakış açınızı nasıl tanımlarsınız?

b) Sizin bakışınızla benzerlik kurduğunuz yaklaşımlar var mı?

c) Düşünce yapısını beğendiğiniz düşünür ya da yazarlar var mı? Terapi yaklaşımınızı belirlemenizde etkileri olmuş olabilir mi?

5) Terapi yaklaşımınızı belirlemenizde geçmiş yaşantınızın ne gibi etkileri olmuş/oluyor olabilir?

a) Çocukluğunuzda, ebeveynlerinizle olan ilişki biçiminizin şimdiki terapi yaklaşımınıza ne gibi etkileri olmuş olabilir?

b) Duyguların yaşanması ve gösterilmesi açısından geçmiş aile ortamınızı nasıl değerlendiriyorsunuz? Şimdiki yaklaşımınızda duygularla ilişki kurma açısından, geçmiş yaşantınızın ne gibi etkileri olmuş olabilir?

6) Terapi yaklaşımınızı belirlemenizde hayatınızdaki önemli insanlarla (aile, eş, arkadaş) olan ilişkilerinizin nasıl etkileri olmuş/oluyor olabilir?

7) Terapi yaklaşımınızı belirlemenizde (varsa) kendi terapinizin ve terapistinizin nasıl etkileri olmuş/oluyor olabilir?

a) Terapistinizin yaklaşımı nedir?

b)Terapistinizin yaklaşımının ve/veya kullandığı yöntemlerin kendi yaklaşımınızı belirlemenizde ne gibi etkileri olmuş olabilir?

8) Terapi yaklaşımınızı belirlemenizde eğitim aldığınız kurumun nasıl etkileri olmuş/oluyor olabilir?

a) Terapi yaklaşımınızı belirlemenizde, lisans ve lisansüstü eğitiminizde aldığınız derslerin nasıl etkileri olmuş/oluyor olabilir?

b) Eğitim sürecinde aldığınız süpervizyonların ve süpervizörlerinizin, kendi teorik yaklaşımınızı belirlemenizde ne tarz etkileri olmuş/oluyor olabilir?

c) Eğitim aldığınız kurumda değişik yaklaşımları da keşfedebileceğiniz bir ortam var mıydı?

d) Eğitim aldığınız kurumun eğitim verdiği yaklaşımlar dışındakilere bakış açısı nasıldı?

9) Terapi yaklaşımınızı belirlemenizde çalıştığınız kurumun ne gibi etkileri olmuş/oluyor olabilir?

a) Çalıştığınız kurumda belli yaklaşımları kullanma konusunda herhangi bir kısıtlama var mı?

b)Çalıştığınız kuruma başvuran danışanların ihtiyaçları, terapideki yaklaşımınızı nasıl etkilemiş olabilir?

10) Terapi yaklaşımınızı belirlemenizde ve geliştirmenizde, klinik tecrübelerinizin ne gibi etkileri olmuş/oluyor olabilir?

a)Terapi yaklaşımınızı belirlemenizde danışanlarınızdan aldığınız geribildirimlerin nasıl etkileri olmuş/oluyor olabilir?

b) Terapist olarak tecrübeniz arttıkça, yaklaşımınızda değişikliğe ihtiyaç duyduğunuz alanlar oluyor/oldu mu?

11) Konuştuklarımızın dışında, terapideki yaklaşımınızı geliştirmenizde etkili olan faktörler var mı? Nasıl etkileri oluyor olabilir?

12) Genel olarak değerlendirdiğinizde, sizce terapi yaklaşımınızı belirlerken bu faktörlerden en çok hangisi etkili olmuştur?

13) Eklemek istediğiniz bir şey var mı?

Appendix B: Informed Consent Form

Gönüllü Katılım Formu

Bu çalışma Orta Doğu Teknik Üniversitesi (ODTÜ) Psikoloji Bölümü – Klinik Psikoloji Yüksek Lisans öğrencisi Gökçen Bulut tarafından ODTÜ Psikoloji Bölümü öğretim üyelerinden Doç. Dr. Deniz Canel Çınarbaş danışmanlığında yürütülmektedir. Çalışmanın amacı, Türkiye'deki psikoterapistlerin, teorik yaklaşımlarını belirlemelerinde etkili olan faktörlere dair, kişilerin kendi tecrübelerini değerlendirerek paylaşacakları bilgilere ulaşmaktır.

Çalışmaya katılım tamamıyla gönüllülük temelindedir. Çalışma kapsamında yapılacak olan görüşmelerde teorik yaklaşımın belirlenmesi konusu açık uçlu sorularla anlaşılmaya çalışılacaktır.

Görüşmeler öncesinde öğrenilecek demografik bilgileriniz ile görüşmeler sırasında ses kaydı altında araştırmacı sorularına verdiğiniz cevaplar tamamen gizli tutulacak ve sadece araştırmacı ile tez danışmanı tarafından değerlendirilecektir. Yapılan değerlendirmelerin ardından, çalışmanın geçerliliği açısından gerekli süre (5 yıl) kilit altında saklandıktan sonra ses kayıtları imha edilecektir. Bu çalışmadan elde edilecek bilgiler gizlilik esasına uygun bir biçimde, kişilerin kimlik bilgilerinin kesin gizliliği esas alınarak, sunum ve bilimsel yayınlarda kullanılabilecektir.

Yapılacak olan görüşmeler yaklaşık 60-90 dakika sürecek olup genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz, görüşmeleri yarıda bırakıp çıkmakta serbestsiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak için aşağıdaki iletişim bilgilerini kullanabilirsiniz:

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Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman çalışma kapsamından çıkabileceğimi biliyorum.

Ad Soyad Tarih İmza

Appendix C: Ethics Committee Approval

Appendix D: Turkish Summary

1. GİRİŞ

1.1. Teorik Oryantasyon

Psikoterapistlerden pratiklerini açıklamaları istendiğinde, ilk olarak teorik yaklaşımlarından bahsetme eğiliminde oldukları görülmüştür (Lyddon & Bradford, 1995; Vasco, Garcia-Marques, & Dreyden, 1993). Bu durum, teorik yaklaşımın aslında ne kadar temel bir konumda olduğunu göstermektedir. Ancak kişilerin yaklaşımlarını nasıl seçtikleri ve geliştirdikleri cevaplaması zor bir sorudur. Açıklamaktaki zorluğun temel nedeni teorik yaklaşım belirlemenin karmaşık yapısıdır. Yaklaşımın belirlenmesi sürecinde birçok farklı değişkenin etkileşimi söz konusudur (Poznanski & McLennan, 2003; Bitar, Bean, & Bermudez, 2007; Buckman & Baker, 2010). Bu bağlamda; eğitim imkanlarının mevcut olması, kurum beklentileri, danışanların özellikleri, süpervizörün yaklaşımı ve terapistin kişisel özellikleri teorik oryantasyon belirleme sürecinde etkileşim içindedirler (Guy, 1987).

Teorik yaklaşımın bu denli önemli ve karmaşık olmasına rağmen bu konuda yürütülen çalışma sayısı oldukça kısıtlıdır (Arthur, 2000; Poznanski & McLennan, 2003; Heffler & Sandell, 2009). Ancak, terapist ile teorik yaklaşımının uyumsuz olmasının yarattığı yoğun stres (Hochschild, 1983), mesleki tatminsizlik ve terapi etkiliğinde düşüş (Vasco & Dryden, 1994) gibi olumsuz sonuçlar göz ardı edilemez. Bu nedenle, etkili olabilen faktörlerin dikkatle incelenmesi ve bunun neticesinde de terapistler ile seçtikleri teorik oryantasyonlar arasındaki uyumun artırılması istenen bir sonuç olacaktır.

1. 2. Teorik Oryantasyon Gelişimi ile İlgili Faktörler

Psikoterapi alanında yüzlerce farklı teorik yaklaşım bulunmakta ve bu sayı her yıl artmaya da devam etmektedir (Corsini & Wedding, 1995). Buna ek olarak literatürde terapideki değişime neden olan belli ortak faktörlerin bulunduğu ve aslında değişik

yaklaşımların etkililik açısından farklarının bulunmadığı yönünde fikirler bulunmaktadır (Luborsky, et al., 2002). Şayet durum buysa, neden hala değişik ve çok sayıda teorik yaklaşıma ihtiyaç duyuluyor? Görünen o ki terapistler ortak faktörlerin ötesinde bir şeylerin arayışındalar. Bu bağlamda, terapistin kişisel özellikleri ile seçilen oryantasyon arasındaki uyumun önemli bir faktör olduğu belirtilmektedir (Frank & Frank, 1993). Bu nedenle de teori ile terapist arasındaki uyumu yaratanın ne olduğunun sorulması önem kazanıyor.

1. 2. 1. Kişilik

Kişiliğin birçok farklı tanımı ve ölçümü bulunmaktadır. Genel anlamda kişilik; bireylerin düşünce, duygu v davranış örüntüleri olarak tanımlanabilmektedir (Funder, 2007, p. 5). Kişilik görece kalıcı olma eğilimindedir ve kişilerarası ilişkiler üzerinden şekillenmektedir (Larsen & Buss, 2005, p. 4). Teorik oryantasyon seçimi ile ilgili olarak kişilik en sık sözü edilen faktörlerden biridir (Bitar, Bean, & Bermudez, 2007; Ogunfowora & Drapeau, 2008; Topolinski & Hertel, 2007; Vasco & Dryden, 1994). Bazı durumlarda terapistin kişiliği ile seçilen oryantasyon arasında doğal bir uyum olabildiği ifade edilmektedir (Messer & Gruman, 2011). Genel anlamda terapistler kişisel özellikleri nedeniyle belli yaklaşımlara daha yatkın (Poznanski & McLennan, 2003) ve o yaklaşımları uygulamakta daha başarılı olabilmektedirler (Messer & Gruman, as cited in Heinonen & Orlinsky, 2013).

1. 2. 2. Eğitim

Kişilik faktörlerine ek olarak terapistlerin eğitim süreci de teorik oryantasyon seçiminde etkili olmaktadır. Literatürdeki bulgular eğitim sürecinin etkisinin seçilen teorik oryantasyona göre farklılık gösterdiğini belirtmektedir. Bu bağlamda, bilişsel davranışçı terapistler üniversite eğitimini seçimlerinin kaynağı olarak gösterirken psikodinamik terapistlerin büyük çoğunluğu süpervizyonun seçimlerine etkisini vurgulamışlardır (Poznanski & McLennan, 2003). Genel anlamda eğitim sürecinin değişik parçalarının değişik yaklaşımların seçimi üzerinde etkisi olduğu göz önünde bulundurularak konuya daha bütünsel bir bakışla yaklaşmak doğru olacaktır.

1. 2. 3. Kişisel Terapi

Kişinin kendi terapistinin yaklaşımının da kendi yaklaşım seçimi üzerinde etkili olduğu bulunmuştur. Bahsedilen etki, Hümanistik ve Psikodinamik yaklaşımlar için daha ön planda olurken Bilişsel terapistler için bu tarz bir etki bulunmamıştır (Vasco & Dryden, 1994). Terapistlere mevcut yaklaşımlarını seçmelerinde etkili olan faktörlerin sorulduğu başka bir çalışmada kişisel terapistin yaklaşımı en etkili faktör olarak belirtilmiştir (Steiner, 1978).

1. 2. 4. Geçmiş Yaşam Tecrübeleri

Bireyler geçmiş yaşantılarından azade değillerdir. Dolayısıyla, geçmiş yaşam olayları, güncel ilişkiler ve kişilerarası etkileşim üzerinde etkili olmaktadır. Bu bağlamda, terapistlerin kişisel hayatlarında kurdukları ilişkiler, teorik yaklaşım seçimlerini etkilemektedir (Murdock, Banta, Stromseth, Viene, & Brown, 1998). Başka bir çalışmada ise terapistler aile ilişkileri ve tecrübelerine bakılarak seçtikleri yaklaşım üzerinden ayrıştırılabilmektedirler (Poznanski & Mclennan, 2003). Bu bilgi de geçmiş yaşantıların oryantasyon seçiminde ne denli etkili olabildiğinin altını çizmesi açısından önemlidir.

1. 2. 5. Dünya Görüşü, Kişisel Felsefe, Değerler

Kişilik özellikleri eğitim ve kişisel terapinin yanı sıra terapistlerin değerlerinin ve dünya görüşlerinin de teorik oryantasyon belirlemede çok etkili olduğu düşünülmektedir. Her insanın değerler ve belirli bir yaşam felsefesi içerisinde büyüdüğü düşünülürse, bu değerlerin terapi sürecine dahil olması kaçınılmazdır (Fabrikant, Krasner, & Barron, 1977). Bir çalışmada, değişik yaklaşımdan terapistlerin dünya görüşlerine ve epistemolojik bağlılıklarına göre ayrıştırılabildikleri bulunmuştur (Buckman & Barker, 2010). Teorik oryantasyonlar da insan doğası hakkındaki fikirleri, zihinsel süreçler hakkındaki kavramsallaştırmaları ve epistemolojik ve ontolojik varsayımları üzerinden farklılıkları içermektedir (Henry, Sims, & Spray, 1973; Messer & Gurman, 2011). Bunların yanı sıra, kişilerin değerleri kalıcı ve değişime dirençli olduğundan

terapistler genellikle kendi değerlerine uygun yaklaşımları benimsemektedirler (Costa & McCrae, 1994).

1. 2. 6. Klinik Tecrübe

Klinik tecrübe de bir diğer belirleyici faktördür. Öyle ki, Vasco ve Dryden'e göre klinik tecrübe başlangıçtaki oryantasyonun değiştirilmesinde kişisel faktörlerin önüne geçmektedir (1994). Bir başka açıdan da klinik tecrübe arttıkça kişilik faktörlerinin daha etkili oldukları belirtilmektedir (Topolinski & Hertel, 2007). Ek olarak, klinik tecrübenin artmasıyla terapistin kaygı düzeyinin azaldığı ve buna bağlı olarak da terapistin tarzının doğallaştığı ifade edilmektedir (McNeill, Stoltenberg, & Pierce, 1985).

1. 2. 7. Yakın Kişisel İlişkilerdeki Tecrübeler

Bireylerin kimliğinin kişilerarası ilişkilerde şekillendiği söylenmektedir. Bu nedenle de kişisel kimlik daha çok yakın ilişkilere yansımaktadır (Carson, 1969). Terapist ile danışan arasındaki ilişkinin de terapistin yakın kişisel ilişkilerindeki tecrübelerinden etkilendiği önerilmektedir. Bu bağlamda, terapistlerin seçtikleri yaklaşımın gerektirdiği tavırlar ile kişisel yaşantısındaki tavırları arasında paralellik olduğu gözlenmektedir (Heinonen & Orlinsky, 2013).

Bir başka açıdan, bazı özellikler açısından terapistlerin seanslarda kişisel tavırlarından farklılık gösterdikleri söylenmektedir (Borys & Pope, 1989). Terapistler kendilerini günlük yaşantılarında terapi seanslarına kıyasla daha kendi-odaklı, otoriter, eleştirel, beklentisi yüksek ve daha az fedakar, kabul edici, toleranslı ve koruyucu olarak nitelendirmektedirler (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Coontz, 2005; Heinonen & Orlinsky, 2013).

1.2.8. Diğer Faktörler

Bahsedilenlere ek olarak bazı başka faktörler de teorik oryantasyon belirlenmesinde etkili olmaktadır. Örneğin, işyerinin kısıtlamaları ve beklentileri terapistlerin

yaklaşım seçimleri üzerinde belirleyici olabilmektedir (Guy, 1987). Buna ek olarak mevcut eğitim olanakları da teorik yaklaşım belirlenmesinde oldukça belirleyici olabilmektedir (Stevens, Dinoff, & Donnenworth, 1998). Bunun yanı sıra bazı terapistler açısından bir yaklaşımın bilimsel olarak desteklenmiş olması o yaklaşımı seçmelerine neden olabilmektedir (Roth & Fogany, 2006). Ayrıca, danışan ihtiyaçları da teorik oryantasyon belirleme sürecinde etkili olabilmektedir. Bazı durumlarda terapistler danışan ihtiyaçlarına göre yaklaşımlarını adapte edebilmekte ya da tamamen farklı bir yaklaşımı uygulayabilmektedirler (Roth & Fonagy, 2006).

1. 3. Çalışmanın Amaçları

Terapistlerin teorik yaklaşımlarını belirlemelerinde etkili olan faktörleri araştıran çok az sayıda çalışma bulunmaktadır ve olan çalışmaların birçoğu da oldukça eskidir (Arthur, 2000; Poznanski & McLennan, 2003; Heffler & Sandell, 2009). Ayrıca, Türkiye ortamında bu süreci araştıran hiçbir çalışma bulunmamaktadır. Dolayısıyla, bu konuyu derinlemesine araştıran kapsamlı bir çalışmaya büyük bir ihtiyaç vardır. Bu bağlamda, nitel bir çalışma bu karmaşık etkileşimleri daha iyi açıklayabileceği için iyi bir seçenek olarak görülmüştür. Bu nedenle de çalışma, mülakat formatında her bir faktörü detaylandıran soruları içerecek şekilde tasarlanmıştır. Genel olarak çalışmanın temel hedefi, terapistlerin teorik yaklaşımlarını belirlemelerinde etkili olan faktörleri incelemektir.

2. YÖNTEM

2.1. Katılımcılar

Mevcut çalışmanın 4 erkek 10 kadın olmak üzere 14 katılımcısı bulunmaktadır. Her bir katılımcı en az Yüksek Lisans mezunu olup klinik tecrübe, eğitim düzeyi, profesyonel geçmiş ve seçilen oryantasyon açısından mümkün olduğunca çeşitli olmaları sağlanmıştır. Katılımcılar 25 ila 52 yaşları arasındadır ve klinik tecrübeleri 2 ila 25 yıl arasında değişmektedir.

2.2. Görüşmeler

Çalışma yarı yapılandırılmış yüz-yüze görüşmeler olarak yürütülmüştür. Görüşmeler 32 dakika ila 113 dakika arasında değişiklik göstermiştir. Görüşmede kullanılan sorular kapsamlı literatür taramasına ve araştırmacının kişisel merakına göre belirlenmiştir. Sorular görüşmeler boyunca yenilenmiş ve bazı eklemeler olmuştur.

2.3. Prosedür

Öncelikle ODTÜ Etik Komitesi'nden gerekli izinler alınmıştır. Ardından katılımcılara telefon ya da elektronik posta yoluyla ulaşılarak görüşmeler ayarlanmıştır. Her görüşmenin ses kayıtları alınmış ve ardından deşifreleri yapılmıştır. Görüşmelerin ardından Tematik Analiz yöntemi kullanılarak yanıtlar analiz edilmiş ve temalar belirlenmiştir.

2.4. Nitel Analiz

2.4.1. Yapısalcı Paradigma

Mevcut çalışma yapısalcılık paradigması temel alınarak tasarlanmıştır. Yapısalcı paradigma birden çok ve sosyal olarak kurgulanmış gerçekliklerin varlığını savunmaktadır. Bu bağlamda da öznel gerçeklik ortamdan, kişilerin algılarından ve araştırmacı-katılımcı etkileşiminden etkilenebilmektedir (Ponterotto, 2005). Yani, öznellik burada kaçınılan değil beklenen bir şeydir. Altta yatan felsefi görüş de aslında öznelliğin asla giderilemeyeceğini belirtmektedir. Bu nedenlerle yapısalcı yaklaşım bu çalışmanın içerik ve beklentilerine uyum göstermiştir. Çalışmanın en temeldeki amacı da terapistlerin öznel gerçekliklerine ışık tutmak olduğu için de bu paradigma oldukça uygun olmuştur.

2.4.2. Tematik Analiz

Tematik analiz çok sık kullanılan nitel analiz yöntemlerinden biridir (Roulston, 2001). Genel anlamda araştırmacıya esneklik, özgürlük ve aktif bir katılım sağlayan bu yöntem (Taylor & Ussher, 2001) yapısalcı paradigmanın varsayımlarını karşılamak konusunda da oldukça tutarlıdır. Nitel araştırmacı, araştırmanın ve analizin bir parçasıdır ve aslında anlam araştırmacı ile katılımcı tarafından ve ikisi arasında oluşan etkileşim neticesinde inşa edilir. Tematik analiz herhangi önceden belirlenmiş bir teorik çerçeveye sahip olmadığı için de yapısalcı paradigmaya uygunluk göstermiştir. Bu nedenlerle çalışma tematik analiz yöntemi kullanılarak yürütülmüştür.

3. BULGULAR

Cevapların analizi neticesinde 8 farklı tema bulunmuştur. Bu temalar; *kişisel faktörler, eğitim faktörleri, klinik tecrübe, danışan ihtiyaçları, Türkiye'deki koşullar, ampirik destek, diğer* ve *ekstra faktör: terapist olmanın kişisel hayata etkileri*dir.

3. 1. Kişisel Faktörler

Neredeyse bütün katılımcılar kişisel faktörlerin teorik oryantasyon seçimleri ve kişisel terapötik tarzları üzerine olası etkilerinden söz etmişlerdir. Bu tema terapistlerin kişisel konumlarından doğan faktörleri içerecek şekilde düzenlenmiştir. Bu bağlamda; *kişilik özellikleri, dünya görüşü, geçmiş yaşam tecrübeleri, bireysel terapi, hayatlarındaki önemli insanlar* ve *kişisel iyileşme* belirlenen alt temalardır.

3. 1. 1. Kişilik Özellikleri

Görüşmelerde, terapistler öncelikle kişilik özelliklerinden bahsetmiş ve ardından bu özelliklerin yaklaşımları üzerine olası etkilerini paylaşmışlardır. Neredeyse bütün terapistler kişilik özelliklerinin yaptıkları seçimle ya da kişisel terapötik tarzlarıyla ilgili olduğunu belirtmişlerdir. Genel olarak terapistlerin kişilik özellikleri ile teorik yaklaşımları arasında bir uyum ifade edilmiştir. Yaklaşımla uyumun bulunmadığı

durumlarda da sıklıkla kişisel adaptasyonlar yaptıklarından söz edilmiştir. Temelde yaklaşımı ve onun tekniklerini uygularken kendilerini rahat hissetmenin önemli bir unsur olduğundan söz etmişlerdir.

3.1.2. Dünya Görüşü

Dünya görüşü de kişisel faktörler teması altında belirlenen bir diğer alt temadır. Kişilik özelliklerinde olduğu gibi, terapistler seçtikleri yaklaşım ya da kişisel terapötik tarzları ile dünya görüşleri arasındaki uyumdan bahsetmişlerdir. Bu bağlamda dünya görüşü terapistin insan doğası ve insanın zihin yapısı ile ilgili görüşlerinin yanı sıra kişisel, politik ve sosyal görüşlerini içermiştir.

3.1.3. Geçmiş Yaşam Tecrübeleri

Geçmiş yaşam tecrübeleri, aile ortamı, aile içindeki ilişki kurma biçimi ve duygu ifade düzeyini içermiştir. Bu anlamda katılımcılar aile yaşantılarındaki öğrenmelerin ve tecrübelerin yetişkinlikteki kişisel ve mesleki tarzları üzerine etkilerinden bahsetmişlerdir. Seanslara doğrudan yansımadığı durumlarda bile geçmiş yaşantıdan gelen bazı duygusal yüklerin ya da kolaylıkların olabildiğini belirtmişlerdir.

3.1.4. Bireysel Terapi

Bireysel terapi, bir başka terapistin yaklaşımını ve kişisel tarzını gözlemek açısından terapistlerin kendi yaklaşımlarını belirlemelerinde etkili olabilen bir faktördür. Zaten bireysel terapistin yaklaşımı da çoğu durumda terapist tarafından bilinçli bir şekilde seçildiği için terapistin kişisel merakı ve eğilimi süreci en başından etkilemeye başlamaktadır. Öte yandan, olumsuz bireysel terapi tecrübesi geçiren, terapistinin tarzının kendisine iyi gelmediğini gözlemleyen terapistler o yaklaşıma sonraki profesyonel hayatları boyunca uzak durmuşlardır.

3.1.5. Kişisel İyileşme

Çalışma boyunca verilen yanıtlarda en sıklıkla değinilen faktörlerden biri de seçilen yaklaşım ve kullanılan yöntemlerin terapistin kendisi açısından iyileştirici olmasıdır. Terapistler genel olarak terapi yaklaşımlarının içerdiği yöntemleri öncelikle kendileri üzerinde uygulayıp iyileştirici olanları danışanlara uyguladıklarını belirtmişlerdir. Terapistin eğitimi boyunca aldığı dersler, varsa bireysel terapi süreci ve süpervizyonlarda kendisine iyi geleni ya da gelmeyeni keşfetme fırsatı olmuştur. Nihayetinde de kendisine iyi gelen yöntem ve yaklaşımların kullanıldığı sıklıkla ifade edilmiştir.

3.2. Eğitim Faktörleri

Eğitim faktörleri bir diğer ana temadır. Hatta bazı katılımcılar tarafından yaklaşımın belirlenmesinde en etkili faktör olarak belirtilmiştir. Bu temanın altında, *fırsat, eğitim kurumunun diğer yaklaşımlara olan tutumu* ve *süpervizörler ve süpervizyon* alt temalar olarak belirlenmiştir.

3.2.1. Fırsat

Eğitim kurumu içerisinde değişik teorik yaklaşımların öğrenilme imkanının olup olmaması önemli bir faktör olarak belirtilmiştir. Ayrıca değişik yaklaşımlarda eğitim imkanlarından yoksun olunmasının kısıtlayıcılığının üzerinde durulmuştur.

3.2.2. Eğitim Kurumunun Diğer Yaklaşımlara Olan Tutumu

Eğitim kurumunun diğer yaklaşımlara olan ve hatta kendi öğretmekte oluğu yaklaşıma olan tutumu da önemli bir etki olarak belirtilmiştir. Genel olarak olumsuz yorum, bakış açıları ya da bazı diğer yaklaşımlara yönelik kısıtlamalar bu alt temada toplanmıştır. Katılımcıların ifade ettiği bir diğer nokta da öğretilen yaklaşımın aşırı olumlu ve her şeye çare olarak sunulmasıdır. Bu durumun da aynı oranda o yaklaşımın benimsenmesinde etkili olan faktörlerden biri olabildiğine değinilmiştir

3.2.3. Süpervizyon

Eğitim kurumları hakkındaki soruların yanıtlarında katılımcılar süpervizörlerinden ve onların teorik yaklaşımlarından sıklıkla bahsetmişlerdir. Bu bağlamda da terapistler süpervizyonların yeni teknikler öğrenmek ve kendi terapistlik tarzları hakkında geribildirim almak gibi fonksiyonlarına vurgu yapmışlardır. Bunların yanı sıra terapistlerden bazıları süpervizyonları kendi geçmiş yaşantılarındaki meselelerin çözümlendiği terapötik bir yer olarak görmektedirler. Bu aşamada terapistler kendi meselelerinin çözümüne yardımcı olan yaklaşımların kendi terapistlik tarzlarını da etkilediğini belirtmişlerdir.

3.3. Klinik Tecrübe

Klinik tecrübe de terapistlerin teorik yaklaşımlarını değiştirmeleri konusunda oldukça etkili faktörlerden biri olarak belirtilmiştir. Katılımcıların hepsi profesyonel hayatları boyunca değişiklikler yaşadıklarını ifade etmişlerdir. Bu bağlamda *yetkinlik, danışan geribildirimleri, oryantasyon veya tekniklerin işe yarayıp yaramadığını görmek* ve *işyeri* belirlenen alt temalardır.

3.3.1. Yetkinlik

Klinik tecrübe neticesinde terapistler yaklaşımlarında çeşitli değişikliklere gitmektedirler. Tecrübelerinin artmasıyla birlikte seçtikleri teorik yaklaşım ve kişisel terapötik tarzlarında yetkinliklerinin arttığı sıklıkla belirtilmiştir. Yetkinliğin artmasıyla birlikte tekniklerin uygulanmasında daha esnek olmak, kendine uygun olan tarzı bulup geliştirmek, danışana uygun olacak şekilde yaklaşımını düzenleyebilmek, kendine daha çok güvenmek, bir sonraki cümlede ne söyleyeceğini düşünmek yerine danışanı gerçek anlamda dinlemek, danışanı daha hızlı ve iyi anlamak, ve kaygının azalması ifade edilen durumlardandır.

3.3.2. Danışan Geribildirimleri

Danışanlardan gelen geribildirimler de terapistin yaklaşımını şekillendirmede ve hatta bazı durumlarda yaklaşımı değiştirmede etkili bir faktör olarak belirtilmiştir. Geribildirimlerin genelde terapistin terapötik tarzına yönelik olduğu belirtilmiştir. Danışanların teorik yaklaşımlar hakkında detaylı bilgileri olmasa da ona işaret edebilen geribildirimler terapistin tarzını etkilemiştir.

3.3.3. Oryantasyon veya Tekniklerin İşe Yarayıp Yaramadığını Görmek

Klinik tecrübeleri süresince terapistler neyin etkili olduğunu ve neyin etkili olmadığını gözlemleme fırsatı bulmuşlardır. Bu anlamda terapistler sıklıkla danışanlara neyin iyi geldiğini görmeleri üzerine yaklaşımlarını şekillendirdiklerini belirtmişlerdir. Hatta bazı durumlarda bu etki kişisel faktörlerin önüne geçebilmektedir.

3.3.4. İşyeri

İşyeri beklentileri ve olası kısıtlamalar terapistlerin yaklaşımı üzerinde etkili olabilmektedir. Genelde katılımcılar ciddi kısıtlamalarla karşılaşmadıklarını ifade etmişlerdir. Yine de bazı işyeri düzenlemeleri ve beklentileri terapötik tarzlar üzerinde etkiye sahip olmuştur. Bunların yanı sıra işyeri koşulları kısa veya uzun dönem terapi uygulanması açısından da belirleyici olmuştur.

3.4. Danışan İhtiyaçları

Danışan ihtiyaçları terapistlerin tarzı ve seçtikleri oryantasyonu etkileme konusunda oldukça etkili bir faktör olarak katılımcılar tarafından çok sık ifade edilmiştir. Terapistler genel olarak seçtikleri yaklaşım ve uyguladıkları yöntemlerin danışanın ihtiyacına yönelik olmasına ve danışanlara uygun olmasına dikkat ettiklerini belirtmişlerdir. *Terapi ihtiyaçları, seçilen yaklaşıma uygunluk* ve *finansal koşullar* bu tema altında belirlenen alt temalardandır.

3.4.1. Terapi İhtiyaçları

Terapi ihtiyaçları genel anlamda hastanın şikâyeti ve semptomlarından kaynaklanan terapötik ihtiyaçları içermektedir. Katılımcılar, danışanların ihtiyaçlarının yaklaşımlarını belirlemelerinde ve kişisel terapötik tarzları üzerinde ciddi etkileri olan çok önemli bir faktör olduğunu belirtmişlerdir. Bu anlamda travma mağduru kişilerle, mültecilerle ya da acil desteğe ihtiyaç duyan kişilerle çalışırken katılımcılar danışanların ihtiyaçlarının yaklaşımları üzerinde doğrudan etkili olduğunu ifade etmişlerdir. Bazı durumlarda kendi yaklaşımlarını bir kenara bırakıp danışanın ihtiyaçlarını ön plana koymak terapistler tarafından çok sık belirtilmiştir.

3.4.2. Seçilen Yaklaşıma Uygunluk

Seçilmiş olan yaklaşıma danışanın yaş ve eğitim düzeyi açısından uygun olması belirleyici olan bir diğer faktördür. Özellikle eklektik çalışan terapistler, danışana uygun olmaması durumunda daha farklı bir yaklaşımla devam edebilmektedirler. Eklektik olunmadığı durumlarda ise başka bir terapiste yönlendirmek de olası bir çözüm olarak belirtilmiştir.

3.4.3. Finansal Koşullar

Danışanların finansal koşulları da terapistlerin yaklaşımlarını etkileyebilen bir faktör olarak belirtilmiştir. Genelde maddi durumu çok iyi olmayan danışanlarla çalışırken kısa süreli ve hızlı müdahalelerin tercih edildiği ve bir anlamda terapistlerin kendilerine baskı kurdukları ifade edilmiştir.

3.5. Türkiye'deki Koşullar

Türkiye'deki koşullar özellikle sağlık sistemindeki aksaklıklar ve eğitim olanaklarının mevcut olmaması açısından vurgulanmıştır. Genel olarak katılımcılar, sağlık sisteminde devletin karşıladığı terapi imkanlarının kısıtlı ve yetersiz olduğunu ve bunun neticesinde de kontrolsüz özel pratiklerin oluştuğunu belirtmişlerdir. Hastanelerde Sağlık Bakanlığı'nın düzenlemesi dolayısıyla günde çok sayıda hasta

görme zorunluluğu da sunulan hizmetin kalitesinden ödün verilmesine neden olarak ifade edilmiştir. Eğitim sistemi konusunda da okullarda olmadığı gibi özel eğitim açısından da değişik yaklaşım öğrenme seçeneklerinin çok kısıtlı olması ve olan seçeneklerin de çok pahalı olması terapistlerin bu yaklaşımlara yatkınlıkları olsa bile öğrenememelerine yol açmaktadır.

3.6. Ampirik Destek

Katılımcıların yanıtları seçtikleri yaklaşımın hususi olarak bilimsel desteğe sahip olmasının çok da gerekli görülmediğini yansıtmıştır. Katılımcılar ya bilimsel yöntemlere inanmadıklarını, SPSS aracılığıyla her şeyin kanıtlanabildiğini dolayısıyla bu verinin çok da bir önemi olmadığını belirtmişlerdir. Bir başka açıdan da terapi yöntemlerinin genel olarak işe yaradığını bilmek içlerinden herhangi birini seçmek adına yeterli bir bilgi olarak görülmüştür. Tek tek yaklaşımların kanıtlanmamış olmasının bir eksiklik ya da gereklilik olmadığını belirtmişlerdir.

3.7. Ekstra Faktör: Terapist Olmanın Kişisel Hayata Etkileri

Bu tema aslında sorular içerisinde bulunmayıp katılımcıların söylemleri neticesinde belirlenmiştir. Doğrudan teorik yaklaşımla ilgili olmadığı için de ekstra faktör olarak ifade edilmiştir. Adından da anlaşılacağı üzere bu tema terapistlerin terapist olmaları nedeniyle kişisel hayatlarında tecrübe ettikleri durumları içermektedir. Genel anlamda terapistler yakınlarının kendilerinden her alanda terapist olmasını beklediklerini, sürekli anlayışlı, olumsuz duygular hissetmeyen birileri olmalarını beklediklerini ve bunun yıpratıcı etkilerini belirtmişlerdir. Yolculuk ederken ya da yeni biriyle tanıştıkları durumda da terapist olduklarını söylemek istemediklerini, insanların onlardan her daim sorunlarını çözmesini beklediklerini ve özel yaşamlarında bundan kaçınmaya çalıştıklarını ifade etmişlerdir.

4. TARTIŞMA

Çalışmanın amacı terapistlerin teorik yaklaşımlarını belirlemeleri üzerinde etkili olan faktörleri keşfetmektir. Katılımcıların yanıtlarının analizi neticesinde 8 farklı tema belirlenmiştir. Bu temalar; *kişisel faktörler, eğitim faktörleri, klinik tecrübe, danışan ihtiyaçları, Türkiye'deki koşullar, ampirik destek, diğer* ve *ekstra faktör: terapist olmanın kişisel hayata etkileri*dir.

Tek tek faktörlere bakıldığında, kişilik faktörleri kapsamında bahsedilen etki başka çalışmalar tarafından da desteklenmektedir (Bitar, Bean, & Bermudez, 2007; Mason, 2012). Bu anlamda, terapistler kişiliklerine ve dünya görüşlerine uygun teorik yaklaşımları benimseme eğilimindedirler. Yine de bu ertelenmiş bir etki olarak ifade edilmiştir. Terapistlerin klinik tecrübelerinin artmasıyla birlikte kendilerine kişisel anlamda neyin uygun olup olmadığını keşfedebildikleri belirtilmiştir (Topolinski & Hertel, 2007). Ek olarak, terapistler sıklıkla uygularken kendilerini rahat hissettikleri yaklaşımları benimsediklerinden söz etmişlerdir. Kişilik özelliklerine uyumlu olan terapist konumları içeren yaklaşımlar tercih edilmektedir. Öte yandan, terapistler çatışmalı aile ortamlarının onları terapist olmaya yönlendirdiğini belirtmişlerdir. Bu bağlamda, kendi meselelerini çözmeye yardımcı olan yaklaşımların da sıklıkla tercih edildiği ifade edilmiştir. Bu bulgu başka çalışmalar tarafından da desteklenmiştir (Bitar, Bean, & Bermudez, 2007; Poznanski & McLennan, 2003).

Eğitim faktörleri de kişisel faktörler gibi etkili bir tema olarak belirlenmiştir. Genel olarak terapistler eğitim kurumlarında çok çeşitli fırsatların mevcut olmadığını belirtmişlerdir. Buna bağlı olarak da kendilerine uygun olabilecek yaklaşımı keşfedip benimsemek yerine kurumun öğrettiği yaklaşımı öğrenme ve uygulama sık rastlanır bir durum olmuştur. Aynı şekilde kurumun öğrettiği yaklaşıma yönelik aşırı olumlu ve diğer yaklaşımlara yönelik olumsuz tutumları da terapistlerin hem bu anlamda esnek olup olmadıklarını hem de diğer yaklaşımlara yönelik tutumlarını etkilemiştir. Ek olarak, süpervizyon da eğitim sürecinin çok temel bir parçası olarak sıklıkla belirtilmiştir. Çoğu durumda katılımcılar süpervizörlerinin yaklaşımının ve o süreçte kendilerine iyi gelen şeyleri görmenin, kendi yaklaşımlarını belirlemelerinde çok ciddi etkileri olduğundan söz etmişlerdir. Süpervizyonun ilişkisel doğası ve terapötik

bir yer de olabilmesi, öte yandan süpervizörün yaklaşım biçimini gözlemlemeye olanak sağlaması açısından bu etki çok anlaşılırdır. Literatürde de süpervizyonların etkisi desteklenmektedir (Steiner, 1978).

Klinik tecrübe de etkili olarak belirtilen bir diğer temadır. Genel olarak terapistler tecrübelerinin artmasına bağlı olarak terapistlik konusunda daha yetkin hissetmeye başladıklarını belirtmişlerdir. Öncelerde daha heyecanlı olup kendi diyeceklerine odaklı olabilirken sonralarda danışanı tam anlamıyla dinlemeye, süreci ona odaklı bir şekilde yürütebilmeye başladıklarını ifade etmişlerdir. Ayrıca süreç içerisinde uyguladıkları yaklaşım ve yöntemlerin işe yarayıp yaramadığını görmek de yaklaşımları üzerinde bir o kadar etkili olmuştur. Bunu fark etmelerinde de hem klinik gözlemleri hem de danışanlardan gelen geribildirimleri etkili olmuş olabilir. Etkililiğin önemi başka çalışmalarca da vurgulanmıştır (Mason, 2012). Öte yandan geribildirimlerin de başlı başına şekillendirici bir etkiye sahip olması söz konusudur. Terapistler genelde danışan odaklı hareket ettiklerinden onların ifade ettiği her şeydikkate alınmaktadır. Son olarak da işyeri beklentileri ve kısıtlamaları da terapistin süreci nasıl götüreceği ve bazı durumlarda hangi yaklaşımı ne kadar süreyle uygulayabileceği konusunda belirleyici olabilmektedir.

Türkiye'deki koşullar da eğitim imkanlarının kısıtlılığı, olan eğitimlerin çok pahalı olması ve sağlık sektöründeki yetersizlikler açılarından gündeme gelmiştir. Terapistler genellikle Türkiye'deki koşullar açısından olumsuz bir tablo çizmişlerdir. Eğitim imkanlarının kısıtlılığının ve fiyatlarının doğrudan belli ana akım yaklaşımlara yönlendirdiğini, aslında bazı durumlarda seçim yapmadıklarını ve mevcut olanı öğrendiklerini belirtmişlerdir. Aynı şekilde sağlık sektöründe sağlanan hizmetin yeterli olmaması özel sektöre duyulan ihtiyacın artmasına neden olmuş, ancak özelde verilen hizmetin de kontrolden muaf, kendi başına işleyen bir oluşum olmasının olumsuz etkilerine değinmişlerdir.

Seçilen yaklaşıma yönelik bilimsel desteğin bulunması da literatürde genelde desteklenen ama bu çalışmada aksinin bulunduğu bir durumdur. Katılımcılar genelde terapinin işe yarar bir şey olmasının yeterli olduğunu ya da zaten bilimsel yöntemlere çok da güvenmediklerini belirtmişlerdir. Literatürde buna yönelik de bulgular

olmakla beraber (Chambless, 2012) çoğunlukla yaklaşımın bilimsel desteğinin önemli bir etken olduğuna işaret edilmiştir (Mason, 2012; Roth & Fonagy, 2006). Bu konuda, bilimsel destek yerine klinik tecrübeye güvenmeleri durumu açıklayan bir etken olabilir. Bilimsel çalışmalara olan güvensizlik de dikkat çeken bir diğer açıklamadır.

Son olarak da terapist olmanın kişisel hayatlarına olan etkileri bulgusu üzerinden gidecek olursak bu konuda aslında başlangıçta hiçbir soru yoktu. Ancak soru bulunmadığı halde katılımcılar öyle sıklıkla bu tecrübelerine işaret ettiler ki sonradan bu da ek bir soru olarak çalışmaya eklendi. İlk olarak terapistler kendi yöntemlerini kendileri üzerlerinde denediklerini ve kendilerini iyi gelenleri danışanlara uygulama eğilimde olduklarını belirtmişlerdir. Süreç içerisinde terapist olmanın ve kendileri üzerine de uygulamanın kişilik özelliklerine etki edebildiği ifade edilmiştir. Bu konu hakkında daha kapsamlı bir çalışma aydınlatıcı olacak ve çok derin bilgiler sağlayabilecektir. Bu fikri destekler başka bir fikir de profesyonel gelişimin neticesinde terapistin profesyonel ve kişisel benliklerinin iç içe geçtiği yönündedir (Mason, 2012). Zaten yaptıkları işten hiç etkilenmediklerini savunmak gerçekçi olmaktan çok uzak bir iddia olurdu.

Tüm bu etkilere ek olarak her daim akılda bulundurulması gereken şey tüm bu faktörlerin az veya çok bir etkileşim içinde olduklarıdır. Tek bir temanın tüm durumu açıklamaya asla yeterli olmadığı gibi etkileşimlerden doğan çok farklı etkiler de gözlenmiştir. Bu etkileşimler süreci daha karmaşık bir hale getirmektedir. Zaten çalışmayı nitel olarak yürütmemin bir nedeni de bu karmaşık etkileşimleri de içerebilmesini sağlamaktır. Çünkü tüm bu etkileşimleri bilirken sadece ufak bir bölümüne odaklanmak doyurucu bir bilgi sağlamayacaktı. Ayrıca teorik yaklaşım belirleme tek seferde olan bir şeyden ziyade süregelen bir durum olduğu için de konunun içerdiği karmaşıklık ve etkileşimler artarak devam etmektedir. Literatürde de değişik faktörlerin etkileşimine vurgu yapan çalışmalar bulunmaktadır (Guy, 1987; Mason, 2012).

4.1. Öz-Yansıtma

Araştırma sorusundan başlayarak konunun belirlenmesi ve yöntemin seçilmesinde, her basamakta benim kişisel merakım ve mesleki gözlemlerimin etkisi olmuştur. Ben de klinik psikolojide yüksek lisans yapan ve henüz teorik yaklaşımına kara vermemiş ve hatta bu konuda kafası oldukça karışık olan biriyim. Buna bağlı olarak kişisel merakım sadece süreci nasıl yürüteceğim üzerinde etkili olmakla kalmadı bir de görüşmeler sırasında kişisel merakımdan doğan bazı soruların da eklenmesine neden oldu. Ayrıca öğrenmeye meraklı tecrübesiz terapist konumum bazen tecrübeli terapistler karşısında öğrenci-öğretmen gibi konumlanmamıza ve içeriğin böyle bir etkileşimle şekillenmesine neden oldu. Bazen çalışmanın kapsamından uzaklaşsak da bu tarz durumlarda edinilen bilgiler daha da zenginleşti. Ek olarak, bu etki daha çok yaşça ve tecrübece büyük katılımcılarla sürdürülen görüşmelerde gözlendi. Yaş grubu yakın kişilerle görülmemesi de ve hatta genelde öğretmen konumuna geçen katılımcıların akademik yanlarının da olması bu durumu biraz açıklar nitelikteydi. Bu nedenlerle aslında klinik psikoloji öğrencisi değil de sosyoloji öğrencisi olarak bu görüşmeleri yürütseydim orada kurulacak gerçeklik ne şekilde değişirdi diye merak etmekten kendimi alamıyorum.

4.2. Çalışmanın Sınırlılıkları

Görüşmelerde sorulan ilk sorular hep çok genel olsa da ardından takip eden sorular daha detaylı ve bazen yönlendirici olabildi. Örneğin katılımcılara 'yaklaşımınızda başlangıçtan bugüne neler değişti?' diye sorduğumda herkes bir değişim belirtti. Soruş şeklim bir değişim olmamış olsaydı da bu konuda bir cevap sunma gerekliliği yaratmış olabilir. Süreçte hiç değişim olmaması gerçekçi bir durum olmazdı ancak bu haliyle de terapistler üzerinde bir baskı kurdu kuşkusuz. Bu nedenle de aslında yukarıda değindiğim gibi tek ve çok gene bir soruyla bu çalışmayı yürütseydim, orada kurulacak gerçeklik buradakinden çok daha farklı olacaktı.

4.3. Çalışmanın Güçlü Yönleri

Konunun karmaşık sürecine eşlik eden karmaşık etkileşimlerini düşününce yöntemin nitel olması oldukça güçlü bir yöndür. Nicel bir araştırma yöntemiyle bu kadar farklı faktörü 14 katılımcıyla keşfetmek mümkün olamazdı. Bu anlamda nitel yöntem faktörleri derinlemesine incelemeye ve anlamaya olanak sağlayarak zengin bilgi sunmuştur. Bir diğer güçlü yön ise görüşmelerin yarı yapılandırılmış şekilde yürütülmesidir. Bu sayede hem görüşme sırasında hem de sonrasında esnek bir tutum ile sorular ve soruluş biçimleri gözden geçirilebilmiştir. Ayrıca bahsedilen yönlendirici sorulara geçilmeden önce genel soruların sorulması da önceden düşünülmemiş ancak katılımcıların eklediği bilgilere olanak sağlamıştır.

Teorik oryantasyonları anlamaya yönelik soruların çok sayıda ve kapsamlı olması da bu çalışmanın ciddi bir kazanımıdır. Sadece kategorik bir soru ile devam edilseydi oradan kazanılan çok sayıdaki bilgi asla edinilemezdi. Ayrıca, aynı yaklaşım, aynı yöntem farklı insanların elinde öyle farklı bir hal kazanıyor ki sadece kategorileri isimlendirip onları aynı pratiklermiş varsaymak bu çalışma için çok eksik ve yüzeysel kalırdı. Detaylı sorular sayesinde katılımcıların pratikleri hakkında detaylı ve derinlemesine bilgiler edinilmiştir.

Son olarak da analizlerin tüme-varım yöntemi ile yürütülmesi, önceden bilgiye sahip olunsa da bununla kısıtlı kalınmamasına ve doğrudan katılımcıların yanıtlarından doğan temalara ulaşılmasına neden olmuştur. Elbette ki önceden bilinen bilgiden tamamen azade olmak mümkün olmasa da onu sağlamaya çalışmak bulguları çok zenginleştirmiştir.

4.4. Çalışmanın Katkıları ve Gelecek Çalışmalar için Öneriler

Kişiler yaklaşımlarını rastgele belirlemezler. Aksine bahsedildiği üzere, o süreçte birçok faktörün etkisi vardır (Buckman & Barker, 2010). Ancak, aralarında etkileşim bulunan bu çoklu faktörler yeterince araştırılmamıştır (Bitar, Bean, & Bermudez, 2007). Eğer bu konuya yeterince dikkat çekilirse, kazanımlar çok fazla olacaktır. Terapistler daha bilinçli seçimler yapabilirler, okullarını belirlemeden önce öğretilen

yaklaşıma uygunluklarını gözden geçirebilirler, eğitim kurumları bu konuda bilgilendirmeler yapabilir, diğer yaklaşımlara yönelik olumsuz tutumları ortadan kaldırabilir, öğrencilerinin kendi kişilik ve beklentilerine uygun yaklaşımları keşfetmeleri konusunda yönlendirip destekleyebilir, bünyesinde de çeşitli yaklaşımların öğrenilmesine olanak sağlayabilir. Bu açıdan bakınca kurumsal ve bireysel bazda birçok katkısı olabilir bu konunun daha derin keşfedilmesinin ve buna bağlı olarak dikkat çekmesinin. Bu sayede stres (Hochschild, 1983) ve mesleki tatmin (Vasco & Dryden, 1994) açısından düşüşler engellenecek ve terapist ile seçtiği yaklaşım arasındaki uyumdan doğan terapinin etkililiğinde artış gözlenebilecektir (Frank & Frank, 1993).

Öte yandan bu konudaki çalışma sayısı bahsedildiği üzere çok azdır ve hatta Türkiye koşullarını açıklayan bir çalışma bulunmamaktadır. Bu konulara yönelik aydınlatıcı çalışmalar, olası olumsuz ve olumlu sonuçların araştırılması oldukça faydalı ve bilgilendirici olacaktır.

Appendix E: Thesis Photocopying Permission Form

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	
Sosyal Bilimler Enstitüsü	X
Uygulamalı Matematik Enstitüsü	
Enformatik Enstitüsü	
Deniz Bilimleri Enstitüsü	

YAZARIN

Soyadı : BULUT
Adı : GÖKÇEN
Bölümü : PSİKOLOJİ

TEZİN ADI (İngilizce) : Perceived Theoretical Orientation Choices of Psychotherapists

TEZİN TÜRÜ : Yüksek Lisans [X] Doktora [ ]

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.	X
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.	
3. Tezimden bir (1) yıl süreyle fotokopi alınamaz.	

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: