

ISTANBUL BILGI UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY MASTER'S DEGREE PROGRAM



INTERGENERATIONAL EXPERIENCES OF HUMANITARIAN AID
WORKERS IN TURKEY: A CONTEXTUAL PERSPECTIVE

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ISTANBUL
2019

Intergenerational Experiences of Humanitarian Aid
Workers in Turkey: A Contextual Perspective

Türkiye'deki İnsani Yardım Çalışanlarının Kuşaklararası Deneyimleri:
Bağlamsal Bir Yaklaşım

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Tezin Onaylandığı Tarih:
Toplam Sayfa Sayısı:

Anahtar Kelimeler (Türkçe)

Anahtar Kelimeler (İngilizce)

- 1) Bağlamsal Terapi Yaklaşımı
- 2) İnsani yardım çalışanı
- 3) Sığınmacı ve mülteci
- 4) Kök aile çalışmaları
- 5) Nesillerarası travma & dayanıklılık

- 1) Contextual Therapy Approach
- 2) Humanitarian aid worker
- 3) Asylum-seeker & Refugees
- 4) Family of Origin Studies
- 5) Intergenerational trauma & resilience

Acknowledgements

The writing of my thesis has been a journey of growth and self-discovery throughout which many individuals have provided me with their invaluable support.

First of all, I would like to thank the faculty of Istanbul Bilgi University Clinical Psychology Master's Program and my thesis supervisor Assoc. Prof. Ayten Zara, for providing me with the fruitful environment to learn and pursue my curiosities in the area of clinical psychology and intergenerational transmissions of trauma and resilience.

A special thank you, I would like to say to Assoc. Prof. Gizem Erdem who introduced me to the theories of Ivan Boszormenyi-Nagy and never withheld her support and knowledge and continued to guide me throughout my thesis process. Her research interests in marginalized groups have been inspirational.

I would like to thank the humanitarian aid workers who participated in this study and who shared their family histories and perceptions wholeheartedly without whom this research would not have been possible. I believe that the current research shows how important the work of the humanitarian aid worker is in moving towards a socially just society.

I also would like to thank my friends, in the class of Istanbul Bilgi University Clinical Psychology Master's Program adult track for an environment of acceptance, support and growth.

I would like to thank Orçun, who believed in me and always encouraged me on my journey towards obtaining my master's diploma no matter if I was close or far.

I especially would like to thank my mother, father and brother for always believing in me. Through this research I have come to understand how the lives and actions of family members in current and previous generations help to shape our own and in turn form the legacies of next generations. I would therefore like to thank my grandparents, and

commemorate my ancestors who contributed to the life I live today.



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Abstract

The aim of the present study was to explore the motives of local humanitarian aid workers in Turkey who work in the field of assisting asylum seekers and refugees. The potential motives from the family of origin and three generational family history experiences of humanitarian aid workers were explored using genogram technique and the Contextual Therapy Approach. Snowball sampling was used to reach humanitarian aid workers who are exposed to in-depth life stories of asylum-seeker and refugees. Eight mental health workers and one legal counsellor participated in the study. Semi-structured interview questions on family interaction patterns, family roles, rituals, traumatic history, resilience and coping were asked and genograms of participants were drawn. Overall, it was found that service providers working with refugees had intergenerational transmission of trauma and resilience as well as social injustices, violations of trust, and themes over gender inequality. It was also found that choice of a profession (becoming a humanitarian aid worker) aligned with the constructive entitlement of the interviewee, legacy of the family and with family-of-origin experiences.

Implications for humanitarian aid workers working with asylum-seekers and refugees are discussed, together with suggestions for future research.

Özet

Bu çalışmanın amacı Türkiye’de mülteci ve sığınmacılara hizmet sağlayan insani yardım çalışanlarının bu alana yönelmelerindeki motivasyonlarını araştırmaktır. Bağlamsal Terapi yaklaşımı ve genogram teknikniği kullanılarak katılımcıların alana yönelmelerine etkisi olabilecek kendi ailelerindeki ve üç nesil boyunca aktarılan ilişkisel ve tarihsel deneyimler araştırılmıştır. Mülteci ve sığınmacıların hayat hikayelerine derinlemesine maruz kalan insani yardım çalışanlarına kartopu yöntemiyle ulaşılmıştır. Sekiz ruh sağlığı çalışanı ve bir hukuki danışman araştırmaya katılmıştır. Yarı yapılandırılmış görüşmelerde aile etkileşim örüntüleri, aile rolleri, ritüeller, travmatik tarih, psikolojik sağlamlık ve baş etme yöntemleri hakkında sorular sorulmuş ve katılımcıların genogramları çizilmiştir. Genel bulgular, insani yardım çalışanlarında kuşaklararası aktarılan travma ve psikolojik dayanıklılığın bulunduğu ve sosyal adaletsizlikler, güven ihlalleri ve cinsiyetler arası eşitsizlik temalarına işaret etmiştir. Ayrıca meslek tercihi (insani yardım çalışanı olmak) ile katılımcının yapıcı hak arama, aile vasiyeti ve kök ailedeki deneyimlerinin uyduğu görülmüştür.

Bu çalışmada elde edilen bulgulardan mülteci ve sığınmacılarla çalışan insani yardım çalışanlarına dair çıkarımlar tartışılmış ve ileri araştırmalar için öneriler sunulmuştur.

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INTRODUCTION

After the Syrian civil war erupted in 2011, it is estimated that more than 5.6 million people were forced to leave their homes and sought refuge in the neighboring countries such as Lebanon, Jordan and Turkey (United Nations High Commissioner for Refugees [UNHCR], 2019). The Republic of Turkey has granted temporary protection to Syrian refugees¹ with rights to stay and be protected against involuntary return to Syria, have access to basic services for health care, education, and social assistance in addition to legal residence (Refugee Rights Turkey, 2017). The number of Syrian refugees that Turkey has hosted since 2011 is estimated at more than 3.6 million peoples (United Nations High Commissioner for Refugees [UNHCR], 2019). The majority (3.403.536) of Syrian refugees live in urban, peri-urban and rural areas whereas a minority (174.256) live in 15 camps situated along the border to Syria in Southeastern Turkey, as of 15th October 2018 (Disaster and Emergency Management Authority, 2018).

In addition to Syrian peoples of concern, the United Nations High Commissioner for Refugees report a number of 368.230 peoples from other nations mainly Iraq, Iran, Afghanistan, Somali that have sought asylum in Turkey as of November 2018. The latest figures obtained suggest that there are 3.9 million asylum seeker and refugees in Turkey seeking international or temporary protection as of November 2018, (UNHCR, 2018). Turkey hosts the largest number of

¹ According to the 1951 Refugee Convention of the United Nations General Assembly, a refugee is defined as an individual who is "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country."

refugees and asylum seekers in the world (European Civil Protection and Humanitarian Aid Operations, 2019).

In an attempt to address the needs of Syrian refugees, the deputy prime minister had stated on 26th of April 2018 for the Turkish Government to have spent up to 31 billion Euros since the start of the Syrian civil war according to the online newspaper T24 (“Başbakan Yardımcısı Akdağ: Türkiye Suriyelilere,” 2018). In addition to the governmental support, the latest reports indicated the presence of 42 national and 12 international non-governmental organizations working with Syrian and other refugees in Turkey (Turk, 2016). Those organizations provide refugees resources for basic needs (shelter and food), outreach (access to healthcare and child care, legal assistance) as well as treatment services (counseling, crisis intervention).

Those services indicate the multifaceted needs of the refugees and asylum seekers in Turkey. Because the procedures that refugees and asylum seekers have to go through are tedious and may take up to several years to complete, there is a high need for services and service providers for an extended period of time in the applicant’s country of asylum. Due to its geographical location, Turkey is a gateway to Europe and many asylum seekers and refugees fleeing war or poor living conditions travel through Turkey legally or illegally. While some aim to settle in European countries, some aim to remain in Turkey and yet others want to return to their home countries.

The intensity of services for asylum-seekers and refugees requires expertise in legal frameworks, time management and an extensive knowledge in national and interagency referral pathways for humanitarian aid workers. Turkey being the country to host the world’s largest refugee population, there is a need for hundreds of service providers specialized in that area. A recent estimate of the number of staff employed in the UNHCR Turkey operation is 1000 employees (as of September 2018). UNHCR states to have one of its biggest operations in Turkey and is only one of the organizations serving refugees and asylum seekers. In addition to the international organizations such as UNHCR, international and non-governmental organizations, state institutions such as the General Directorate for Migration Management, Ministry of Family Labor and Social Services as well as

Disaster and Emergency Management Authority (AFAD) and state hospital personnel can be named to be a few, who serve asylum seekers and refugees in Turkey. The exact number of these helping professionals employed by the governmental institutions in Turkey is unknown. Given the huge number of refugees that continue to arrive and live in Turkey, in relation, only a small number of professionals and humanitarian aid workers continue to serve refugees and asylum seekers. Helping professionals in the field work under high pressure and high demand to try meeting needs of asylum seekers and refugees. Both ex-patriate staff and local staff are facing challenges and have to function under such high pressure.

Although there is a growing interest on the well-being of humanitarian aid workers globally, the majority of the research is conducted with expatriate staff, not local staff (Ager et al., 2012). Most of that research focuses on vicarious traumatization, stress and there is scarcity of research in understanding the characteristics and experiences of humanitarian workers who serve refugees and asylum seekers. The current study aims to address this gap and explores the motives of local Turkish humanitarian aid workers to work in the field of assisting refugees. One potential motive comes from family-of-origin experiences of service providers, and experiences in previous generations of their family. To explore these questions, the present study uses the Contextual Family Therapy Approach and makes use of genogram technique.

1.1. CHARACTERISTICS OF HUMANITARIAN AID WORKERS

Studies in Greece, Uganda and Middle East and Northern Africa regions suggest that service providers in the field of humanitarian aid are overloaded with multiple roles to support asylum seekers and refugees as well as high number of people to serve with complicated needs and traumatic experiences (Lopes- Cardozo et al., 2012; Khera, Harvey & Callen, 2014; UNHCR 2016, Sifaki- Pistolla, Chatzea, Vlachaki, Melidoniotis & Pistolla, 2017). Indeed, research reveals that those service providers report high level of secondary trauma, compassion fatigue, and burnout (Khera et al., 2014; Sifaki-Pistolla et al., 2017). It was found that both

first hand exposure to dangerous situations and secondary exposure through others suffering have implications on the mental health of relief workers (Connorton, Perry, Hemenway & Miller, 2012).

A series of stressful events may affect the aid worker psychologically. Lopes-Cardozo and colleagues (2012) listed factors such as difficult living conditions, security concerns, heavy workload, lack of recognition for accomplishments and lack of communication with other service providers. A former study with expatriate and Kosovar Albanian humanitarian aid workers also suggested that stressors such as poor job security, restricted career development opportunities, low salaries, and poor living conditions were associated with burnout (Lopes-Cardozo et al., 2005). Other stress related conditions that humanitarian aid workers may show are psychological distress, depression, and anxiety (Lopes-Cardozo et al., 2012). Previous research on burnout and stress related conditions in Turkey have also found similar results (Alacacioğlu, Yavuzsen, Diriöz, Oztop & Yılmaz, 2009; Özkan, Çelik & Younis, 2012). A study by Zara and İçöz (2015) examined the correlates of working with traumatized clients for Turkish mental health professionals and found that mental health workers showed high levels of secondary traumatization. Symptoms included avoidance behavior, anxiety, dissociation, and feelings of inadequacy (Zara & İçöz, 2015). The symptoms were more severe and intense for those who were serving in the Southeastern provinces of Turkey. Another study conducted by Altekin (2014) with 260 mental health workers (social workers, psychologists, psychiatrists and psychological counsellors) who work with trauma in Turkey revealed that the prevalence of vicarious traumatization was predominantly high and that social workers showed the highest levels among the different professional groups.

A recent staff well-being study conducted by the United Nations High Commissioner for Refugees stated that humanitarian aid workers “have an overwhelming workload, lack privacy and personal space and are separated from family and friends for extended periods of time” (UNHCR, 2016, p. 13). Nevertheless, the humanitarian aid group also shows resilience and takes many personal rewards from their work such as job satisfaction, personal meaning and

improved well-being (p. 13). The research by Altekin (2014) also made use of semi structured interviews conducted with psychological counsellors who work in the field of trauma and showed that all of the interviewees shared a growth and transformation in their worldview suggesting vicarious resilience through their work.

Given the difficulties faced by humanitarian aid workers in terms of heavy workload, serving people with complicated needs and traumatic experiences, the question arises *why* humanitarian aid workers choose to work in the field of refugee and asylum seeker assistance. It is found that the majority of literature on choice of profession of helping professionals mainly focuses on mental health, medical care and social work professionals and is limited in terms of refugee and humanitarian aid workers. The current study aims to address this gap.

1.2. FAMILY OF ORIGIN EXPERIENCES AND THE CHOICE OF A PROFESSION

1.2.1. Parenting and Traumatic Experiences in Childhood

Several studies investigated the relationship between family of origin experiences and the choice of profession. Whiston and Keller (2004) have identified factors such as parents' occupations and family warmth, support, attachment and autonomy as influential factors on individual's choice of profession. Racusin, Abramowitz & Winter (1981) investigated the link between parental warmth and choice of a profession. Interviews with seven male and seven female psychotherapists revealed that they lacked parental nurturance and reported conflict over the expression and acceptance of intimacy in their family of origin.

The literature on helping professions (psychotherapists, social workers, physicians, and medical professionals) also have traced family of origin factors that influenced their choice of vocation.² As Ershine (2001) stated that "personal history

² In the area of Psychoanalysis, the question of why one chooses to become a therapist has been proposed by Alice Miller (1981) in her book entitled *Prisoners of Childhood: The Drama*

of psychotherapists influences their career choice.” Some studies suggest that psychotherapists were drawn to their area of expertise due to an experience of some form of childhood trauma (Elliott & Guy, 1993; Fussell & Bonney, 1990). For instance, Elliott and Guy reported that female mental health professionals, as compared to a pool of women from other professions (accountants, attorneys, chemists, engineers, financial analysts, fine artists, microbiologists, musicians, nurse practitioners, physical therapists, statisticians) were more likely to state the occurrence of one or more of the adverse events in childhood such as physical and sexual abuse, parental alcoholism or mental health issues (1993).

A study by Messina et al. (2018) conducted with 135 post-graduate psychotherapy trainees on personal background, motivation and interpersonal style of psychotherapy trainees from different theoretical orientations showed that negative personal experiences and especially family experiences were reported to have motivated their choice of profession.

Nikcevic, Kramolisova- Advani and Spada (2007) found that psychology students who aspire to work in the clinical domain reported higher levels of perceived sexual abuse and parental neglect compared to psychology students who do not have motives to pursue a career in clinical psychology (i.e., prefer MBA). Additionally, in a survey conducted with 126 social work graduate students, 69% were found to report that they had at least one adverse experience in their families. Such experiences included having a family history of problems related to substance abuse (44%), psychopathology (43%), compulsive disorders (17%) and/or violence (17%) (Sellers & Hunter, 2005).

of the Gifted Child and the Search for the True Self she made use of her experienced as an analyst and using theories by Donald Winnicott, Margret Mahler and Heinz Kohut to propose the influence of “narcissistically needy” caregivers in becoming a psychoanalyst. She described the charactersitics of a psychoanalyst as overlapping that of a gifted child with the words: “His sensibility, his empathy, his intense and differentiated emotional responsiveness, and his unusually powerful "antennae" seem to predestine him as a child to be used -if not misused- by people with intense narcissistic needs.” (p.22).

1.2.2. Parentification: Owing Parental Caregiving Roles

Von Sydrow (2014) reviewed the roles and experiences that psychotherapists had in their family of origin and reported that psychotherapists often experienced their parents as psychologically strained and deprived of parental intimacy/care. In turn, psychotherapists reported to have felt responsible, growing up for solving the problems of their parents. Often, psychotherapists had been the “confidant” or the “designated family therapist” and “parentified children”. For some therapists, the role of the confidant may continue to be an important part of their identity and their self-esteem (Von Sydrow, 2014, p.1).

Several studies document that caregiver role in one’s family of origin may be antecedents of choosing a helping profession. Marsh (1988) compared 60 social work and 73 business students and found that social workers had recurring caretaking roles and responsibilities in their childhood. Similarly, Fussell and Bonney (1990) reported that psychotherapists, as compared to the physicians, had significantly more experiences of role inversions with parents. Several other studies with psychotherapists and social workers support this finding as well (Goldklank, 1986; Lackie, 1983; Vincent, 1996).

In a more recent quantitative study Bidgoli (2013) builds his research on the theories of Margret Miller (1981) and argues that parents who were not understood and accepted as children, are incapable of nurturing their own children and end up imposing their own needs on the child, rather than fulfilling the needs of the child. Such processes may create narcissistic injury in the child. It is found that graduate psychology students (n=120) showed a greater mean of narcissistic injury (although not statistically significant) compared to the general public and students engaged in their personal therapy reported a higher mean on the narcissistic injury scale compared to graduate students who are not engaged in personal therapy. Other studies on counseling psychologists in training suggest that such injuries are common among psychotherapists (i.e., Halewood & Tribe, 2003).

Heathcode (2009) reviewed the existing literature on the psychological roots of why psychotherapists choose this profession and reported the need to

“serve”, “heal” and “rescue” mimicking the mother child relationship of depressive mothers. Nevertheless, the most prominent role appears to be “the parentified child” (Lackie 1983, Goldclanck 1986, Marsh 1988, Fussel & Bonney 1990, Vincent 1996, Erskine 2001). This finding is consistent with Miller’s (1981) notion of the narcissistically injured child.

1.2.3. Birth Order: Sibling Position in the Family

Research has shown that birth order is also associated with one’s role in the family and choice of a profession. In a study conducted with 1577 social work alumni, Lackie (1983) found that “birth position emerged as a clear factor in socialization to responsibility and the caretaking role. Most of the population characterized themselves as having been the good, overresponsible (i.e. parentified) child in their family of origin. Many were only children, first borns, or the first of their sex in the sibling group.”

1.2.4. Resilience

Resilience is described as a “dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti & Becker, 2000, p. 543). Studies with humanitarian aid workers show that this group is at higher risk of vicarious traumatization (Skeoch, Stevens & Taylor, 2017). Nevertheless, research also documents that humanitarian aid workers can learn to cope with stressful situations at their workplace despite being under heightened risk of experiencing burnout (Ager et al., 2012; McFarlane, 2003a) Researchers recommend that such resilience can be enhanced by promoting organizational support and training (Lopes -Cordoza et al., 2013).

In the area of research of other helping professions, resilience has been a much-researched topic. For example, studies conducted with psychotherapists have found that although occurrence of childhood trauma they experienced was higher compared to non-therapists (i.e., accountants, attorneys, chemists, engineers, financial analysts, musicians, and other non-clinical norm samples), they also showed higher resilience to emotional distress (Elliott & Guy, 1993; Klott 2012),

and were more satisfied with their life (Radeke & Mohoney, 2000). Klott's (2012) study with 130 master level psychologists even showed that this participant group showed higher resilience to emotional distress although they had higher levels of both attachment anxiety and avoidance compared to normed sample values.

Similarly, a study conducted with 240 social work students from UK universities found high levels of psychological distress in the participants but also found that social work students who were "... more emotionally intelligent, socially competent [and] were able to ... show empathetic concern and take the perspective of others but avoid empathic distress and had stronger reflective abilities" (Kinman & Grant, 2011). Elliott & Guy (1993) suggested that the findings of psychotherapists being less distressed in their study compared to participants from other professions (despite the fact that they reported higher rates of childhood trauma), can be due to their personal growth through clinical training and their own process of seeking therapy. Radeke and Mahoney (2000) further argue that "[psychotherapists] development may be accelerated, their emotional life may be amplified" because of the type of work they do with clients, which may lead them to feel more satisfied with their life (p. 83).

1.2.5. Intergenerational Transmission of Resilience

In the field of family therapy, the family resilience approach "... is guided by a bio-psycho-social systems orientation, viewing problems and their solutions in light of multiple recursive influences involving individuals, families, and larger social systems" (Walsh, 2002, p. 131). In this approach family strengths are focused upon. Through clinical experience it is observed that "unresolved conflicts and losses may surface ... and transgenerational patterns are noted" (2002, p. 131). Traumatic past events are shared and transmitted to other generations, as Vamik Volkan indicates in his article (2001). He postulates that in all large groups there can be found a "shared mental representation of a traumatic past event during which the large group suffered loss and/or experienced helplessness, shame and humiliation in a conflict with another large group" (p.87). For instance, in a study conducted with female holocaust child survivors (n=178) and their offspring (n=

178) it was found that "... due to female survivors' incompleting mourning processes and their subsequent suffering of intrusive memories, the emotional burden of the Holocaust was transmitted to the eldest offspring and caused them more symptoms of distress. (Letzter-Pouw & Werner, 2013, abstract). Resilience can also be transferred. In their literature review entitled *Resilience and vulnerability among holocaust survivors and their families: an intergenerational overview*, the authors note that recent studies underline the importance of analyzing "... the survivors familial system including spouse, offspring, grandchildren and sometimes even great-grandchildren (p.9) and conclude with the findings that "an interplay between resilience and vulnerability seen in Holocaust survivors is passed on in their families." (Shmotkin, Shrira, Goldberg & Palgi, 2011, p. 17).

1.2.6. Social Justice Perception

Johanna R. Vollhardt and Evin Staub (2011) hypothesized in a study conducted with one-hundred sixty-three undergraduate students that "individuals who had suffered would be more likely to volunteer than those who had not" and expected that "... participants who had suffered would be more likely to report volunteering activities (p. 309). They found that participants who had suffered were more likely to report volunteering activities and were also found more likely to engage in volunteering activities that "involve personal contact with those who are disadvantaged, such as the ill, homeless, the elderly and the disabled." (p.309).

In a later study by Vollhardt, Rashimi and Tropp (2016), it was hypothesized that inclusive victim consciousness – that is the "perceived similarities between the ingroup's and outgroup's collective victimization" predicted refugee support among members of "historically oppressed groups in India" (p.1). The authors deduced that "not only personal experiences of group-based victimization, but also transmitted experiences of close others increase the perceived personal obligation to help other victim groups" (p.11). These studies are suggestive that past injustices to a person or families can influence the individual to work towards social justice in the society. For example, literature reported by the same authors state that "anecdotal evidence" from children of the Holocaust survivors suggests that

“heightened awareness of group-based victimization through family members personal experiences motivated them to help members of other victim groups including Palestinians.” (Roy as cited in Vollhardt, 2016, p.3). In sum, victimization experienced on a personal or familial level may contribute to the choice of profession for helping professionals.

1.3. THEORETICAL PERSPECTIVE

The current study utilizes a Contextual Theory (CT) in understanding family-of-origin experiences of humanitarian aid workers. CT was developed by Ivan Boszormenyi-Nagy and is based on four interlocking dimensions that make up the relational context and dynamics of a family: Facts, Psychology, Transactions, and Relational Ethics.

The first dimension, Facts, encompasses both the unavoidable and created realities of a human being. Facts include ethnic identity, gender, physical handicap, illness [or] adoption as well as choices that are made not through destiny but agency (Boszormenyi-Nagy, Grunebaum & Ulrich, 1991). Historical contexts that one’s parents or grandparents have lived also are inherited and become a set of realities for future individuals. Nagy states that “the social context – especially injustices committed against one’s family or group, but also the priorities, definitions, and practices available at any given time in history or culture- is an actuality with which every person or family must contend” (p. 203). These factual injustices become part of the legacy for future offspring. In addition to the social and historical context, injustices that may be present inside the family may be inherited by the individual.

The second dimension, Psychology, is the individually based dimension- or what happens within the person. This dimension includes psychic or mental functions such as cognitive and emotional development, fantasy, dreams and other symbolic processes through psychoanalytic and cognitive theories which support to understand the dynamics of a family.

The third dimension, Systemic Transactions, are interpersonal interactions between members of the family. Some of the patterns of family interactions familiar to family therapists are structure, power alignments, roles and communication

sequences. A family's interactions may inhibit or trigger change, stability or adaptation. A transactional setting where family members are hindered from making individual choices, through *self-delineation* further leads to dysfunctional forms of reciprocity and relational or psychological problems may arise (p.204). Boszormenyi-Nagy, (1991) argues that every person searches for identity, boundaries and need complementarity in the family system.

The last dimension is Relational Ethics and it is the hallmark of the Contextual Therapy Theory. According to Boszormenyi-Nagy (1991) both in the family and in general society, the balance of fairness through reliability and trustworthiness is a force holding relationships together. Relational ethics in the family system is described as being "...founded on the principle of equitability, that is, that everyone is entitled to have his or her welfare interests considered by other family members." (Boszormenyi-Nagy, Grunebaum & Ulrich, 1991, p.204)

The basic relational context of the well-functioning family is described through further concepts. The *multigenerational perspective* states that at any given time at least three generations, including the historic, social context of each generation overlap and they continue to influence each other even if the grandparents have died or may be absent. The term *legacy* is used to explain "...parental accountability, including the human mandate to reverse the injustices of the past for the benefit of the next generation and posterity." (p.205).

The Contextual approach sees the family as a source and does not use a pathologizing approach. Individual symptoms may be misleading and stigmatizing for individuals and their family members. Especially important is to understand long- standing interpersonal injustices in the family and historically (p.209). In "dysfunctional" families, destructive entitlement may cause some individuals, who have suffered injustice in the past to relate to others destructively (p.2010). It is suggested that acting on destructive entitlement further continues the chain of destructive behavior. Nonetheless some individuals turn the destructive entitlement around into constructive behavior (Peter Goldenthal, 1996). Destructive behaviors may occur in processes related to *Split Loyalty*, *Invisible Loyalty Exploitation* and *Parentification*. Split loyalty is the situation in which a conflicting relational

context between parents puts the child into the impossible position of having to take sides and be loyal to one parent in expense of the other (Goldenthal, p. 211).

In his paper, Bruce Lackie (1983), it is commented on their family dynamics that most of family of origins of social workers, like all families have polarities which could be conceptualized as “enmeshed versus disengaged, fused versus detached or cut-off, or centrifugal versus centripedal” (p. 311). Similarly, family therapists like Murray Bowen and Boszormenyi-Nagy had stated the necessity of differentiation of the therapist in order to not be blindsided by his/ her own family dynamics and remain objective in working with the anxieties of his/ her clients (Winek J. L., 2010). Again, according to Bowen, multigenerational transmissions may be the cause of psychological symptoms in an individual or the family. Nagy and colleagues give the example that a child may consciously or unconsciously choose a profession that continues across generations as a way of fulfillment of expectations and showing gratitude to one’s parents and grandparents. This is an example of invisible loyalties when the child has no direct access to the multigenerational ledger and is nonetheless influenced by the relational configurations of his or her parents and ancestors (Boszormenyi-Nagy, Grunebaum & Ulrich, 1991).

In their book entitled *Becoming a Helper*, Marianne Schneider Corey and Gerald Corey (2011) discuss the typical needs and motivations of helpers. They identify that what draws a person towards becoming a helping professional may be the *need to make an impact* on others, the *need to reciprocate* and follow in the footsteps of a significant person in one’s life, like a parent, a grandparent or a teacher. Another motivation may be *the need to care for others*. A helping professional may be a helper from an early age, it may be something that comes naturally to him or her and that family and friends approach them easily. Skovholt, Skovholt, Grier & Hanson (2001) propose that “individuals in the caring professions are experts at one-way caring. Others are attracted to them because of their expertise and caring attitude” (p. 175). The next motivation described by Schneider-Corey & Corey is *the need for self-help*, where the helping professional may be motivated to study this profession out of a need to find answers for his/ her

own suffering. *The need to be needed* and *the need for prestige, status and power*, *the need to provide answers* and *the need to control* are other characteristics of students that are interested in the helping professions (Schneider- Corey & Corey, 2011).

1.4. THE CURRENT STUDY

The purpose of the study was to understand family of origin experiences of humanitarian aid workers who work with refugees and asylum seekers in Turkey. To that aim, a semi structured interview was used to draw genograms of refugee workers and were examined from a Contextual Therapy perspective. To that end, we investigated the relational and historical context of the participants' families across three generations.

It was hypothesized that marginalization, oppression and migration stories would be common among humanitarian aid workers. Despite the stressors, traumas and injustices they experienced, professionals and their families were expected to build family resilience across generations. A third hypothesis was that choice of a profession (becoming a humanitarian aid worker) would align with loyalty of the participant to the legacy of the family. Finally, it was expected that choice of a profession (becoming a humanitarian aid worker) would align with one's role in the family (i.e., being a caregiver, a secret holder, a golden child, or an overachiever) and relational patterns as well as family organization.

2. METHOD

2.1. PROCEDURE

Recruitment for the study went through May 2017 and January 2018 through snowball sampling and word-of-mouth. The first author sent e-mails, to acquaintances working in non-governmental and international organizations who disseminated information regarding the study to professionals who were either self-employed in the humanitarian aid field or were employed in non-governmental and international organizations that provide services for asylum seekers, migrants, and

refugees in Turkey. Participants who showed interest through responding to the e-mail or by expressing their interest to the acquaintances of the first author were called to assess their eligibility of participation. With the professionals who were deemed eligible and gave verbal consent to participate in the study an individual meeting at a place and time at participant's preference was scheduled.

All interviews were conducted in a private setting to ensure participant confidentiality. At the beginning of the interview, the participant was given a written consent form which explained the purpose of the study and the confidential nature of the collected data was underlined by the researcher. The general outline of the meeting was explained including a reminder that there will be a pre-interview for risk assessment, as some of the questions may be cognitively or emotionally triggering. Participants were informed they could end the interview any time they want.

After obtaining written consent, risk assessment questions were asked to determine any psychological risks that would prevent them from participating in the study. Those who were not meeting clinical cut-off scores for PTSD continued with the interviews. The semi-structures in-depth individual interviews took two hours to complete. As presented in Appendix D, the qualitative interviews included questions pertaining to demographics, family roles and relational processes (boundaries, structure, rules), family and individual mindfulness, and traumatic experiences and resilience factors. During the interview, the researcher drew a genogram (family tree across generations with demographic, relational, and systemic information) with the information she gathered. Eight out of nine participants agreed for their voices to be recorded whereas one participant allowed for note taking. His verbatim interview was transcribed immediately after the interview was finished. All audio-recorded interviews were transcribed and coded.

A genogram containing three generational information of each participant was drawn and recorded as a picture. Participants had the option of requesting a copy of their genogram. After the interview, participants were debriefed about the genogram and its interpretation, were offered the contact information of the researcher and another clinical psychologist, whom they could contact if questions

or problems may arise. All interviews were conducted by the principal investigator (a trained clinical psychologist with five years of experience in humanitarian aid field) in Turkish.

2.2. PARTICIPANTS AND SETTING

Participants had to be over 18 years old, having come to Turkey before their 18th birthday, fluent in Turkish, currently working with refugees in Turkey and be exposed to in depth information of life stories of refugees to be eligible for the study. Participants who had clinical range of Post-Traumatic Stress Disorder (PTSD) symptoms were excluded from the study. Of those 20 refugee workers contacted, 12 workers showed interest to participate in the qualitative interview. Initial risk assessment showed that two participants had PTSD symptoms over clinical cut-off and interviewer did not conduct the interview. An additional interview could not be retrieved from the voice recorder due to a technical error and was, therefore, excluded from the study. The final sample included 3 male and 6 female refugee workers whose age range was 26 to 56; with 3 months to 25 years of experience. In terms of professions, participants were psychiatrists (n=2), clinical psychologists (n=3), social workers (n=1), psychologists (n=2) and a legal counsellor (n=1). The researcher had not been acquainted with the interviewees before.

2.3. MATERIALS

2.3.1. Risk Assessment Questions

Risk Assessment Questions (Appendix B) included a life events scale to determine if they had been subjected to a traumatic event in the past. These questions were developed by Blake et al. (1995) and adapted into Turkish by Aker et al. (1999). An open-ended question was added to ask the participants about a highly significant story that they encountered through working with refugees, which made a strong impression on them to focus on secondary traumatization from working with refugees. Finally, the Traumatic Stress Symptoms Scale (Appendix

C) developed by Başoğlu and colleagues was used to measure post-traumatic stress symptoms (2001). A total score above 25 indicated clinical level of post-traumatic stress for the respondent.

2.3.2. Interview Questions

A genogram was drawn based on demographic, family relational and past family histories of the individual. The semi-structured interview included questions regarding family interaction patterns of the participant, family roles, rituals, traumatic history with particular emphasis on resilience and coping (See Appendix D).

2.4. DATA ANALYSES

Thematic Analysis was chosen for data analysis. As explained by Braun and Clarke (2006) qualitative analyses can be roughly categorized into two categories. The first category entails methods that are stemming from a particular theoretical position such as the Interpretative Phenomenological Analysis or conversation analysis with a “limited variability in how the method is applied” (p. 78). Thematic Analysis is in the second category of qualitative analysis methodologies where methodologies are “essentially independent of theory and epistemology”. Through its freedom from a theoretical positioning, Thematic Analysis is a flexible “... research tool which can potentially provide a rich and detailed yet complex account of data” (p.78). Thematic Analysis was chosen because it gave flexibility in terms of use of theory (Braun & Clarke, 2006).

For the current research, a Theoretical Thematic Analysis was chosen rather than an Inductive Thematic Analysis approach as the coding and analysis of the data was largely based on the theoretical descriptions of Family Systems Perspectives according to theories by Murray Bowen and Ivan Boszormenyi-Nagy. Semi-structured interviews were recorded using a voice recorder and transcribed by the researcher using Microsoft Word Program. The transcripts were read and re-read by the researcher and initial ideas for the coding were noted down. Data was read and coded according to emerging meaningful groups in the framework of the

theoretical background of the research. Coding was carried out using MAXQDA Software program. Coded data in meaningful groups was refined into themes as some of the candidate themes may not have had enough data to support or may have had to be broken down into separate themes (Braun & Clarke, 2006). Emerging themes were discussed with the thesis adviser and main themes were specified.

2.4.1. Use of Genograms as a Qualitative Research Tool

Genograms were drawn for the ease of reference of the researcher that would improve the reliability of the analyzing process, and as a product reflective of the work carried out jointly by the interviewee and the interviewer. It was aimed that interviewees engaged more in the interview through the joint creation of a family genogram. Genogram is a graphic diagram of family structure (Wright & Leahey, 2005) and may be a “visual means for facilitating discussions around the structure and strengths of networks” (Ray & Street, 2005, p.545). Furthermore, as Maggie Scarf (1987) explains: “...on a genogram, the interplay of generations within a family is carefully graphed, so that the psychological legacies of past generations can be readily identified” (p.42). Rempel, Neufeld and Kusher (2007) found that the use of genograms as a research method contributed to rapport building via the “relational process of jointly diagramming the family structure and support network” (p. 411). Genograms were drawn whilst conducting the semi-structured interviews and sent to the participants through mail or e-mail attachment as per their requests. The findings coded by Thematic Analysis were grouped under the four headings that represented the four dimensions by Ivan Boszormenyi-Nagy which make up his Contextual Approach (Boszormenyi-Nagy, Grunebaumi, Ulrich, 1991). Bowen’s systems theory was utilized for the systemic transactions.

3. RESULTS

3.1. THEMATIC CLUSTER 1: FACTS

Under the first dimension, entitled Facts, two grand themes emerged; historical context and marriage types (Table 1). Each theme and categories are explained in further detail below.

3.1.1. Historical Context

3.1.1.1. War

In previous generations war had directly or indirectly effected the families of interviewees. References to the Independence War (1919-1923), Balkan War (1912-1913) and First World War (1914-1918) were made during the interviews. One interviewee shared that her grandfather from previous generations fought in two fronts during the Independence War (G6). Another interviewee stated that the older brothers of his grandmother also fought in the Independence war and one was taken prisoner by Russians (G5). A third interviewee shared that a great grandfather was killed in the Balkan war (G4). During the First World war, one interviewee shared that one village in the previous generations on her mothers' side was burnt down during a French occupation, upon which the whole village escaped into the mountains and started supporting national gangs (G4). Another interviewee shared that her great grandfather was killed due to war (G8). Overall, third generation suffered war-related trauma and losses.

3.1.1.2. Forced Migration and Other State Interventions

Another influential event was the mandatory population exchange (“Mubadele”) that took place between Muslim and non-Muslim communities in Anatolia and former regions of the Ottoman Empire in Eastern Europe. One interviewee relayed the story that her mother’s family was force-migrated from Macedonia and her father’s family migrated from Bulgaria (G.4). A second interviewee shared that “migrants from Thessaloniki” was used to describe her

father's family, which corresponds to the mandatory population exchange between Greece and Turkey, after the collapse of the Ottoman Empire (G3). A third interviewee shared that her maternal grandmother had come to Turkey from Macedonia, "returning to the mother land" to get married and later, when Yugoslavia separated, her older sister had to emigrate to Turkey as well (G2). Some interviewees referred to family histories in which the state allocated pieces of land to its inhabitants or took away land/ wealth in the form of taxes. One interviewee stated that "during the time of the population exchange, land belonging to Turkish people who used to live in Syria was transferred to the states and [the family] could not obtain their share". (G4). The great grandmother of this participant had become poorer. The grandfather of the same interviewee was subjected to property tax in 1942 and "became poor" after "everything has been taken away." (G4). It was found that most of the interviewees described their families as being of 'Turkish' origin and additionally having other ethnic roots (Georgian, Roman-Pontus, Charkas, Armenian, Bulgarian, Macedonian, Albanian, Roma, Yoruk, Kurdish, Arabic, Tatar) One interviewee said that her family is Kurdish over many generations.

3.1.1.3. Migration to Seek Opportunities for Employment and Education

It was observed that employment had been a priority for current and previous generations in Turkey. Almost all interviewees mentioned migration from one city to another either by their own families or in their previous generations due to employment economic reasons or to pursue an education. Many had a career as government employees- such as teachers, state officials or soldiers which requested for the families to migrate within their country. A second interviewee relayed that "[her] family migrated from a village to the city for finding better job opportunities." (G8). A third interviewees father was a state official and therefore they had to "change cities" (G2). A fourth interviewee shared that "[she] lived by moving from one city to the next every six months until she was six." (G4). This was because her father was deployed to differing cities as s soldier. Seven of the nine participants shared that either themselves or their fathers and grandfathers had moved from rural places to the city to find a job or go to school. Interviewees

identified reaching prosperity and a better future for themselves and their children as main motives for migration (G1, G2, G3, G5, G7, G8, G9). For instance, the maternal grandfather of one interviewee migrated from a village to a city and became a state official, after which he asked his other two brothers to come to the city and arranged their governmental employment as well (G4). One interviewee's maternal uncle was taken by a relative to a big city at the age of 12 from the village to go to school and attain a profession (G5). The father of one interviewee came to Istanbul at the age of 16 to work (G7). One interviewee left this village as a young adolescent to stay in a boarding school since the village he was living in did not have a high school (G1).

3.1.1.4. Poverty and Deprivation

Many interviewees have mentioned disadvantaged living conditions in the current or past generations which has led for family members to move from rural areas to urban settings. One interviewee talked about her father and maternal grandfather as both being “fighters” and both “leaving the villages behind to come to the city where they survived and were able to provide their families with better opportunities than they themselves had (G2).” Another interviewee stated that “the village where he lived was a large village but had no high school. [He] won a place in a boarding school and went to the city center” (G1). Other interviewees referred to the lack of appropriate medical services in the village settings which especially increased infant and child mortality. One interviewee stated: “one maternal uncles daughter died due to deprivation in her infancy” (G1) another stated that “the cause of her brother's twin was probably neglect as they both were sick as they were born but only [her] brother could be taken to the doctor due to the conditions of the village.” (G8).

3.1.2. Marriage Types

3.1.2.1. Kin Marriages

Three interviewees indicated the presence of kin marriages in their extended families. For instance, interviewee number 3 shared that two of her father's sisters had been married to their paternal cousins (G3). Interviewee 5 shared that his maternal grandmother's parents were cousins (children of two sisters). Interviewee number eight shared that her maternal and paternal families are from the same tribe and are said to be related in earlier generations (G8).

3.1.2.2. Remarriage and Polygamous Marriages

While none of the nine interviewee's parents had been previously married or divorced, three of them shared that their grandparents had married twice or in one case three times. One of these three interviewees stated to be currently married to a man who had been married and divorced before. One interviewee's great grandmother had been married three times and three interviewees shared the existence of polygamous marriages in the 2nd, 3rd and 4th generations respectively (men married to two women at the same time) (G8).

3.2. THEMATIC CLUSTER 2: INDIVIDUAL PSYCHOLOGY

Two main themes emerged under Individual Psychology dimension namely trauma and loss & stress and coping (Table 1). Interviewees gave some insight into the events which motivated and influenced them when answering the question "Did you experience an event that influenced you and how did you cope with it as a family?" Interviewees also talked about the motivations that guided them in their professional life. Mostly, the stories included traumatic events such as loss of loved one (through murder, illness, accidents), abandonment, or neglect as well as resilience and coping with stressors.

3.2.1. Trauma and Loss

One interviewee shared that having a father who had emotional and interpersonal difficulties had been an influential factor in becoming a mental health professional. She also shared that she had had the motivation to pick a profession that would benefit society. Having a migration history in her family may also have influenced her to work with refugees (G2).

For a second interviewee, the experiences of her paternal grandmother, to be driven away by her husband and sister in-laws, which led to her father to grow up without a mother, and led to his dominance at home was what influenced her greatly. She mentioned that for the greatest time her mother “wasted” herself (‘ziyan’ in Turkish), where her brother rejected the mistreatments from their father and the interviewee even chose to go to boarding school for a while (G3).

Another interviewee shared that as a young boy, his arm was broken and the way his parents handled the situation was an event he had difficulties with. He was brought to a traditional healer and not a doctor, which made his bones grow back unevenly. He shared that at the time he had not thought about it but later it was something he and his mother talked about. He also said that his family history entails some unjust treatments be it the interpersonal unjust behavior or the life factors such as being from a lower socio-economic level. He considered the fact that himself and his brother had gone to university and reached some goals a success story (G5).

One interviewee shared that she and her family had been in a traffic accident, which influenced her a lot. She shared that the family did not talk about the emotional influences of the event afterwards. She shared that she grew up very independent even when she chose to study psychology or choose to move to a city, at times she found this independence to be much of a responsibility and she wished that her parents had been more curious about her (G9).

The unexpected and sudden death of a loved one, natural deaths at a young age, death of infants, children and miscarriages were reported as important losses, especially in the third-generation. In particular, seven out of nine interviewees

mentioned such a death in their grandparents' generation. In comparison, only three interviewees reported unexpected deaths in the first generation and two in the second generation. Examples of unexpected/sudden deaths in the first and second generations were the violent death of one interviewees brother through a murder (G1) the suicide of a cousin while participant was young (G8), and loss of grandparents (G6, G7).

It was further noted that for children to lose a parent at an early age or become separated were important information that passed down from previous generations. Three interviewees reported of the parents of their grandparents to have died (fourth generation) when their parents were very young (G1, G4 and G7). One interviewee stated that her great grandmothers' father in the fourth generation died when she was at an age where she would not be able to remember him (G2). Another interviewee shared that her mother's paternal grandmother (in the third generation) passed away a week after giving birth (G8). Three interviewees shared that over three generations some children in their families were separated from their parents and grew up in alternative houses due to divorce, death of own parents or due to migration from a village to the city (G2, G4, G8).

It was observed by the researcher that miscarriages and the death of infants and children were reported to naturally occur in current and past generations but detailed information was difficult to obtain about them. Three participants reported miscarriages in their nuclear family before or after themselves whereas two reported infant or child mortality in their family. Again, two reported abortions in their families.

Miscarriage and child/ infant mortality in the past generations were also reported. Three interviewees reported child or infant mortality in the families of their parents and one shared that miscarriage or self-abortions could have been the case. In the generation of the interviewees' grandparents, four interviewees reported infant or child mortality and two reported miscarriages. Interestingly, they did not know the details of those child losses as it appears that these themes were unspoken in their families.

One woman reported about child mortality: *Before my father one aunt was miscarried, as I know. And there has been another one before or after my father. It was not a miscarriage, sorry death. Both of them were infant deaths. They lived for a year as I remember, but I do not have much information about it to be honest (G9).*

3.2.2. Stress and Coping

It was found that most of the interviewees' families (n=8) showed avoidant coping behavior when facing relational hardships in the family of origin. For example, according to interviewee number two, in times of tension or disagreement at home, her mother would try to handle everyone around the conflict, and rationalize the problem (G2). For interviewee number three, the dominance of her father was endured by her mother and rejected by her brother (G3). In the case of interviewee number five the father and mother would get mad and blame others for the problem (G2, G3, G5). One interviewee described how his family of origin was engaged more in task-oriented coping where his siblings and parents tried not to share problems with each other and tried solving them on their own. The interviewee himself found support from peers in times of difficulty (G1).

Some interviewees also held roles for finding solutions or triggering some change in their family of origin in times of distress (n=4). For instance, interviewee number three stated that over time, her family started to verbalize and express their feelings about issues at home when she moved away for her high school education (G3). Interviewee number five tried to express his limitations as to solving family problems when family members showed such expectations (G5).

It was found that interviewees' fathers were mostly not expressing their emotions (n=7) while four interviewees described their mothers as enduring or being patient with their emotions (n=4). There were also two participants at extremes, one interviewee described that generally no one in her family talked about emotions (G6) while another shared that her family is a very emotional family and that people are sad and cry a lot (G9).

Interviewees generally described their families as coming together and showing unity in times of hardships (n=9) but some shared that the emotional coping was not efficient (n=7). For instance, after a car accident one interviewee shared that her family came together and mostly coped with humor and the gravity of the situation was not discussed (G9). The interviewee number seven shared that after his paternal grandfather died, who was someone that held the family together, things started to go wrong in his family such as his father having problems at work, moving out of the home they had lived in for thirty years. Interviewee number seven tried to keep the family together (G7). In the case of interviewee number eight, whose family had experienced traumatic events over generations, it was shared that anger and hatred are not talked about (G8). For interviewee nine, it was a strength of her family to plan ahead (G9) and for interviewee number six, the drive to learn new things was a strength of her family (G6).

In terms of mindfulness in the family, three interviewees identified themselves or at least one more person to be mindful in their families. Two interviewees shared that themselves were mindful individuals in the family and four said that someone else is mindful in their family.

3.3. THEMATIC CLUSTER 3: SYSTEMIC TRANSACTIONS

Under the third dimension, entitled Systemic Transactions, 7 main themes were identified: distance regulation, boundaries, subsystems, roles in the family, rules and organization, coalitions and emotional triangles, and differentiation of self and insight (Table 1). The interviewees described their family relationships in their current generation and previous generations.

3.3.1. Distance Regulation

The type of systemic relational process that was most often coded was distance regulation in close relationships which included cut-offs, fusions, or emotional reactivity in relationships. All interviewees identified key individuals, especially mothers, grandparents, and uncles, in their immediate family whom they felt closest.

Closeness was defined as the extent to which participant was likely to share his/her worries when needed. While the majority of the participants identified their mother (n = 5), some identified persons like their older sister (n = 2), brother (n=1) or father and mother (n=1). Two interviewees shared that it had been easier to share their worries with their friends (G1, G4). One interviewee explained that “[his] older sister is closer to his mother [as well as his] younger brother, maybe because he was the youngest and therefore was protected [by her]. Because [the interviewee] was successful others may have thought that he was privileged especially by [his] paternal grandfather. The interviewee described his relationship to his paternal grandfather as “close” (G1). Another interviewee explained that she is close to her mother and aunt and her maternal grandmother as well (G4).

All interviewees described a relationship that had been cut off either in their own generation or past generations. Five interviewees shared stories about individuals in their family origin or extended families who had been excluded by other family members. When asked if there are individuals who were estranged in their own family or extended families, one interviewee stated: “Of course there are... my mother and my brother’s wife are not in good terms currently ... on my father’s side it is not hard feelings but there is a disconnection.” (G2). Another interviewee shared that there are many cut-offs in her family. “Everybody gets upset with each other and makes-up all the time. For example, right now my father does not speak with his paternal uncle...” (G8).

A third interviewee shared that one of his uncles had “disappeared”. He explained that “people would leave to find some work in the old times and he never returned, never having chased after familial relationships” (G5).

Many interviewees described distant- poor relationships in their families. Interviewee number five shared that:

“[He] does not remember problems in his extended family that were solved through communication. Especially on the mother’s side problems are denied, on the father’s side as it can be understood from the estrangement, people are very disconnected, I mean there is no communication between them and if there is a problem between them, they do not talk about it...” (G5).

The second interviewee stated that “[she] is not particularly close to [her] brother, [that she] loves him but their characters are different, their worldviews are different, [and that] he is a good person but [she] does not feel very close to him”. A fused relationship about an interviewee’s great grandmother and paternal grandfather was described by one interviewee with the following words: “it is thought that my grandfather’s inability to draw boundaries between himself and his mother influenced his [many] divorces” (G4). Another interviewee described the relationship of her uncle and grandmother as “symbiotic” (G2). A third interviewee described his family as “a big, extended family with sincere relationships especially with the father’s side. A passionate, protective, interwoven and happy family where rivalling does not exist.” (G7). Physical abuse and neglect were identified by some interviewees in their families and especially emotional abuse was often reported in current or previous generations.

3.3.2. Boundaries

Interviewees mostly described diffused boundaries within their own families (n=6) and also within the second-generation families (n=5). For instance, one interviewee shared that in her family everybody gets offended with each other and then makes up all the time. For instance, her lawyer sister and lawyer maternal aunt used to share a practice until they had a fight and separated their ways (G9). Two interviewees also described diffused boundaries within the third-generation family members. In general, each interviewee described to be close to their extended family. Examples of diffused boundaries in the second and third generation can be given as follows: One interviewee explained that “[her] maternal uncle used to live with [his] parents and always was together with them, never having lived in a separate house. [He] looked after [the interviewees] grandmother as if he was a daughter to her.” (G2). There were also three interviewees who described their families as having disengaged boundaries. Those families indicated closed systems with limited room for sharing or processing negative emotions. One interviewee responded to the question if he had individuals in his family with whom he could share his difficult feelings with the words:

“Let me put it this way, it is difficult to analyze the past with today’s concepts because in that time period life conditions were difficult for everyone... For your family to notice, you will either be very successful or sick. Other than that, you just go on living and not focus on sharing or relaying those things” (G1).

Another interviewee responded to the question if there are certain emotions in her family that are not encouraged to be talked about with the words: “Emotions are not things that we much talk about [and] it is not like there are certain topics that are forbidden to be talked about but we are people who approach things more rationally.” (G6).

3.3.3. Subsystems

Interviewees described subsystems that varied from paternal and sibling subsystems to other constellations. The majority of the interviewees (n=5) described a system where the parents and the children of the family make up its subsystems. For instance, interviewee one shared that his parents would “argue with each other [and not in front of the children]”. Two interviewees described their father as dominant and the rest of the family made up of mother and two siblings as a subsystem (where mothers greatly played the role of mediator (G2, G3). Another interviewee shared how in the upper generation her paternal grandfather was in close coalition with his mother. Interestingly enough she also stated that she feels “like the husband of [her own] mother”, describing a dysfunctional mother-child subsystem with indicators of parentification (G4).

3.3.4. Roles in the Family

Consistent with the parentification processes in relationships, it is no surprise roles of the participants in the family were overly functional. Participants were “good child”, “the savior”, “the healer” yet they were trying to balance their roles as a child and a caregiver.

A clinical psychologist made an analysis of her nuclear family and her role in the following way:

“In terms of parental roles, I did not have very protective [parents], I had economic support but their emotional coping mechanisms were not very good so I have always seen myself as the “healer” of our home. I have been a successful child whose views were taken and at times I have been the parent of my parents. The feeling that I have is as if I am the husband of my mother and my father is like our child because my mother had always had a very intimate dialogue with me and her emotional needs were often not met by my father so that my father is like the teenager of our home.”

Another interviewee shared that his family “knows [him] as the good child who never caused trouble” (G1). A second interviewee stated that she was “favored [over her older brother] because [she was more extraverted] (G2). A third interviewee stated that “over the last years [his] family has started to feel more positive things towards him rather than his older brother.” (G5). The last example about being a “good child” is from an interviewee who said that he and his younger brother “were openly favored by [his] grandfather because no one else in the family had previously gone to university” (G7).

One interviewee said that she “had been in the role of a knight who at times had to protect herself, her mother and brother” and that “... [her] choice of becoming a mental health professional is directly linked to this” (G2). A clinical psychologist explained that she has seen herself as the healer of her home and that her parents also “are in healer positions as they show their love to people, they feel close to through helping behavior.” (G4).

Interviewees shared that they had been inclined to help others, solve problems and listen to others problems since early ages and linked this to their choice of profession (G2, G3, G5, G8). The interviewees also identified other individuals who not necessarily through their profession but in their everyday life were showing helping behavior and support to others in their family or their society (G2, G4, G8, G9). Contributions from two interviewees underlined not only how the savior and helping role was carried by them but also showed how resilient the individual had been (G3, G4). It was underlined by one clinical psychologist that her choice of profession had been driven by her wish to save her family and become

stronger herself (G3). The second clinical psychologist shared that she observed that her ancestors chose situations that made them stronger emotionally stronger in life and added that her choice of profession and choice of clientele has strengthened her resources as well (G4).

The “child role” of the interviewees themselves and their relatives were shared in the following examples: one interviewee explained that [her role was to be a child, not to be cute but similar to there being a parent role, there are responsibility to being in a child role” she further stated that “being an only child, being a niece and granddaughter are important for [her] and she responds to the needs of several sections [in her family]” (G6). A second interviewee explained the role of his thirteen years old sister as being “the one who is squashed, loved, spoiled, to whom shoes and bags are bought.” (G7). A third interviewee explained that she sees her role “like a mediator but sometimes as a little child who tries to be cute ...” (G9).

Other roles that the interviewees and their relatives were described to take on are “problem child” and “weak child”. Interviewee number one, who had previously described himself as the good child who never caused trouble shared that his two brothers had had more problems with his father and that his older brother would never listen to anyone and do what he likes (G1). A second interviewee shared how her father’s perception is that he was placed second after his father remarried and got a second daughter (G4). A third interviewee shared how the position of the “problem child” changed throughout the years. According to him, he was a naughty child where his family and greater family expected him to be the maker of mischief. But as he grew up and became more silent, he shared that his older brother started to act in undesirable ways, and developing some problems (G5)

One of the interviewees shared how her grandmother- who loved to be in a powerful position would ill-treat two out of her twelve children. The interviewee explained that one of the uncles who was mistreated was disabled and the second she did not know the reason why but it was observed by the interviewee that she had forgotten about this uncle while drawing the genogram (G8). Interviewee

number seven had explained that even though he and his younger brother “are like twins”, he is the “older brother” and his one-year younger brother is the “little brother”. Accordingly, this interviewee shared how his father would take only him to work and say “you will learn, he is the little one” and how this has contributed to his “little” brother’s feelings of insecurity. The last example is from a mental health professional who thought that her older brother became insecure growing up with a dominant father where herself would try to rebel against him (G2).

3.3.5. Rules and Organization

Participants identified both parents (n=2), their father (n=3), mother (n=3) or sibling (n=1) as main decision makers in the nuclear family. There were also instances where power dynamics and organization of the family changed over time. For instance, one interviewee shared that her father has become more democratic over the past years. Another interviewee stated that “earlier the mechanism and rules were set by my father, now my brother and I are setting the mechanism. He has taken a resting position” (G7).

Regarding some of the communication patterns in the family during problem solving and disputes, some interviewees (n=2) stated not to be involved in parental disputes, others (n=2) shared that they took the side of their mother, others (n=2) shared that there were no disputes in their families and that problems were solved by talking, one interviewee shared that when there are problems between family members it is tried to be solved indirectly by talking to other family members. Three interviewees shared that there can be yelling or shouting during the problem-solving process (G3, G8, G9). Most interviewees declared to take sides with their mother (n=4), others described themselves as indecisive in situations of disputes (n=2) and one said that he did not have to take sides in his family. Rules in the family and communication sequences can be discussed further via coalitions and emotional triangles in the family system.

3.3.6. Coalitions and Emotional Triangles

In the case of six interviewees, coalitions between two or more people against a third family member were described. For instance, interviewee three shared that her paternal grandmother was subjected to negative alliances by her maternal uncle and his wife, as they took her in after she was orphaned and used her for domestic work and looking after other children in the house. It was shared that she never saw a “day of comfort” in that house (G3). The same grandmother entered a marriage where she was again mistreated by her husband and the sisters of her husband who did not like her and manipulated their brother to physically and emotionally abuse her.

Another example of coalitions in the family was shared by interviewee number four whose dad was said to be excluded by his own parents and step parent as after the divorce his parents re-married but his father did not tell his second wife that he had children from a previous marriage until after they were married. This, according to the interviewee “... led to anger coming from that side ...” towards her father (G4). Interviewee five described that his mother and maternal aunt are living very close and meeting “every day to complain about [his] father and the husband of [his] aunt” (G5). Another interviewer shared how her young cousin, who later committed suicide was treated in an unfair manner by his father and also his grandfather, who put pressure on him to be like his cousins (G8).

The interviewees also described emotional triangles in their first generation or previous generations of family and those triangles were serving the function of regulating anxiety or distress in the family system. Interviewer one shared that his grandfather loved his first wife very much but not being able to get children, he married a second wife who bore six children and the three of them lived together (G1). Another interviewee described a triangulation between herself, her mother and father while growing up. She referred to “letters written to [her] father that remained unread” because her mother “annihilated” them (G3). Interviewee number four shared that she thinks that her mother has always been stuck between herself and her father. She explained that rather than letting them quarrel and

conflict to reach a conclusion, the dialogue between herself and her father had formed through the spokemanship of her mother (G4). Interviewee number five explained that he was influenced by the negative statements of his mother about his father (G5). A triangulation in the family of interviewee number nine was shared with the words: “When there are disagreements between my mother and my older sister, my mother shares the issue with me or my father and there is no face to face discussion about it”. She also added that her mother takes on the role of the mediator in solving problems in her own family of origin (G9).

3.3.7. Differentiation-of-self and Insight

It was found that all participants had the ability to reflect on their family relations and had insight on their level of differentiation from their family-of-origin. In particular, interviewees with a clinical psychology background could describe in detail the process of differentiation from their families (defined as maintaining a healthy balance of separateness and connectedness) and were noted to be the most differentiated, despite the ongoing processes of fusion, cut-off, or conflict in their families across generations. All of these three interviewees could share the dominant relational structures in their family of origin and how they evolved to mature in them.

Despite the high level of insight among the participants, it was evident that they were coming from families with low differentiation of self. In these families, boundaries between family members were either diffused (leading them to fuse with one another) or were too rigid (making them disengaged from one another). In that context, the participants regulated the anxiety in the family system through their roles as “healers” and “good children” and continued to function and work effectively also in their professional lives.

In case of one interviewee, she shared that she had grown up in a home with rigid boundaries around parental subsystem and children subsystem (dominant father against children). There was fusion between the mother and children who were all distant and disengaged from the father and built a coalition against him. From a systemic perspective, mother, father, and children were in an emotional

triangle through which children took the side of the mother to empower her against the father. The relational dynamics changed as the children grew up and left home for further education. The physical distance between the children and the parents coincided with growing adult children to have emotional distance from the parents and they started to have more clear boundaries with one another as siblings. The more the fusion between siblings and mother got dissolved, the more father became engaged in the family and became responsive to the needs of the adult children. (G3).

3.4. THEMATIC CLUSTER 4: RELATIONAL ETHICS

Under the fourth dimension, entitled Relational Ethics, four main themes were identified: historic and structural injustices, injustices within the family, loyalty and disloyalty and legacy (Table 1).

3.4.1. Historic and Structural Injustices.

3.4.1.1. Gender Inequality

Many interviewees referred to male dominance and hierarchy as impacting them and their family's lives. Societal existence and ways of family life were found to be maintained largely by dominant men, as the responsibility of securing a living, acquiring power and setting the rules has important value. One interviewee talked about the role difference for her older brother as "him [being] more job oriented and focused on earning a living" (G8). A second interviewee explained that in his family:

[His] grandfather had served as a mayor [and] had built a road to the village through his own means- he was dominant. Everybody was dominant but in the end his uncle became a deputy. Before he died, he had said that it was [his] turn to become deputy (G1).

Another interviewee shared about the way decisions are made at home: "They are not made jointly. My father used to make a decision and it would be implemented. Rules would always revolve around my father. (G3)"

It was further identified that similar to dominant men, mothers-in-law were also more powerful if they had sons in third generation as well as sisters-in-law as compared to the bride. One interviewee shared the influence of female relatives on her grandmother in the following way: “The sisters of my grandfather did not like my grandmother at all, did not want her as a bride ... and would provoke my grandfather to harm her.”

3.4.1.2. Status and Power

Interviewees referred to powerful individuals in their families and extended families who were dignitaries in the society. The relatives were described as “an Ottoman pasha” (G4), a “madrasa teacher” (G2), “a landlord” (G5) “a professor at the Ottoman palace” (G1) and a “judge in early Republican era”. Others described powerful characters such as “a tribal woman” (G8), “a person who made a name in their village, a mythical character” (G3), a “powerful and meticulous grandfather (G7)” and parents “one can seek refuge with” (G3). Another interviewee shared the characteristics of dominance and power of her maternal grandmother with the Turkish word *aşiret kadını* describing her to be “like a tribe woman” (G8). As much as powerful individuals stood out throughout the family histories, power differences between hierarchically and economically unequal individuals were also often referred to and seemed to contribute to injustices in the family and society at large. Many of the interviewees referred to injustices that happened to certain individuals in their families or to events that happened to their families, which influenced next generations. Especially visible were the role of women in society and the injustices towards them. It was noted that many women in the current and past generations of interviewees were described as being “housewives” indicating a home centered societal presence, where many of the women had a caregiver role. One interviewee stated that “[her maternal aunt] is living in a village, [and] her profession might be called “housewife” but she also is a farmer” (G8). Another interviewee responded that “[his] father was a tradesman [and his] mother was a housewife, but she also tailored.” (G1). Women had taken on caregiver roles beyond caring for their own children and families but also to relatives from extended family: one interviewee

explained that “[her younger uncles] were also cared for by [her] maternal grandmother in the same house. (G2).

Another interviewee’s grandmother described her childhood in her poems through the words “I was told to take this baby and look after it” (G3). A third interviewee was looked after by her maternal grandparents “because [her] mother and father worked when [she] was little and they were at home until her 2.5th age.”. It was also noted that some participants referred to women in their past generations as getting married below the age of eighteen or becoming the second wives to their husbands. Some women did not have a place of their own as they were made to leave their families through marriage or familial conflicts or had to live with the families of their children in their old age. One interviewee’s grandmother was “driven out of the village [of her husband]” (G3), another interviewee’s great grandmother “lived with a daughter and her husband in old age [who treated her badly] which might have driven her to commit suicide” (G2). Mistreatment, domestic violence and emotional abuse of women were also reported. Two of nine interviewees mentioned an unjust suffering and victimhood themselves or of family members. One example was the dominance and mistreatment of the interviewees father towards other members of her family of origin (G.3). The second example evolved around the interviewees mother and aunts being mistreated by their husbands.

3.4.2. Injustices Within the Family

3.4.2.1. Abuse and Neglect

It was found that interviewees described emotional abuse in their family histories very often. One interviewee explained that “[her paternal grandmother] had been oppressed by her husband very much ... as he was a tyrannizer and he was violent towards her.” (G2). Another woman shared that “[her] father was not someone who used violence but verbal and psychological violence was very predominant at home.” (G3). Another interviewee had responded to the question if anyone in her family was ostracized with “There actually is my uncle whom I do

not think has been looked after by his parents very well. I mean my grandfather would exclude my uncle, expecting for him to be successful at things... forgetting at this point that he is a [disabled] child.” (G9).

One interviewee explained that “[her] father often applied both verbal and physical violence and her mother had to intervene...” (G2). Another interviewee stated that his aunt had been subjected to violence from her husband. (G5). A third interviewee explained that “[her] father responded with a lot of violence and that problems were solved through violence throughout her adolescence.” (G8).

Neglect was another injustice that occurred within families as one interviewee shared that her father was made to work on the tobacco fields from the age of five and onwards. (G2) A second interviewees grandmother had been entrusted with the care of a very young child when she herself was only a child (G3). Another interviewee shared that “[her] father had not been protected and loved enough and neglected ... and was therefore always sent to boarding schools.” (G4).

3.4.2.2. Exploitation, Extreme Self- Sacrifice and Selflessness

Two interviewees identified two individuals in their family of origin, whom they thought were overburdened with the care of other family members. Seven interviewees mentioned being taken advantage of by family members especially in past generations. For instance, three interviewees shared that their father had started working from an early age and in one family the money he had earned was taken by his older brothers. Other exploitations were seen with early married girls and girls and women used as care givers or child bearers. Four interviewees shared that in previous generations girls had been married off before eighteen years of age. For instance, one interviewee’s great grandmother had been married to an elderly man when she was thirteen (G2). In one instance, the great grandfather of an interviewee and his wife were unable to get children, therefore he married to second wife (G1). One grandmother was orphaned as a child and had to take care of her sibling as well as the child of a host family, who had taken her in to make her work at home (G3). One interesting story of exploitation takes place in the Ottoman Empire, when the

father of one interviewee's great grandfather wants to prove his power and tasks his son with engaging in engaging in a violent act. (G4).

Four of the interviewees described how they or their siblings had taken up parental roles in the family. One interviewee shared how in the second generation; her father had to protect his mother from the physical violence of his father (G2). Interviewee eight said that her older sister had taken up the role as a mother since she was the oldest and she would share her problems with this older sister. Lastly a third interviewer shared how herself and her older sister had always been in charge of making decisions in the family "from making decisions about what to buy for the house to planning the family vacation" (G9). She also explained that since her childhood decisions were taken by her older sister and herself, which according to her brought "a lot of freedom but also a lot of responsibility" to her.

Four interviewees described the behaviors of family members in their family of origin or extended family as self-sacrifice. Interviewee two and three shared the observation that their mothers had sacrificed themselves in face of the dominance and anger of their husbands (G2, G3). Interviewee two also shared other behaviors as they were relayed in their family history as self-sacrifice. For instance, she explained that her great grandmother was said to have killed herself to not be of any burden to her caretakers in old age. Her maternal uncle is said to have been sacrificing for the people closest to him, as he looked after his parents and niece and nephew (G2). According to interviewee number four her parents would show their love by serving to the people they love and they tend to be self-sacrificing in social relationships (G4). Another interviewee shared that his older brother does not want to draw attention to his problems and carries his problems inside, showing a more self-sacrificing behavior (G5).

3.4.2.3. Unequal Distribution of Wealth

Three individuals also shared stories of injustices in the gendered sharing of inheritance between siblings, favoring sons over daughters. One interviewee shared that "there are cut offs between [his] father and [his paternal] aunts and [he] thinks that it is related to inheritance issues after the death of [his] grandfather." (G7), a

second interviewee shared that “[she] senses that her older brother has expectations relating to their mother’s house.” (G2). A third interviewee shared that his oldest uncle “had felt guilt about a house, which was inherited by all siblings but rented out by the oldest uncle, upon which the house was sold and the money shared within the siblings.” (G5). According to one interviewee, her great grandmother had lived in poverty, whilst having rich uncles and entitlements on properties. (G4).

Another interviewee shared that after his maternal grandfather died, his oldest uncle hindered the equal distribution of the land and retained it (G1). Another interviewee shared how two houses were allocated to his paternal grandfather by the Turkish state after the village they lived in faced landslides. One of the houses is given to a younger brother of the interviewees father and he feels that the split was made unjustly. The younger brother felt entitled to have the house and the brothers remained without contact until the younger brother died (G5). Interviewee number five also stated that he had recently learnt about an entitlement regarding getting a monetary share of his uncle’s house, which had been said to belong him all the time but actually belonged to all his father’s siblings (G5).

3.4.3. Loyalty and Disloyalty

Relational ethics dimension refers primarily to balance of give and take, trust, and loyalty. The interviewees mentioned disloyalty and mistrust in their families of origin in multiple domains.

3.4.3.1. Violations of Trust

One expression of violation of trust in the family was extramarital affairs. One interviewee shared that the father of her paternal grandfather had extramarital relationships and had spent some of his earnings from his trades whilst meeting women on his business trips. (G4) Interviewee number five also shared some stories regarding his paternal grandfather, that he was flirtatious and had some relationships with women outside of his marriage, and that there were complaints regarding these relations (G5). According to a third interviewer her maternal grandmother of fourth generation had lost her husband due to war upon which “the

male help at home started to become pesterers” and therefore she decided to run off to get married with the landlord, leaving her one-week old baby behind. (G8). In the case of two fathers of interviewees, they grew up without their mother and fathers as they again re-married after breaking up (G4 & G3). One of the interviewees shared that he only recently learned that his maternal grandmother’s siblings were actually step- siblings (G5).

Violations of trust also appeared in the form of secrets. Five out of nine interviewees shared the presence of one or more secrets that their families would not share with others. One interviewee said that her father’s use of violence towards the other family members was kept a secret (G2). A second interviewee said that her older sister had been sexually abused and this was kept as a secret (G8). One interviewee said that her tragic family history would be kept hidden whereas a third interviewee shared that her aunt’s addiction problem had been kept a secret from others (G3 and G6). Another secret that was kept by an interviewee’s grandmother was that her own mother had been married three times (G4).

3.4.3.2. Split Loyalty

Interviewees expressed being caught in between their parents while growing up and they typically aligned with their mother against the father (i.e., G2, G3, G5, G8). One interviewee shared that in the case of disputes at home, her mother chose to approach other family members to discuss about the problematic issue, rather than talking to the person with whom the dispute exists, this would put the interviewee in a position of indecisiveness as she explained (G9). The examples of split loyalty can be given in relation to some of the family subsystems, where the mother stands together with her children against the father. In the case of interviewees number two, three and five, the father is described to be more dominant and standing alone in relation to his wife and children for instance due to his abusive or violent behaviors. Taking the side of the father could have meant for some interviewees that they would have to do this at the cost of the relationship to their mother.

Other examples of split loyalty may be found not necessarily between members of family of origins but in other circumstances as in the case of two individuals from the third-generation relatives of two of the interviewees (G6). As one interviewee explained, in the third-generation family of her grandparents, an orphaned child in their village was taken in to help with the household. This person never had stable and close relationships with the host family and cut off her relationship in the past decade. It could be argued that getting close with the close family would cause a cut-off with the original family.

3.4.3.3. Invisible Loyalty

Interviewees shared stories from their families indicating parallels between their roles in the family and their roles as mental health professionals. Four of the interviewees shared their role as mediator of conflicts and emotions in their family whereas three explained their position as people that other family members asked for advice on their problems (G3, G4, G8, G9; G1, G5, G7). In both roles, the interviewees were taking care of their families either in regulating conflict or difficulty to process emotion (mediator role) or by giving advice and sharing wisdom in times of difficulty (consultant role). Roles also varied by gender, those who were mediators were mostly women while those in consultant roles were mostly men.

Interviewees were asked about the similarities and differences in choice of professions in their families, and only two psychiatrists identified similarities between members of their family in previous generations, who had also worked in the field of medicine. Some interviewees also identified other family members such as brothers or sisters that worked as attorneys (G1, G9) and were engaged in protecting the rights of others. Some interviewees however did not draw parallels between family members who had studied and practiced law in previous generations (G2, G6). These themes appear to be examples of invisible loyalties in the family of origin paralleling the helping profession of the humanitarian aid worker.

3.4.4. Legacy

3.4.4.1. Continuous Themes Across Generations

Of the nine interviewees, six reported the presence of child and infant deaths and/or miscarriages and abortions in the current or previous generations (G4, G9, G8, G5, G1, G2). The themes migration (G4, G6, G9, G8, G5, G1) and ethnic diversity (G4, G6, G3, G9, G5, G2) were also reported to exist in all generations by six out of nine interviewees. Social engagement by the current family or previous generations was reported by five interviewees (G6, G9, G1, G2). The idealism that was passed on by previous generations was also identified to have influenced their choice of profession by four interviewees (G1, G2, G4, G9). All interviewees identified a person of status and power in previous generations who were also dignitaries in society.

Other themes that occurred over generations and were frequently identified were similarity in choice of profession between generations (G9, G8, G2, G6, G7), male dominance in family (G7, G3, G8, G2), women treated unjustly (G3, G8, G5, G2) and the transferring of the role as a caretaker/ mediator or consultant (G9, G5, G1, G2, G7). Three out of nine interviewees shared the continuous transference of the theme that men were favored in family (G8, G5, G2).

It was found that most of the interviewee's families regard their choice of profession positively and show respect (G1, G2, G3, G4, G6, G9). It was however found that families found the area of work that interviewees are engaged in both in a positive and negative way. Many saw it as morally valuable and benefitting the society (G1, G2, G4, G6) but also expressed their worries that there may not be a valuable return (emotional or economical) to the interviewees (G1, G4, G6, G8). Some families just appreciated that interviewees had an income (G3, G8) but would prefer a better paid job with a better status for them (G6, G8).

This finding suggests that while maintaining an idealistic outlook towards social issues, the economic/ social stability of their children is also of importance and may suggest the importance of survival.

It was found that families saw the professions of interviewees as emotionally straining (G1, G2, G4, G5) but interestingly especially family members of humanitarian aid workers working in NGO's did not know the details of the work that the interviewee was engaged in (G3, G4, G5, G8). This may suggest that similar to the helper and healer role in the family of origin, the family may not be able to provide support in terms of coping with the stressors of the humanitarian aid worker.

It was also found that in some of the families of interviewees there were relatives who marginalized the work the interviewee was engaged in or are prejudiced towards refugees (G3, G4, G5, G9).

Themes that were discontinued in the current generation was marriage type. In third generation ancestors of the interviewees, polygamous marriages were noticed more frequently. In the second-generation ancestors, divorce and re-marriage rates were higher. In the current generation parents of the interviewees had been married only once and stayed married with each other. It was also noticed that almost all of the interviewees and siblings went to school and learned a profession and none of them were married underage.

In light of the transferred themes across generations it can be stated that in families with multiple child and infant losses over generations has increased the value and importance of the children who stayed alive such as the interviewee in the current generation. The child in return feels indebtedness and tries to meet the needs of the parents in the form of a caregiver or the golden child, which also shows itself in the form of social engagement or choice of profession. A feeling of anxiety continues to be transferred over generations which reflects itself in the maintenance of diffused boundaries in the families

3.4.4.2. Discontinuity and Change Across Generations

Five of the nine interviewees mentioned generational differences in their families with regards to sharing emotions with parents, talking openly about extramarital relationships. Two interviewees mentioned a change in social structure as perceived by their mother and grandmother regarding the societal support and

cohesion which is described to be disintegrating in today's Turkey. Interviewee two shared that her mother is of the opinion that Republican era Turkey (after the founding of the republic in 1920) had differing set of ethics that involved hard work, compassion and honesty (G2). According to interviewee number six the previous generations in her family, going further back are more nationalistic and more concerned with following societal rules (G6). Going back to the fourth generation of her family the same interviewee explained that around the beginning of 1900's, the family of her great grandfather's family used to be very conservative Muslims however that when "[her] great grandfather learnt at school about the earth being round and not flat, he became an atheist" (G6). Interviewee seven shared that there is a generational difference about who is going to be involved in disagreements related to the greater family and that the younger ones are kept outside and told "it is not your business" (G7). Interviewee number nine explained a generational difference that happened in her own family between her older sister and herself regarding making their parents more flexible about the rules of going out and coming back at later hours after they had left for university, as the older sister says that "she has worked hard at changing [their] mother and father and now the interviewee is reaping the fruits of her actions" (G9).

In terms of choice of profession, interviewees underlined a change from previous generations as their families have been working in civil service posts such as a teacher, that provided stability and security (G2, G4, G5, G6, G9) and shared that their work in the area of mental health and within the unsecured employment in NGO's forms a contrast to the previous career choices of family members.

3.4.4.3. Democracy and Civic Engagement in the Family

Five of nine interviewees described their families as democratic both within their family of origin and as a socio-political value, rather than authoritarian or religious. For instance, one interviewee shared that his father would not forbid him from engaging in political activities before the military coup of 12th of September 1980 even though he was not of the same political opinion. His father was democratic even though his brothers were authoritarian and would complain that

the interviewee was negatively influencing their business in their village due to his engagement in political activities. One interviewee explained that there were rules regarding her classes and education but that her family was more liberal regarding her dating or going out at night as a woman (G6). Another interviewee explained the democratic and respectful approach towards people from different religions with the words: “my paternal grandparents are Sunni and my maternal grandmother is Alevi- Bektaşî... They never intervened in the worshipping practices of each other... We have never experienced religious pressure, or intolerance.” (G2).

Table 1: Summary of contextual Theory clusters by identified themes and categories

<p>1. Facts</p> <p>1.1 Historical Context</p> <p> 1.1.1 War</p> <p> 1.1.2 Forced migration and other state interventions</p> <p> 1.1.3 Migration to seek opportunities for employment and education</p> <p> 1.1.4 Poverty and deprivation</p> <p>1.2 Marriage types</p> <p> 1.2.1 Kin marriages</p> <p> 1.2.2 Remarriage and polygamous marriages</p>
<p>2. Individual Psychology</p> <p>2.1. Trauma and loss</p> <p>2.2. Stress and coping</p>
<p>3. Systemic Transactions</p> <p>3.1 Distance regulation</p> <p>3.2 Boundaries</p> <p>3.3 Subsystems</p> <p>3.4 Roles in the family</p> <p>3.5 Rules and organization</p> <p>3.6 Coalitions and emotional triangles</p> <p>3.7 Differentiation-of-self and insight</p>

4. Relational Ethics

4.1 Historic and Structural Injustices

4.1.1 Gender inequality

4.1.2 Status and power

4.2 Injustice within the family

4.2.1 Abuse and neglect

4.2.2 Exploitation, extreme self-sacrifice and selflessness

4.2.3. Unequal distribution of wealth

4.3 Loyalty and disloyalty

4.3.1 Violations of trust

4.3.2 Split loyalty

4.3.3 Invisible loyalty

4.4 Legacy

4.4.1 Continuous themes across generations

4.4.2 Discontinuity and change across generations

4.4.3 Democracy and civic engagement

4. DISCUSSION

The current research focused on the family of origin experiences of humanitarian aid workers who were providing legal assistance, case management, counseling or psychiatric services for refugees in Turkey. Findings were presented using the four dimensions of Boszormenyi-Nagy's Contextual Approach, namely *Facts*, *Individual Psychology*, *Systemic Transactions* and *Relational Ethics*. Overall, it was found that service providers working with refugees had intergenerational transmission of trauma and resilience as well as social injustices, violations of trust, and themes over gender inequality. The interviewees also drew parallels between their choice of profession and family-of-origin experiences. More specific discussion of each hypothesis is as follows:

Consistent with the first hypothesis, families of service providers had faced oppression, marginalization and migration across generations. It was found that ancestors especially in the third and fourth generation had been influenced by war and state policies. One example was *mübadele* from 1923 to 1927 (forced population exchange between Greeks of the former Ottoman Empire and Muslim Turks of the modern-day Greece). Aytaş (2007) examined *mübadele* migrants who emigrated from Greece and resettled in Mustafapaşa and found that there were great cultural differences (i.e., Slavic-Macedonian dialect of newcomers) and economic rivalry between locals and newcomers. These communities tried to integrate to the host culture, they tried to maintain their cultural identities (Bayındır-Goularas, 2012) and faced oppression during acculturation. However, the theme of oppression dates back prior to the population exchange years; both Greeks under Ottoman rule and Turks under Greek rule had faced oppression especially during the rise of nationalism in 19th century (Kavaf, 2015). This information is suggestive of nations moving towards a more nationalistic position and an increase of discrimination towards minorities even before the First World War. The dates of stories about migration movements found in the current study support this information.

In the current study, marginalization and oppression were also experienced by women and children as men continued to be the major owners of property and

decision makers in the family which reflect the patriarchal nature of the Turkish society. Interviews revealed that division of housework was also gendered where women and girls were typically engaged in child care and housework where boys were expected to be breadwinners at an early age. Additionally, the distribution of wealth was unequal and was generally coordinated by the oldest men in the family. These findings were supported by the literature that describe unequal positions of power of men over women in the Ottoman Empire varying from total segregation between the sexes to polygamy in the family (Anadolu-Okur, 2005). Inequality was maintained and solidified “through the triple coalition of state, religion and family” (Müftüler-Bac, 1999, p. 306) which partially continues in modern-day Turkey’s patriarchal structure and was reflected in the structure of participants family of origins (Trommsdorff & Nauck, 2005).

During the consecutive wars (Balkan Wars, First World War, and Turkish Independence War) in the first quarter of the 20th century, families experienced loss of parents, children or husbands, forced immigration as well as relocations due to discrimination, safety issues, starvation, and lack of resources in war torn regions. Food deprivations and poverty were common among the families identifying themselves as Turkish-Muslims while wealthy non-Muslim communities (i.e., Jews, Armenians, Greeks) were subjected to high state tax which resulted in loss of income (Aktar, 1996). These themes indicated that families experienced injustices and losses as a result of socio-political events of the era. Families lost land, wealth as well as significant others.

Consistent with the second hypothesis, it was found that despite the stressors, traumas and injustices they experienced, professionals and their families have built family resilience across generations. While wars and migration were common in the Turkish history, as in the families of the participants of the current study, the findings suggest that most of the interviewees came from highly idealistic and modern families who have worked towards attaining a better life despite difficulties and hardships. This was, in part, evident in participants’ narrative and language during the interviews. Most interviewees described their family stories as a ‘struggle’ (*mücadele*) which refers to the will to survive in impoverished and

deprived conditions. Families lacked financial resources and educational opportunities, but showed resilience and moved to bigger cities to find better resources of survival such as jobs and obtain an education.

Especially prevalent were the findings of stressors related to the third-generation ancestors of participants (the great grandparents who had been subjected to wars). They were found not only to be subjected to wars and related losses, but were also subjected to loss of children. A recent literature review on adverse effects of armed conflict on pregnancy summarizing data from more than one million mothers from countries such as Libya, Bosnia, Palestine, Iraq and Afghanistan show that the miscarriage, stillbirth and prematurity rates are increased in mothers facing armed conflict also due to the increase in displacement and lack of care facilities (Keasley, Blickwedel and Quenby, 2017). These prior studies support the current findings on the conditions of mothers during wars and post war era in Turkey.

It was found that stories of trauma and loss and injustices were transferred from older generations to newer generations which can be argued to be transferred with the purpose of strengthening next generations. Similar transference of family histories is found in Armenian and Jewish families whose aim was to relay important information of the past injustices so that future generations are better prepared and protected against discrimination or oppression (Lev-Wiesel, 2007; Marazyan, 2016). It was found that there were gender differences in how family members coped with injustices and trauma, possibly due to the patriarchal family and social structure. For instance, male family members who had been pushed towards becoming breadwinners as boys, used task-oriented coping (being goal directed and rational in stressful situations, avoiding emotions) and focused on founding their own families in better conditions. In the face of emotional and physical abuse in families over generations where perpetrators were mostly men, it was generally found that mothers were mediators between fathers and children to protect children from the abuse. A study conducted with battered women also found that strategies such as confronting the problem, avoidance and family support and enduring, fatalism and religious approach were strategies most commonly used to

cope with the physical and/or emotional abuse in Turkey (Erdoğan, Aktas & Bayram, 2009).

Despite economic strain, collective trauma of war and loss, the interviewees expressed stories of resilience in their families. Families were found to be resilient as they supported each other in situations of hardships and were able to overcome them with an ability to grow (Walsh, 2003). The human capital of family members also increased across generations such that children in recent generations received higher education and delayed marriage to adulthood. These findings reflect the resilience of families to support their children, but also align with the general demographic trends in Turkey where education level of children have increased in the past decade with overall age at first marriage being delayed to the range of 22-24 years (TÜİK, 2016). Interviewees also showed resilience, particularly in the form of personal reflection and insight about their family history. They noted healthy differentiation from their family of origin, as compared to past generations. (Winek, 2010). Most of the interviewees were able to reflect upon relationships between family members and some described their communications with other family members as having evolved from staying mostly silent, to sharing their thoughts and emotions with others, suggesting the presence of an ongoing connectedness and autonomy at the same time. It can be argued that throughout their development in the helping profession, interviewees have gained in differentiation of self (Watkins Jr., 2012).

The third hypothesis stated that choice of a profession (becoming a humanitarian aid worker) would align with the constructive entitlement of the participant and the legacy of the family. This hypothesis was supported by the findings of the current study. Even though interviewees were parentified in their families of origin and took on mediating roles that could be described as self-sacrifice, they chose to work constructively with populations that have similar characteristics as themselves. As professionals, however, they were able to give responsible care while exercising their capacities which is a self-validating and pleasant experience at the same time (Grunebaum, 1987). A qualitative study conducted over ten years with 45 Colombian Human rights activists, who had all

experienced traumatic events such as witnessing a friend's assassination or persecution from state or guerrillas in the past, concluded that engagement in human rights advocacy has helped in healing of wounds of trauma and provided ways of coping for the activists (Hernandez-Wolfe, 2011).

Additionally, there were parallels between the migration and multicultural backgrounds of the interviewees and the people they served. Individuals or their families who have experienced victimization in their past may be drawn to work with vulnerable groups due to their own experiences of discrimination (Vollhardt et al., 2016). The study by Nasie, Bar-Tal and Shnaidman (2014) also supported this finding. They showed that 7 out of 8 female- activists who shared their stories and were active in Israeli Radical Peace Organizations to defending Palestinian rights all described experiences of being socially marginalized in their childhood or adolescence due to “immigration, [having a] minority status, [having] outsider feelings and [being subjected to] social ostracism” (p.321). On one hand, this finding indicates how humanitarian workers and refugees share similar stories. On the other hand, it is also a manifestation of invisible loyalty of humanitarian workers to their family of origin in Contextual Theory (Boszormenyi-Nagy, 1991). When professionals advocate for refugees and immigrants, their activism is an indirect way of continuing their family legacy, a debt paid to prior generations who experienced injustice, oppression, discrimination, and collective trauma.

Invisible loyalties may also occur in destructive ways. For instance, several participants reported the ways in which dysfunctional family symptoms such as parentification of children or domestic violence were transmitted across generations. As found in the current study, boys who were exploited by their fathers in their own family of origin grew up to become domineering and emotionally abusive. This can be explained with the reasoning that the boys taking on the destructive behavior of their fathers maintain a bond with them (Grunebaum, 1987). Cohen (1984) supports this finding as she explains the critical variable in the inability to give up of abusive behavior by parents may be the intense feelings of disloyalty to their own parents who abused them in their childhood.

Similar to the way destructive entitlements are passed down through loyalty, interviewees also relayed that professions (such as being a doctor) and caregiver roles were passed down in families. All of the interviewees identified individuals with power and status in their family history who were dignitaries in society. This may have contributed to values such as being socially engaged, modern and idealistic being passed down to interviewees from their families and could be regarded as a legacy from their families (Nasie et. al. 2014).

Finally, the most important legacy that interviewees carried for their families, which is found to contribute to their choice of profession, is the accumulated worth of the interviewee for the family over generations. Since miscarriages and child mortality were common in the previous generations, the survival of offspring was important for the families and resources were spent to enable a better life for the existing children. In response to that process, the interviewees became the caregiver and/or golden children to repay their debts to their families and also took on a healer and rescuer role in their choice of profession. This finding is found to be consistent with Boszormenyi-Nagy's (1991) claim that as children we owe an emotional debt to our parents for our existence and survival and we reflect our gratitude through visible or invisible loyalties.

The fourth hypothesis stated that the choice of a profession (becoming a humanitarian aid worker) aligns with one's role in the family and relational patterns as well as family organization. It was found that the hypothesis was supported by the findings of the study.

First of all, it was found that participants of the current study had taken on the role of mediators and consultants between other members of the family. Interestingly it was noted that female interviewees tended to take on the role of the mediator (mediating between family members in conflict or in the presence of unjust power structures to maintain the status quo) within the family where male interviewees tended to take on the role of the consultant (giving advice to family and extended family). The gender difference in roles taken up may be explained with the different coping behaviors of women (women use more emotion and avoidance coping styles) and men or difficulties for women to actively solve

problems, such through the access and implementation of social and legal services (Matud, 2004; Bahadır- Yılmaz, 2015).

It can be argued that humanitarian aid workers also work as mediators between the refugees and the differing organizations and state institutions in their professional life while trying to facilitate the access to services for refugees. In the current study, the participants reported how being the mediator is a difficult role to navigate, both in their professional and family lives. Humanitarian aid workers, who mostly work in NGO's find themselves in similar positions as they side with their clients, and have to mediate between the refugee's needs, their professional ethics and the domineering state system from which it is difficult to obtain services by refugees. A literature review by Suphanchaimat, Kantamaturapoj, Putthasri, Prakongsai (2015) on the challenges of provision of healthcare services to migrants by the service providers in differing countries has actually found that "contradictions between professional ethics and laws that limit migrants right to health care" exist (p.11).

There were also several processes that were not necessarily continuous across generations in the current study. For instance, humanitarian aid workers especially interviewees with a clinical psychology training, had insight regarding their family of origin experiences and their impact on them. This finding indicates that the interviewees were working on their differentiation from the family of origin, rather than simply or passive transferring relational processes. Kavanagh (2014) argues that differentiation of self may develop with clinical practice and supervision and can enable professionals to better manage feelings and thoughts such as anxiety, self-doubt and inadequacy.

As mentioned earlier, humanitarian aid workers who participated in the study had been the healer and caretakers of the family. These roles may be taken up as a result of the need in the interviewees family for a person who regulates the anxiety of the family and resulted in being the parentified child. This is supported with the finding in the current study that the families of participants portrayed low differentiation of self and showed either diffused or rigid boundaries. Similarly, legal and psychosocial counsellors work towards caring for and healing current and

past stressful life events of refugees such as PTSD symptoms and depressive symptoms (Alpak et al., 2014; Acarturk et al. 2015).

The choice of profession of the humanitarian aid worker also mirrors his/her family organization where mother and children formed a subsystem and the father was domineering or the mother and father were a more domineering over the children. Where power inequalities between the subsystems in their family of origin is apparent, in their professional lives' interviewees have taken up a role of supporting the underprivileged and try to work towards social justice. It is found that psychological counselling theoreticians have also underlined the importance of a multicultural and feminist approaches incorporated into practices to work towards social justice and egalitarianism (Crethar, Torres- Rivera & Nash, 2008).

4.1. IMPLICATIONS FOR HUMANITARIAN AID WORKERS WORKING WITH REFUGEES AND ASYLUM-SEEKERS

The literature shows that similar to the injustices faced by families of interviewees of the current research, refugees and asylum seekers access to services are limited and they join marginalized groups of society in the struggle to reach their civic rights (Nash, Wong & Trlin, 2006). Refugees may face discrimination from health personnel according to their race or immigration status (Hadgkiss & Renzaho, 2014). The findings of the current study can be used in drawing parallels between experiences of humanitarian aid workers and asylum seekers to develop interventions to reduce prejudice and stigmatization. Such intervention may use similarities between asylum seekers and host country populations to alleviate perceived differences and related stereotypes (Pedersen & Hartley, 2015).

Incorporating social justice framework in training of humanitarian aid workers may further support asylum seekers and refugees. Social work and clinical workers in countries such as New Zealand and Australia have underlined the need for service providers to be engaged in advocacy and collective political responses, paralleling the focus on equity in Nagy's theories of relational ethics which underlines the need for social justice (Nash et al., 2006; Essex, 2016). The need for all encompassing human rights-based frameworks should be focused on, where

more inclusive integration policies has been linked to positive attitudes towards immigrants (Silva, Oliveira, Dias, Pinto & Marques, 2018).

Anecdotally, most interviewees found the exercise of talking about their family histories and drawing a genogram useful. Training, supervision and personal therapy of the humanitarian aid worker can incorporate genograms to uncover self-of the therapist issues and identify family relational processes as this technique facilitates systemic understanding of difficulties within an intergenerational family context. Genograms could also be used to address potential transference-countertransference processes between the humanitarian aid worker and the asylum seeker/ refugee and make workers better equipped and competent to work with challenging cases (Magnuson & Shaw, 2003; Chapman, Oppenheim, Shibusawa & Jackson, 2003)

It is seen through recent research that trauma can be transmitted to next generations both psychically and epigenetically (Volkan, 2001; Yeshurun & Hannan, 2019). Given the stressors, traumas and injustices experienced in past generations it is suggested that humanitarian aid workers engage in their personal therapies to become more aware of influences of previous traumatic life events and an increased sense of self awareness. Personal therapy may also be a protective factor against over-identification (Lennon, 2018) namely the internalization of clients' negative feelings and sensations (Hadad & Ben-Shahar, 2012) especially for humanitarian aid workers who themselves have suffered similar traumatic experiences in their past (Neumann & Gamble, 1995).

Furthermore, in refugee- humanitarian aid worker relationship positive and negative transference and countertransference may influence their work. As described by Neumann and Gamble (1995) new trauma therapists may feel the need to rescue their patient, or may feel shock and rage when the trauma survivor perceives them as exploitative and harmful. There may also be social anxieties stirred up in response to refugees on a scale from compassion to rejection which may undermine the work of reparation and integration (Varvin, 2017).

It is further recommended that humanitarian aid workers engage in self-care practices such as increasing self awareness, interpersonal support, professional

development and support and physical and recreational activities, to manage their levels of stress and protect themselves from burnout and vicarious traumatization; protect the client from ethical violations and improve their professional performance (Carroll, Gilroy & Murra, 1999).

As the findings suggest that humanitarian aid workers' families work and be doubtful of the sustainability of their work, organizational support and peer support for humanitarian aid workers should be introduced (Lopes-Cordozo et al., 2005; Lopes-Cordozo et al., 2013).

Last and not the least, the resilience portrayed by the humanitarian aid workers in the current study sheds light on the need for further research on stress and coping in mental health professions (Joscelyne et al. 2015). In the scope of future intervention programs targeting stress reduction and burnout among humanitarian aid workers, it is suggested that the programs build on their already existing resilience, in addition to preparedness to vicarious traumatization and stress through self-care programs.

4.2. LIMITATIONS, STRENGTHS AND FUTURE RESEARCH

The current study made use of qualitative research methods namely the use of semi-structured interviews to examine experiences of nine humanitarian aid workers. The qualitative research method and small sample size limits the generalization of the findings to larger groups (Kazdin, 1998) and the convenience sampling may bias the findings (Etikan, Musa & Alkassim, 2016). One potential bias is that resilient participants could be more interested in opening up about their family of origin experiences, hence, limiting the sample to the 'survivors.' Another factor that could have influenced the results is that the researcher, who is a humanitarian aid worker herself who collected the data and coded the interviews on her own. Therefore, the interpretation of the findings may be influenced by the researcher's personal biases and experiences (Anderson, 2010).

Strength of the current study was that its participants were persons that the researcher did not know and therefore made the data collection process more reliable. Most importantly the current study gives an in-depth account of

experiences shared by the interviewees about their family of origin and family histories (Anderson, 2010). It made use of genograms as a way of schematically portraying the gathered information and used the Four Factors of Boszormenyi-Nagy's Contextual Theory to assess three generational family histories as well as family of origin experiences of humanitarian aid workers.

Future research may make use of mixed methods designs which incorporate quantitative research methods to further explore past traumatic events and presence of migration and displacement in humanitarian aid workers families. Also, resiliency, stress, burnout, traumatic experiences in the life of the humanitarian aid workers and their level of parentification could be assessed further.

It is also thought that the humanitarian aid workers personality characteristics as well as own traumatic experiences could be explored further in future studies to provide a more in depth understanding of the psychology dimension. For instance, in the field of psychotherapy, research suggests that psychotherapists have history of pain and suffering and may have experienced early loss or narcissistic injuries in childhood (Barnett, 2007).

Qualitative studies with specific populations such as therapists, psychiatrist and social workers could give more in depth understanding towards commonalities in family of origin and family histories of these specific professions. Further research could also be conducted with service personnel employed in governmental institutions, as participants in the current study were mostly employed by NGO's.

CONCLUSION

The current study aimed to explore the family of origin and family history experiences of humanitarian aid workers who work with asylum seeker and refugee populations. Similar hardships with refugees such as marginalization, oppression and migration were found in the family histories of interviewees. The oppression of women and children was a common theme noted in the interviews. It was found that humanitarian aid workers show profound resilience across generations, both individually and at a family level. Humanitarian aid workers continue the legacy of their ancestors, who had faced difficulties, social injustices and loss by working

with marginalized populations and carrying their idealistic values. Their roles varied from parentified children, the golden children, or the precious survivor of the family where there were incidents of child loss. The current study has provided new insight into family narratives of humanitarian aid workers implying the meaning of their profession as a family legacy.



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7. APPENDICES



Appendix A: Risk Assessment Questions



1. Are there thoughts of self-harm? Yes No

If yes, are there actions of self-harm? (Cutting, physical harm etc.)

2. Are there suicidal thoughts? No Passive Aktive

3. Has there been a suicide attempt? Yes No

If yes, when? How?

4. Are there thoughts of harming others? (injuring or killing etc.)

Yes No

If yes, how?

5. Has s/he ever harmed someone else? (injuring, killing etc.)

If yes, how?

6. Is there substance addiction?

7. Is the interviewee getting psychological or psychiatric treatment?

8. General health and well-being.

Are there symptoms of depression or anxiety?

Appendix B: Life Events Scale



YAŞAM OLAYLARINI KONTROL LİSTESİ		Benim Başına Geldi	Tamam Oldum	Bir Yakınının Başına Geldi	Emin Değilim	Benim İçin Geçerli Değil
Aşağıda hepimizin başına gelebilecek olan zor veya stres yaratan olayların bir listesi verilmiştir. Lütfen her olay için size uygun olan seçeneği belirtiniz. Listeyi incelerken YAŞAMINIZIN TÜM DÖNEMLERİNİ dikkate aldığımızdan emin olunuz						
1	Doğal afet. { deprem, sel, kasırga, vb...}					
2	Yangın veya patlama.					
3	Ulaşım ile ilgili kaza. { otomobil, gemi, tren, uçak, vb...}					
4	Evde, işte veya başka bir yerde ciddi kaza.					
5	Zehirli maddelere maruz kalma. {tehlikeli kimyasal maddeler, radyasyon}					
6	Fiziksel Saldırı. {saldırıya uğrama, dövülme, tekmelenme, yumruklanma, tokatlanma, vb...}					
7	Silahlı Saldırı. {ateşli silahla vurulma-yaralanma, bıçaklı saldırı-yaralanma, başka bir silahla saldırı, bombalama}					
8	Cinsel Saldırı. {tecavüz, tecavüz girişimi, taciz, zor kullanarak veya tehdit ile yapılan her türlü cinsel edim}					
9	Diğer istenmeyen veya rahatsız edici cinsel yaşantılar.					
10	Çatışma veya savaş bölgesinde bulunma.					
11	Tutsaklık. {kaçırılma, esir düşme, savaş esiri olma}					
12	Hayati tehlikesi olan hastalık veya yaralanma.					
13	İnsan kaynaklı şiddetli acı. {İşkence, vb...}					
14	Ani, şiddet içeren ölüm olayı. {cinayet, intihar}					
15	Yakın bir kişinin ani, beklenmedik ölümü.					
16	Başka bir kişiye sizin neden olduğunuz, ciddi yaralama veya ölüm					

BU MADDELER ARASINDA SİZİ EN ÇOK ETKİLEYENİN NUMARASINI İŞARETLEYİNİZ

Would you give a short account of an incident that asylum seekers, refugees or migrants you work with had faced and which affected you the most?

.....

Please rate how much this incident affected you on a scale from 1= I was not affected at all to 5= I have not been able to get over it.

1 2 3 4 5

Appendix C: Ptsd Scale



TRAVMATİK STRES BELİRTİ ÖLÇEĞİ

Aşağıda, insanların hayatını ciddi olarak etkileyen olaylardan sonra ortaya çıkabilecek bazı sorunlar sıralanmıştır. Lütfen son bir ay içinde bu sorunların sizde olup olmadığını, varsa sizi ne derecede rahatsız ettiğini belirtiniz (uygun sütunun altına x koyunuz).

	HİÇ RAHATSIZ Z ETMİYOR	BİR AZ	OLDUKÇA	ÇOK RAHATSIZ Z EDİYOR
1. (Olayla) ilgili bazı anıları /görüntüleri aklımdan atamıyorum.				
2. Bazen yaşadıklarım birdenbire gözlerimin önünden bir film şeridi gibi geçiyor ve sanki herşeyi yeniden yaşıyorum.				
3. Sık sık korkulu rüyalar görüyorum.				
4. (Olay) yeniden olacak korkusu ile bazı şeyleri kolaylıkla yapamıyorum (Örneğin: olayı hatırlatan yer, kişi ve durumlardan uzak durmak, olayla ilgili konuşamamak).				
5. Hayata ve sevdiğim şeylere karşı ilgim azaldı.				
6. İnsanlardan uzaklaştığımı, onlara karşı yabancılaştığımı hissediyorum.				
7. Sanki duygularım ölmüş, taşlaşmışım gibi geliyor.				
8. Uyumakta güçlük çekiyorum.				
9. Daha çabuk sinirleniyorum ya da öfkeleniyorum.				
10. Unutkanlık veya dikkatimi yaptığım işe vermekte güçlük çekiyorum.				
11. Her an (olay) olacak kaygısıyla tetikte duruyorum.				
12. Ani bir ses ya da hareket olduğunda irkiliyorum.				
13. Herhangi bir şey bana (olayla) ilgili yaşadıklarımı hatırlatınca rahatsızlık ve sıkıntı duyuyorum.				
14. (Olayda) yaşadığım şeylerle ilgili düşünceleri, duyguları ve anıları aklımdan atmaya çalışıyorum.				
15. (Olayda) yaşadığım olayların bazı bölümlerini hatırlamakta güçlük çekiyorum.				
16. (Olay) bana her an ölebileceğimi farketmediği için uzun vadeli planlar yapmak bana anlamsız geliyor.				
17. Herhangi bir şey bana (olayla) ilgili yaşadıklarımı hatırlatınca çarpıntı, terleme, baş dönmesi, bedenimde gerginlik gibi fiziksel şikayetler oluyor.				
18. Kendimi suçlu hissediyorum.				
19. Kendimi üzüntülü ve kederli hissediyorum.				
20. Hayattan eskisi gibi zevk alamıyorum.				
21. Gelecekte umutsuzum.				
22. Zaman zaman aklımdan kendimi öldürme düşünceleri geçiyor.				
23. Gündelik işlerimi yapacak gücüm azaldı.				
24. Sanki bu olay hiç olmamış ya da gerçek değilmiş gibi hissettim.				

YETİ YİTİMİ FORMU 1. YUKARDAKİ SORUNLAR SİZİN İÇİN NE DERECEDE

AHATSIZLIK/SIKINTI/SORUN YARATIYOR?

0=HİÇ 1=HAFİF DERECEDE 2=OLDUKÇA 3=ŞİDDETLİ

2. YUKARDAKİ SORUNLAR KENDİNİZE BAKIMINIZI, İŞİNİZİ, AİLE YAŞAMINIZI VE İNSANLARLA İLİŞKİLERİNİZİ NE DERECEDE AKSATIYOR?

0= Sorun yok / Hiç aksatmıyor. Her zamanki normal yaşamımı sürdürebiliyorum.

1= Biraz aksatıyor. Biraz çabayla normal yaşamımı sürdürebiliyorum.

2= Oldukça aksatıyor. Normal yaşamımda önemli ölçüde aksamalar var.

3= Şiddetle aksatıyor. Gündelik yaşamımda yapmam gereken birçok şeyi yapamıyorum.

3. RUHSAL DURUMUNUZLA İLGİLİ OLARAK BİR DOKTORUN/PSİKOLOGUN YARDIMINI İSTİYOR MUSUNUZ?

0= HAYIR

1= EVET

2= EMİN DEĞİLİM, BILMIYORUM

Appendix D: Semi-structured Interview Questions



1. Demographic Information:

(Marriage, divorce, death, birth, profession, illness, miscarriage, infant deaths)

- Your age:
- Your profession:
- Your job description:
- How long have you been working with refugees?
- Are you in direct contact with refugees?
- How many siblings do you have? What are their ages?
- How old are your parents? What is the year they got married? Are they still married? Are they divorced or separated? When (if the answer is yes)? Have they re-married?
- As far as you know have there been miscarriages, infant deaths or abortions before or after your birth?
- How many siblings does your mother have? What are their ages (if there are aunts or uncles)?
- How many siblings does your father have? What are their ages (if there are aunts or uncles)?
- What are the professions of your mother and father? What are their families like (religion, ethnicity, culture etc.)?
- Where does the family of your mother come from? What are the years of birth and death of your maternal grandparents and the reason for their death? What profession did they practice?
- How many siblings did your maternal grandmother and maternal grandfather have? Has there been infant deaths, miscarriages or abortions in their family? Did any adoptions take place or were children fostered? Did polygamous marriages exist?
- Where does the family of your father come from? What are the years of birth and death of your paternal grandparents and the reason for their death? What profession did they have?

- How many siblings did your paternal grandmother and paternal grandfather have? Has there been infant deaths, miscarriages or abortions in their family? Did any adoptions take place or were children fostered? Did polygamous marriages exist?

2. Family Relations:

(Closeness, distance, cut-offs, boundaries, processes, roles, secrets, loyalty, social justice, relational justice, inheritance disputes, disagreements)

- Is there a family that you are closer to (mother's side, father's side)?
- With whom in your family do you mostly share your worries? With whom are you the closest?
- Are there any estranged people in your family? Are there people who are favored over others?
- Are there people who you think are ostracized? By whom?
- How are problems and disagreements solved in your family? Have there been times when you felt like you were caught in the middle? Did you have to choose a side?
- Have there been individuals in your family who faced injustices (pushed too far, blamed)?
- How are decisions made in your family, how are rules determined, who is the decision maker? When something expensive is to be bought, who in the house decides on it?
- What happens when one of the family members does not adhere to the rules? What kind of consequences does this have? How do you think of this?
- Do roles between siblings' change depending on their birth order? What do you perceive your role to be in your family?
- Have there been disagreements, inheritance disputes in your family? Which values does your family adopt in the social realm? Are there any secrets in your family which are kept from the outside?

- If you wanted to describe your family to someone who does not know you, how would you describe them? Which characteristics would you talk about?
- What are some of the strengths of your family? If we asked you to write your family story, what kind of a story would this be? Example: Originally, we are migrants from Thessaloniki, or the loss of land.

3. Trauma

(Relational or societal, war, conflict, migration, earthquake, loss), resilience, intergenerational transmission, why this profession was chosen).

- Is there a family story that the family elders told and you grew up listening to? How did this story go, could you share some of it? (Example: are there stories of migration, earthquake or illness, that would be considered a traumatic event)? How did these events influence your family and family relations?
- Have you lived through an event that influenced yourself greatly? How did you cope with this as a family?
- Are there activities that you like to do together as a family?
- Are there emotions in your family that are not accepted to be talked about? With whom are you able to talk about these and with whom are you not able to talk about them?
- Is there anyone in your family whom you could describe as being more mindful? Mindfulness is the awareness that arises by paying attention on purpose, in the present moment and non-judgmentally.
- What does your family think about your current work?
- Keeping in mind your family history, where does your choice of profession fit into, what does it mean? Does it show similarities or diversions from the choice of professions in your family?

Appendix E: Consent Form



Değerli Katılımcı,

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yetişkin Altdalı Yüksek Lisans Programı bitirme tezi olarak Doç. Dr. Ayten Zara danışmanlığında Nazlı Deniz Atalay tarafından yürütülmektedir.

Araştırmanın amacı Türkiye’de mülteciler ile çalışan kişilerin aile ilişkileri, ailedeki rolleri ve aile geçmişleriyle ilgili derinlemesine bilgiler edinmektir.

Araştırmaya katılımda gönüllülüğünüz esastır. Araştırmaya katılmamayı seçebilir veya istediğiniz bir aşamasında sonlandırabilirsiniz.

1,5 saat sürmesi planlanan görüşmelerde siz katılımcıların üç nesli kapsayan aile ağacının (Genogram) oluşturulması planlanmaktadır. Ayrıca aile tarihinize, aile içi ilişkiler ve ailedeki roller üzerine sorular sorulacaktır. Sizlerden aileniz ile ilgili bilgiler, duygu ve düşüncelerinizi paylaşmanız beklenmektedir. Araştırmaya katılmayı seçerseniz, mümkün olduğunca açık cevaplar vermenizi rica ediyoruz.

Görüşmeler sonunda yapılacak olan değerlendirmelerin eksiksiz olabilmesi için onayınızın alınması koşuluyla görüşme esnasında ses kaydı alınacaktır. Ses kaydının alınmasını onaylamadığınız durumda araştırmacı not tutarak cevaplarınızı kaydedecektir. Aile ağacı çiziminin de gerçekleşeceği görüşmelerde ses kaydının alınmasını istemediğiniz durumda görüşmenin 2 saate uzayabileceği düşünülmektedir.

Bu araştırmadaki sorulara cevap verirken bazı beklenmedik duygu, düşünce ve anıların ortaya çıkması beklenebilir. Sorulardan ne kadar etkilenebileceğinizi saptamak ve fazla etkilenebileceğiniz tespit edilirse, görüşmeye başlamamak amacıyla önceden bazı sorular sorulacak ve bir ölçek doldurmanız istenecektir.

Tutulan kayıtlara sadece araştırma ekibi ve tez danışmanı tarafından ulaşılabilecektir. Toplanan bilgiler 3. şahıs ve kurumlarla paylaşılmayacaktır. Araştırmanın sonlanmasından 6 ay sonra sesli veya yazılı kayıtlar imha edilecektir. Görüşmeler sırasında kaydedilen isimler birebir kullanılmayacak, tüm kimlik

bilgileri gizli tutulacaktır. Arařtırma sonuçları arařtırmacının tez alıřması kapsamında kullanılacak, herhangi bařka bir yerde yayınlanması halinde, tm kimlik bilgileri gizli tutulacaktır.

Arařtırma sorularının, doęru ya da yanlış cevapları yoktur. Arařtırmanın amacı, siz katılımcıları deęerlendirmek veya yargılamak deęildir. Grřme sırasında size aęır gelen bir durum oluřtuęunda bunu arařtırmacıya sylemeniz beklenmektedir. İstemedięiniz soruları cevaplamamak ve istedięiniz yerde grřmeyi sonlandırmak kararını verebilirsiniz.

Arařtırmada izilen aile aęacının bir rneęi siz katılımcılarımıza verilecektir. Bu arařtırmaya katılmanın aileniz ve kendiniz zerine dřnme fırsatı oluřturacaęı dřnlmektedir.

Arařtırma sonrasında herhangi bir zorluk yařarsanız arařtırmacıya ulařabileceęiniz iletiřim bilgileri ve destek alabileceęiniz psikologların bir listesi verilecektir.

Arařtırma ile ilgili sorularınız iin ve arařtırma sonrasında herhangi bir zorluk yařamanız durumunda Nazlı Deniz Atalay ile deniz.atalay03@bilgi.edu.net adresinden iletiřime geebilirsiniz.

Katılımınız iin ok teřekkrler.

Arařtırmaya katılmak istiyorum.

Evet

Hayır

İsim:

Tarih: