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RECIPROCAL IMPACT BETWEEN COUPLE THERAPISTS'
BELIEFS ABOUT COUPLEDOM, EXPERIENCES IN ROMANTIC
RELATIONSHIPS AND EXPERIENCES IN COUPLE THERAPY:
A QUALITATIVE STUDY

Sedef Oral
116647001

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Reciprocal Impact between Couple Therapists' Beliefs about Coupledom,
Experiences in Romantic Relationships and Experiences in Couple Therapy:
A Qualitative Study

Çift Terapistlerinin Çift Olmaya Dair İnançları ile Romantik İlişkideki ve
Çift Terapisindeki Deneyimleri Arasındaki Karşılıklı Etkileşim:
Nitel Bir Çalışma

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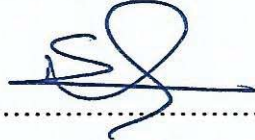Özyeğin University ....

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ABSTRACT

Although conducting couple therapy is a professional practice, it also involves very deeply personal processes that a therapist might pass through. The present study aimed to discover the experience of being a couple therapist considering how personal and professional beliefs and experiences of the couple therapists have reciprocal impact on each other. For the purposes of this study, couple therapists who are (a) currently working with couples in their caseloads, and (b) in a romantic relationship themselves were interviewed. Seventeen in-depth, semi structured interviews were conducted. The data was analysed in MAXQDA 2018.1 using grounded theory's constant-comparative method. The emergent model revealed three categories including sub-categories for each other: Endeavouring to repair relationships, creating the presence of a therapist working with couples, and developing the presence of a person and a couple therapist, respectively. The findings suggest that being aware of person of the therapist and learning how to use themselves for relating, assessing, and intervening the couple clients create a more secure therapeutic presence. These results contribute to the literature by filling the practical and theoretical gap in couple therapy implications specifically for couple therapists in Turkey. Thus, findings are thought to be useful for frameworks of couple therapy training programs and couple therapy supervisions.

Keywords: Being a Couple Therapist, Couple Therapy, Use of Self, Person of the Therapist, Grounded Theory

ÖZET

Çift terapisi yapmak her ne kadar bir mesleki uygulama olsa da; terapistin deneyimleyebileceği oldukça derin kişisel süreçleri de içinde barındırır. Bu çalışma, çift terapistlerinin kişisel ve mesleki inançları ile deneyimlerinin birbirini karşılıklı olarak nasıl etkilediğini göz önünde bulundurarak, çift terapisti olma deneyimini keşfetmeyi amaçladı. Araştırmanın amaçları doğrultusunda, (a) hâlihazırda çiftlerle çalışan, (b) kendisi de bir çift ilişkisi içerisinde olan on yedi çift terapisti ile yarı yapılandırılmış derinlemesine görüşmeler yapıldı. Veriler, MAXQDA 2018. 1 programında gömülü teorinin sürekli karşılaştırmalı analiz yöntemi kullanılarak analiz edilmiştir. Gelişmekte olan model her biri alt kategorilere sahip üç kategoriden oluşmaktadır: İlişkileri onarmak için çabalama, çiftlerle çalışan bir terapist duruşu yaratma ile çift terapisti ve insan olarak terapötik duruş geliştirme. Bulgular, terapistlerin kendi yaşantılarının farkında olmalarının ve kendilerini çift danışanlarla ilişki kurma, değerlendirme ve müdahale etmek adına nasıl kullanacaklarını öğrenmelerinin onlara daha güvenli bir terapötik duruş kazandırdığını göstermektedir. Bu sonuçlar, özellikle Türkiye'deki çift terapistlerinin çift terapisi uygulamalarında, literatürdeki uygulama ve teorik boşluğa katkıda bulunmaktadır. Böylece, bulguların çift terapisi eğitimi programları ve çift terapisi süpervizyonlarının çerçevesini belirlemede yararlı olacağı düşünülmektedir.

Anahtar Kelimeler: Çift Terapisti Olmak, Çift Terapisi, Terapistin Kendisini Kullanması, Terapistin Kendi Yaşantısı, Gömülü Teori

INTRODUCTION

The field of psychotherapy has a huge and ever-expanding literature pertinent to the developments and requirements of the date. Over the years, psychotherapy research has moved forward whether psychotherapy is effective or not (e.g., Smith, 1982) to which psychotherapy approach is more effective than the other (e.g., Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Leichsenring et al., 2013). Empirical evidence on the effectiveness of different psychotherapy models has drawn more attention than the therapist's own experiences (Murstein & Mink, 2004); until the common factors in therapeutic work regardless of the technique used by the therapist were explored (Lambert, 1992; Messer & Wampold, 2002; Weinberger, 1993). Increasingly after this finding, researchers pondered on the client and therapist effects for successful therapy work (e.g., Crits-Christoph and Mintz, 1991; Sprenkle & Blow, 2004; Wampold, 2015). Acknowledging the therapist's presence in the therapy room might also have brought up some concerns in that this was interpreted as an error of the therapist which was needed to be controlled (Cheon &Murphy, 2007).

Contrary to the idea behind excluding the therapist's effect from the therapy room, previously many researchers have studied to flesh out what kind of therapist's characteristics contributing therapy outcome. Whilst some demographic characteristics like age, ethnicity, or sex of the therapist were not found as a predictor in therapy outcome (Beutler et al., 2004); similarly therapist or client's gender and therapist's experience have not been reached as a predictor between working alliance from the perspective of clients (Dunkle & Friedlander, 1996). Instead, facilitative interpersonal skills of the therapist (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009); therapists' quality of life (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013); and even therapists' perceived maternal care until adolescence (Hersoug, Høglend, Havik, von der Lippe, & Monsen, 2009) have an influence on alliance between therapist and client. Similarly, Gerson (2001) asserts that all those childhood experiences, previous traumatic experiences as well

as current personal and relational crises like the death of a child or divorce while continuing to conducting therapy impact the professional self of the therapist.

Although the studies about therapists' characteristics, interpersonal skills, and personal development have received much attention for many years, a challenging part was to find out how come these personal sides affect the therapeutic work (McConnaughy, 1987). On the basis of commonality in all psychotherapy practices which is "therapy is conducted by people", and therefore the therapists come to the therapy room with their own unique values, life experiences, and therapeutic knowledge; Aponte and Winter (1987) proposed that it should be focused on "the person of the therapist" (pp. 85-86). Yet, the person of the therapist has been given less attention in therapy training programs (Regas, Kostick, Bakaly, & Doonan, 2017) and self-of-the therapist issues have been viewed as a hindrance to the therapeutic process and seen as issues to be resolved. However, it is possible that therapists' own life experiences and beliefs may act as a resource in the therapeutic process as well (Aponte, 2016; Timm, & Blow, 1999). Therapists may and do bring parts of themselves such as their personality, values, culture, gender, life experiences, struggles and vulnerabilities (Aponte et al., 2009; Winter & Aponte, 1987). There is a considerable amount of study in literature stating that therapist as a person might make difference in therapeutic processes (e.g., Crits-Christoph & Mintz, 1991; Miller, Hubble, Chow, Seidel, 2013). Furthermore, as a result of the therapeutic process, they may experience changes in their own beliefs and attitudes towards relationships as well.

A more recent study conducted by Sandberg, Knestel, and Schade (2013) aimed to describe the impact of one specific therapy technique on therapists' personal and professional lives. One of the valuable results is that participants described an improvement in their relationship with their own intimate partners, family members, and friends.

Nevertheless, there is comparatively paucity of literature on the personal experience of being a therapist. Of all literature, the studies on this issue dominantly have made an attempt to understand "blurred boundaries, countertransference, co-dependence, projection, over-identification, compassion fatigue, vicarious trauma,

secondary trauma, and loss of control" as negative impacts of clients on therapists (Kottler, 2017, p.69). Likewise, similar attempts have been made for marriage and family therapists in order to understand stress factors on their marriage and family relationship (e.g., Piercy & Wethcler, 1987). When initial empirical testing on whether therapists have more satisfying marriages than non-therapists couples failed to find a significant result despite the positive correlation between evaluating themselves as a successful marital therapist and as having a successful marriage; the question of whether marital/family therapists who consider themselves as good at working with couples use their skills on their own marriages and/or whether having a good couple relationship results in working with couples remained unanswered (Murstein & Mink, 2004).

Consequently, previous work has showed that there is a need in literature to make sense of the issues from the accounts of therapists themselves and deeply understand how the therapists themselves perceive issues on their private and professional lives, how they manage possible contraindications in the therapy process as a result of difficulties in their personal experiences, and how their professional experiences touch upon their personal lives.

Improvements in literature notwithstanding, there is a dearth of information on how the psychotherapists' personal experiences and beliefs impact the therapeutic process and vice versa. This is especially significant for couple therapists who work with the intimate relationship in therapy room while maintaining their own relationship outside of the therapy room. To the author's knowledge, there is no model developed in explaining the process of interplay between personal and professional beliefs and experiences of the therapists who work with couples. Therefore, looking from an integrated perspective in order to explore the process between inside and outside of the therapy room will be able to fill an important gap in the literature.

Purpose of the Current Study

In order to address this gap, the process began to be explored starting with the couple therapists themselves. Therefore, the present study aimed to discover the experience of being a couple therapist considering how personal and professional beliefs and experiences of the couple therapists have a reciprocal impact on each other. The focus of the study was guided through this main and initial question "How do couple therapists process their beliefs and experiences in their personal and professional lives in a way to use them on behalf of their clients?". During the research process, in parallel to grounded theory methodology, professional focus became a more integrated position.

While the aim of this study was to explore deeply the reciprocal impact between therapists' own intimate relationships, beliefs about coupledom and experiences in conducting couple therapy, it is acknowledged that social, cultural, economic, and political factors are most probably to influence the therapists' beliefs and experiences. Furthermore, from systemic perspective, since any causality among these phenomena is reciprocal, it is also expected that each phenomena has an impact on one another (Becvar & Becvar, 1993). Thus, systemic integration would be achieved by placing the explanations understood by couple therapists into a broader context, which is therapists' own social location.

Moreover, as with most grounded theory studies, one of the goals was to develop a theory in order to find a place for couple therapists' experiences in literature. Taken into consideration that most psychotherapy approaches have rooted in foreign origin, this study was also designed to fill the practical and theoretical gap in couple therapy implications specifically for Turkish couple therapists. Thus, for clinical implications, findings would be useful in considering frameworks of couple therapy training programs and couple therapy supervisions.

SECTION ONE

LITERATURE REVIEW

The literature review conducted in this study was purposefully limited in an attempt to allow for a fresh theory (Glaser & Strauss, 1967). Whilst other research methodologies generally require to be provided with an extensive literature review (Corbin & Strauss, 2008); researchers using grounded theory are expected to read the literature in a later stage in research. However, Charmaz (1990) warned the researchers about delaying the literature in that delaying aims to reduce "preconceived conceptual blinders", which is therefore suggested to researchers to use the literature as comparing about similarities and/or differences with the current research after categories start to emerge (p. 1163). Thus, instead of expelling the literature, as a requirement of the thesis proposal, in this study a preliminary literature review also was made. This process was used with the aim of improvement in the grounded theory research by being used reflexively (Giles, King, and de Lacey, 2013).

1.1. SELF OF THE THERAPIST

While the very first models on common factors in therapeutic work paved the way for giving importance to the therapist effect, self of the therapist was remained "embedded in the therapeutic relationships and therapeutic alliance factors" (Mathew, 2015, p.5). It is even possible to encounter with the first signs for self of the therapist issues in Sigmund Freud's works within a context of "interfering with the analytic process" (Horne, 1999, p.385; Rabin, 2014). One of his letters to Carl G. Jung (1906-1914), Freud (1909, June 7) acknowledges the person part of the therapist in the therapy room by naming it "counter-transference" and needed to avoid:

> "Such experiences, though painful, are necessary and hard to avoid. Without
> them we cannot really know life and what we are dealing with. I myself have
> never been taken in quite so badly, but I have come very close to it a number

of times and had a narrow escape (...) we need and to dominate "counter-transference", which is after all a permanent problem for us; they teach us to displace our own affects to best advantage. They are a blessing in disguise" (pp. 230-231).

Counter-transference was considered mainly originating from the "personal histories, unresolved issues, and internal conflicts" of the therapists (Schwartz, Smith, & Chopko, 2007, p. 388). Since the self of the therapist was firstly addressed based on modernist view, therapists were expected to realize and solve their "personal issues" stemming from their "developmental inadequacies, family-of-origin deficits and structural problems, unresolved psychic conflicts, object relations introjects, lack of differentiation, and so on" (Carlson & Erickson, 2001, pp. 201-202). Therefore, even though acceptance of the therapist effect in the therapy room instead of considering only the effects of various tools and techniques in conducting therapy introduced the self of the therapist into the literature (Rabin, 2014); initially it was evaluated as "red flags" for the therapy work (Timm & Blow, 1999, p. 332). Since the therapists, as clients do, may bring those "red flags" to the therapy, it was thought that this might impact the healing process negatively (Lum, 2002). Thus, "resolution of self of the therapist issues" was predominantly recommended in order for the therapists to improve their effectiveness in the sessions (Blow, Sprenkle, & Davis, 2007, p. 311).

On the other hand, given the fact that therapist's use of self impact the sessions negatively and so needed to be resolved, the possibility of using the self in a positive way has also been considered (Satir, 2013). Timm & Blow (1999) came up with an idea of using self of the therapist in "a balanced way—that is, one that looks at both the restraints and resources arising out of a therapist's lived experiences" (p. 332). Carl Rogers, in one of his interviews, explains how expressing his own feelings for his client changed the flow of the therapy as a result of approaching his client "as a person" which allows his self to be present in the room (Baldwin, 2013, p. 28). Likewise, the founders of narrative therapy Michael White & David Epston (1990) who value the impact of people's sociopolitical and power experiences on their lives required to be aware of those positions. Thus, the

way of how a narrative therapist uses his/her own positions is essential in the context of the self of the therapist (Cheon & Murphy, 2007). Despite their similar stance, feminist therapy differs in their use of self in that being able to use self-disclosure considered as an ability of therapists as a person (Greenspan, 1986).

Even though the use of self does not ride on a specific theoretical approach and its development, the meaning of self of the therapist varies among therapeutic approaches (Gangamma, 2011). Wosket (1999) distinguishes the person of the therapist from the use of self in that the therapist discloses him/herself even with his/her "dress, accent, age, voice intonation, skin colour (…)"; yet this is not considered as "intentional use of self" (p.11). In 1992, there was an attempt to make a generally accepted definition of the use of self by Sarah A. Tester. In her doctoral study, it was reached about using the self in that "(…) purposeful use of personal aspects of the therapist to further the aims of therapy" (Tester, 1992, p.157). Thus, the therapist becomes "(…) a participant, tool or instrument of change" (Mathew Ho, 2015, p. 2). In this regard, the therapist actively engages with each member's experiences, beliefs, and emotions (Real, 1990).

Therapists, as a person, have their own worldviews constructed in cultural context as well (Simon, 2006). Self of the therapist work puts emphasis on the similarities and differences between the therapist and the client, how the therapist deals with them, and uses on behalf of the clients in therapy (Rabin, 2014). While self of the therapist has been recognized by many therapeutic approaches (Lum, 2002); the importance given to the use of self and integrating to the interventions have shown difference across approaches. For instance, while experiential therapy approach attaches great importance to the presence of the therapist in the therapy room by bringing him/herself into the therapeutic relationship (Geller & Greenberg, 2012; Neukrug, 2015); Jay Haley (1976) focuses on the use of therapeutic strategy instead of the therapist him/herself. In parallel with these differences, Gangamma (2011) states that use of self might be more common among the approaches, which are "insight-oriented" rather than seeking for "immediate change" as in cognitive and behavioral therapies (p. 25). From a different viewpoint, regardless of the therapeutic approach, Rowan & Jacobs (2002) believe that there are "alternative

ways of being a therapist, of using the self" showing itself in three possibilities: "instrumental, authentic, or transpersonal" (p.4).

Even if the importance was given to the therapist's use of self in therapy, the way the therapists might use themselves in the therapeutic process needed more clarification. Baldwin (2013) suggests that therapists have to know how to use themselves in order to be able to connect with clients. The use of self provides not only being empathic in the therapy relationship but also being vulnerable and reaching that part during the psychotherapeutic encounter (Zeytinoğlu Saydam & Niño, 2018). Thus, therapists are encouraged to reflect on their use of self in order to ensure "a healing conversation" inside of them (Rober, 1999, p. 212).

1.2. PERSON OF THE THERAPIST TRAINING MODEL

Aponte and Winter (1987) generated a model in order to clarify and conceptualize how to purposefully use self in clinical practice. The Person of the Therapist Training Model widens the scope of self of the therapist work from giving place to therapist' personal issues to training them on how to put self of the therapist work into practice (Aponte & Kissil, 2016).

As the Catholic priest Henri J. M. Nouwen (1972) mentioned about providing own wounds as a basis of healing; the distinguishing feature of this model is that therapists also are considered as wounded healers being able to touch upon their "shared wounded humanity" with clients by reaching their "signature themes" (Aponte et al., 2009, p. 384). Signature themes impact both professional and personal lives of the therapists (Kissil, 2016). As the therapists' previous experiences in their personal and family lives affect the present; reciprocally, the therapist might form another significant relationship other than his/her family of origin via an intimate partner. It is known that this intimate relationship may become a "unit of healing" for the negative experiences in the family of origin issues in the past (Winter & Aponte, 1987, p.100). Just as the intertwined relationship between the past and the present, these themes have an influence on therapists' personal and professional experiences (Aponte et al., 2009).

Likewise the therapist and clients are considered as having both vulnerable and healer parts, which come to light with the help of therapeutic relationship (Miller & Baldwin Jr, 2013); it was also challenging for therapists to deal with their personal vulnerabilities and their responsibilities in their clinical work (Aponte & Kissil, 2014). While the person of the therapist training brings light onto therapists' personal themes in their lives and how these themes affect their therapy work, it is important to highlight that the model does not work as a therapy of the therapist (Aponte, 2016). Instead, the person of the therapist work provides integration with therapists' therapeutic and personal selves (Winter & Aponte, 1987). The aim is reached by making therapeutic self "congruent with" the personal self (Aponte et al., 2009, p.130). Therefore, the focus remains on the development of the therapist's clinical skills (Zeytinoğlu Saydam & Niño, 2018). Thus, the competency of the therapists is assessed not based on how much they solved their own personal issues but how much they are aware of their own personal issues and use themselves on behalf of the clients (Aponte & Winter, 2013).

Knowing and using the signature theme as the most dominant personal issue in the therapist's life (Zeytinoğlu, 2016) take the therapy from being didactic encounter to a human experience (Aponte & Kissil, 2014). Considering the therapeutic process as "a person-to-person human encounter", it is believed that therapist might be more effective if both the therapist and the clients (individual, couple, and/or family) can be "experientially present in this living process of therapy" (Aponte, 2016, p.2). Thus, therapists are trained on their use of person by bringing their techniques and their personal lives together within a "mutually shared human encounter" (Aponte, 1992, p.280).

For an effective human encounter, therapist's identification with his/her personal/signature themes plays a significant role in order for therapist to learn his/her own family characteristics and the kind of clients whom the therapist might approach or become distant based on previous and present experiences (Winter & Aponte, 1987). In the model (Aponte, 2016) therapists are expected to be able to "both identify with and differentiate" themselves from the individual, couples, or the families that they work with (p.3). With the aim of providing a guideline for the

therapists, the model recommends the three levels regarding the use of self: (1) "Knowledge of Self", which requires the therapists continuously to be aware of the effects of their both previous and current experiences; (2) "Access to Self", which is achieved through touching the therapist's self that related to the therapeutic process; (3) "Management of Self", which is concluded when the therapist "purposefully use" chosen part of him/herself on behalf of the clients (p.4).

Person of the therapist training model integrates the common factors in therapeutic work into the use of self by providing three implication for an effective therapy: Relationship, assessment, and interventions (Aponte & Winter, 1987). The model benefits from the recognized "woundedness" of the therapist as a way of improving the therapeutic relationship. Furthermore, accessing the personal self of the therapist helps the therapist understand the clients' personal experience in the assessment phase. Lastly, "personal disposition toward the client" ensures the therapist to make a needed therapeutic intervention (Aponte, 2016, pp. 8-12).

As can be seen, use of self functions within a process which begins with the initial contact to the end of the therapy (Gangamma, 2011). The fact that using an integrated and congruent personal and therapeutic self increased the therapists' effectiveness was also indicated by many researchers (e.g. Apolinar Claudio & Watson, 2018; Niño, Kissil, & Apolinar Claudio, 2015).

Apart from the impact on professional competencies, working through person of the therapist was also found as having a positive influence on therapists' personal lives (Kissil & Niño, 2017). In a study conducted by Kissil, Carneiro, & Aponte (2018), based on the accounts of first-year marriage and family therapy master's students taking person of the therapist training, it was stated that even if person of the therapist work is not particularly intended for improvement in personal self of the therapist; students explained a perceived increase in their self-awareness, management of their feelings, and their self-acceptance (Kissil et al., 2018). Apparently, person of the therapist work can be evaluated as a journey of therapist' development in their therapeutic and personal selves.

1.3. USE OF SELF IN COUPLE THERAPY

Since the beginning of family therapy in the 1950s (Bochner, 2000); the increase in postmodernist approaches have also impacted the marriage and family therapy area whilst the use of self maintained its position as in modernist views (Cheon & Murphy, 2007). Within modernist approaches, self of the therapist has firstly taken its place in family therapy primarily by the theorists and clinicians Murray Bowen, Carl Whitaker (Horne, 1999); and Virginia Satir (Aponte & Kissil, 2014).

As an initial implication of self of the therapist work to the family therapy, Murray Bowen (1985) believed that family therapist must be "less emotionally reactive" than the family that they work (p. 491). Hence, differentiation of the self from the therapist's own family of origin was considered as an objective of the therapist in the context of person of the therapist (Timm & Blow, 1999). It was aimed for family therapists to be "both in the system physically and out of the system emotionally" (Kerr & Bowen, 1988, p.283). Emotional involvement of the therapist to the family system that they work might be a risk for not being able to maintain objectivity (Bowen, 1985).

Virginia Satir (1987, 2013) stated that even if the therapist abstains from being affected by clients, it is not possible to prevent this reciprocal impact between therapists and clients since we are all human beings. Therefore, she encouraged therapists to be in touch with themselves for effective use of self. Lum (2002) distinguishes use of self in Satir model from self-disclosure in that use of self does not involve a tool for therapeutic connection with the client. Instead, disclosing self comes up only if the therapist aims to create "a teaching moment" for the family (p. 182). In "the personal iceberg metaphor", it was aimed for therapists to be aware of their inner processes and so make effective interventions in therapy (Satir, Banmen, Gerber, & Gomori, 1991). She thought that on condition that the family therapist became "congruent" with how he or she thinks, feels, and acts; transference/counter-transference would not appear (Lum, 2002, p.182). Thus, it is expected from therapists to resolve their own personal issues and "empower patients toward their own growth" (Satir, 2013, p.24).

Likewise, in symbolic- experiential approach which places a particular interest to "disciplined participation between a family and therapist", therapists are required to resolve their personal issues and/or minimize their interfering effect with the help of having a psychotherapy experience, supervision, or co-therapist (Keith, Connell, & Whitaker, 1991, p.41). Yet, in this approach family therapist use of his/herself in therapy room by staying in touch with his/her own current emotional experience by reaching the symbolic meanings coming from family to the therapist (Goldenberg & Goldenberg, 2008).

Although person of the therapist work has not been mainly considered as a dangerous work for the couple/family clients and ways for use of self have been developed in order to work effectively with clients, all preliminary models focused on the assumption that "therapists cannot facilitate developmental change within clients that exceeds the therapist's own limits" (Horne, 1999, p.386). Timm & Blow (1999) considered its one possible reason as the negative interpretation of referring family of origin issues of the therapist, which the therapists needed to solve. Within this tradition, since the role of therapist mostly was considered as a neutral expert, there was indeed no need to search for the therapists' emotional experience and how this might contribute to the therapy work (Cheon & Murphy, 2007).

With the development of postmodern view and second-order cybernetic, family therapists have started to acknowledge being "part of the system" instead of wearing an "expert hat" (Mills & Sprenkle, 1995, p. 373). Realizing that they have no choice like to remain outside of the system, they have begun to search for new ways to become aware of themselves (Baldwin Jr, 2013, p. 64). The efforts for awareness reflected on the person of the therapist work, too (Gangamma, 2011).

Person of the therapist work has been implemented in marriage and family therapy field primarily by collaborative language systems, narrative, and feminist therapy (Cheon & Murphy, 2007).

Collaborative language systems approach lays emphasis on the social and intersubjective creation of meaning through language, which gives the therapist a role in client's meaning-making process by contributing it (Anderson, 1993). In this process, the therapist takes two essential roles (1) becoming "a participant

observer" who is eager to be a member of and change the problem system; and (2) ensuring a safe environment for family members to talk (Anderson & Goolishian, 1988, pp. 8-10). During this conversation, therapists' own values and prejudices as a person are accepted and worked in the session within a dialogue with clients. Thus, based on the collaborative language system approach, neutrality does not mean that the therapist has no belief; but is open to create new meanings (Anderson & Goolishian, 1988).

Similarly, in view of the fact that narrative therapy emphasizes that reality is shaped by the family members by attributing meaning to each event (White and Epson, 1990). In this approach, family therapists are expected to "enter the clients' narrative world" (Mills & Sprenkle, 1995, p. 371). Thus, the therapist's use of self requires to have a "critical reflexivity" regarding the impact of social, cultural experiences on the therapist's narrative (Cheon & Murphy, 2007, p.7).

Feminist therapy addresses the impossibility of neutrality while working with families since the family construction is basically a political issue (Avis, 1985). She brought innovation to the use of self in functional family therapy area by criticizing the taken for granted roles of the female therapist in that inviting family therapists to share their political, social, and cultural assessment of the family client in order to reconstruct the stereotypical meaning within the family (Avis, 1985).

As can be seen, use of self literature has been predominantly located under the title of "family therapy" (e.g. Bochner, 2000) and "Marriage and Family Therapy" (e.g. Lutz & Irizarry, 2009). It has also been noted that using "inner couple object" of the couple therapist within the self of the therapist work provides the therapist with more effective sessions as well as improvements in therapists' own couple relationship (Rabin, 2014, p.165). In a recent article showing the use of person of the therapist model while conducting the emotionally focused couple therapy (Zeytinoğlu Saydam & Niño, 2018), it has been reached that learning from the therapist' own life experiences and working on personal signature theme may help couple therapists empathize with couple clients as well as extended the intervention area. Despite the developments regarding the use of self in couple

therapy; the specific focus on the use of self related to therapists' own relations and coupledom beliefs is relatively limited. Therefore, the present study aimed to involve particular use of being a romantic partner in couple therapy as well.

SECTION TWO

METHOD

2.1. THE CHOICE OF METHODOLOGY

2.1.1. Using Qualitative Research Approach

In accordance with the aim of this study which is to gain a deeper insight into the reciprocal impact of therapists' own experiences in romantic relationships, beliefs about coupledom, social location and experiences in conducting couple therapy, the qualitative inquiry was used. Qualitative research opens the way "to get at the inner experiences of participants, to determine how meanings are formed through and in culture, and to discover rather than test variables" (Corbin and Strauss, 2008, p. 12). The current study was not intended for testing how much personal experiences have an effect on professional experiences or vice versa. Instead, to discover how therapists personally experience of working with couples in both their personal and professional lives.

Furthermore, since the qualitative inquiry gives special attention to the social locations of people that we study, understanding how the couple therapists' unique experiences are shaped in the context of Turkey has been allowed for deeper exploration (Marecek, 2003).

Another reason of the fact that qualitative research was practical for this research is because the researcher has not begun the research with pre-determined variables to examine (Creswell, 2012). Qualitative study gives flexibility to the researchers to work through not only the process about how the participants might be influenced but also the process of not being influenced by their unique experiences. Thus, the dynamic nature of this approach allows for serendipity to the researchers by exploring unintended but grounded consequence in the data (Corbin and Strauss, 2008).

2.1.2. Using Grounded Theory Methodology

From the very beginning, this study aimed to understand experiences of couple therapists. However; considering the experience, the purpose was not only to explain the lived experience of couple therapists but also to inquire about basic social processes resulting in these experiences and to reach an explanatory model of this process (Starks & Brown Trinidad, 2007). So within the qualitative domain, rather than a phenomenological point of view, grounded theory was chosen as the research methodology of this study.

Grounded theory methodology is designed as a new way to arrive at a theory (Glaser & Strauss, 1967) which is "grounded in the data" (Charmaz, 2006, p.2). In their publication of "The Discovery of Grounded Theory", Barney G. Glaser and Anselm L. Strauss who are two founders proposed that theory should come forth from the data so that new and fresh theories can emerge (Glaser & Strauss, 1967). In this method, researcher does not begin with preconceived ideas (Glaser & Strauss, 1967), thus it is expected from researcher to delay literature review in order to reach fresh theories (Charmaz, 1990). Since it is thought that theory is already in existence of the data itself, using grounded theory enables researcher to gain rich information about the area of interest that has been barely known (Glaser & Strauss, 1967).

Glaser and Strauss (1967) in their original work invited researchers to conduct grounded theory in a flexible way. Since their classic work, grounded theory has developed in diverse interpretations: Classic Glaserian, Structured Approach of Strauss and Corbin, and Constructionist Approach of Charmaz are three well-known versions (McCallin, 2004). In the social constructionist interpretation of grounded theory by Kathy Charmaz (2006), "analysis is contextually situated in time, place, culture, and situation" (p.131). Further, she stresses the importance of researcher's active role in shaping the results (Charmaz, 1990). Considering the aim of the study in which exploring the process occurred among couple therapists personal and professional experiences being in touch with their social location in Turkey as well as the role of researcher in constructing the process, I adopted Charmaz's social constructionist grounded theory methodology.

2.2. ROLE OF THE RESEARCHER

While the choice of methodology has an impact on "what we see" in the data, the researcher him/herself has an influence on "what we can see" in the data (Charmaz, 2006, p.15). So, being aware of researchers' personal and professional experiences that might shape the researchers' interpretation of the data and reflecting to these aspects are especially important in qualitative research (Creswell, 2012). In recent years, although there is a call for reflexivity in academic writings; meaning of reflexivity has been differentiated (Mruck & Mey, 2007). Only consensus about taking a reflexive stance is "turning back on one's own experience" (Steier, 1991, p. 2; as cited in Mruck & Mey, 2007, p.517). From Kathy Charmaz's constructivist stance, grounded theory bases on how researchers construct, so "interact with and interpret their comparisons" (Charmaz, 2006, p. 178). In this way, researcher him/ herself naturally becomes a part of the study and thus need to represent that part in written reports (Charmaz, 2006).

In order to develop an understanding of the researcher's own lived experiences that might shape the research questions, process and the products (Hesse-Biber, 2007), person of the researcher in personal and professional context was included.

2.2. 1. Person of the Researcher

I am a 26-year-old, middle class, heterosexual female who was born in İzmir, Turkey. For my undergraduate education and further, I have started to live in İstanbul. I have been in a romantic relationship since high school, so I as a researcher bring my own biases of being in a long-term relationship and being a couple therapist who is at the beginning of her experience to this study.

My interest in couple relationships has started since my childhood in observing my own parents' interaction. They were known as a "golden couple" in my extended family and have been shown as a model to newly-wed couples. Since then, I have been thinking about how to be a couple. I must have probably displaced my desire to analyse my own parents in that I redirect this motivation to other observable objects. As a child, I was imagining to do interviews with celebrities-

that I watched in TV programs- about their romantic relationships and wanted to learn about how these relationships last a short time and how they were actually affected inside rather than they showed in media. Apparently, all those years did not change my desire and in this thesis, I personally motived to do interviews with couple therapists - who I follow their work in couple therapy field - about their romantic relationships and professional practices.

Regarding my professional role as a researcher, I am a masters' student in clinical psychology program with a specification of couple and family therapy. Although I work with individuals, couples, and families, working with couples is enshrined in my heart. So, I especially give importance to improve my skills in couple therapy with additional trainings and supervisions. Other than professional investments, as a romantic partner who tries to understand and adopt all those personal and relational changes from the adolescence, I believe that I keep going to understand the couples coming in different challenges in their relationships. Thus, what I learnt that emotional investments in my personal life have an effect in my professional life. Furthermore, as a person who likes to read a theory in psychology field by trying to link the concepts with theoretician's personal background, I believe that we, as psychotherapists, bring our some personal parts to the therapy room as well as the research that we conduct. Thus, writing about my personal and professional role as a researcher is essential for readers to understand how this theory was constructed by the researcher.

2.3. ETHICAL CONSIDERATIONS

The ethical approval was taken from the Committee on Ethics in Research on Humans at İstanbul Bilgi University (Appendix A). Considering the participants in this research who are all therapists working with couples- still as a small community in Turkey, confidential relationship with participants was maintained throughout the research process. In order to ensure confidentiality, the participants used a pseudonym that they preferred before the beginning of the interview. All data including audio records was kept in an encoded folder in the primary researcher's own computer. Interviews were only transcribed by the primary

researcher and any identity revealing information during interviews (e.g. participants' real name, the name of their psychotherapy centre…etc.) was removed in transcriptions by the researcher.

Furthermore, candidate participants from primary researcher's social, training, or supervision groups were excluded in order to eliminate possible risks for participants, such as feeling obliged to participate in study, power differential in researcher-participant relation, and giving too much personal information than they anticipated (Aluwihare-Samaranayake, 2012).

2.4. SAMPLING

2.4.1. Sample Size

Whilst the sample size in Grounded Theory was recommended ranging from twenty to thirty by Creswell (2012), the common approach for sample size is to determine based on theoretical saturation (e.g. Charmaz, 2006; Corbin & Strauss, 2008; Glaser & Strauss, 1967). Thus, when the researcher came across with the same patterns over and over again, recruitment was stopped at the end of 17th by thinking that "categories are saturated when gathering fresh data no longer sparks new theoretical insights, not reveals new properties of the core theoretical categories" (Charmaz, 2006, p.113).

2.4.2. Sampling Strategy

At the beginning of the research, snowball and purposive sampling were used in order to recruit initial participants who are believed to be representative for the study (Gay, Mills, & Airasian, 2012). For the aim of touching upon the initial research questions, finding negative cases as well as obtaining tentative categories, initial set of interviews were conducted.

Charmaz (2006) states that "initial sampling in grounded theory is where you start whereas theoretical sampling directs you where to go" (p.100). So, theoretical sampling was used in the early stage of the research for the following reasons (1) discovering the gaps in the data; (2) saturating missing properties and dimensions of the categories; (3) distinguishing the categories from each other; (4)

showing relationship between the categories; (4) understanding how the process emerges, develops and variates (Charmaz, 2006). For this aim, upon reaching the tentative ideas and categories about the data, such as "deciding to work with couples", the researcher asked further questions about how to decide and when to decide working with couples, which was useful to understand how the process began and developed.

2.4.3. Inclusion and Exclusion Criteria

For the inclusion criteria in this study, volunteer participants needed (a) to be therapists who are currently working with couples in their caseloads, (b) to be in a romantic relationship themselves, (c) to be currently living in Turkey, and (d) to be giving permission for audio record.

On the other hand, potential participants who returned to the researcher's e-mail were excluded for those reasons: (a) Not working with a couple client at the time; (b) Not currently being in an intimate relationship; (c) Not being available to devote time for the study; (d) Being unable to give consent for audio record; or (e) Being acquainted with the researcher from social, training, or supervision groups.

2.4.4. Recruitment

After the ethical approval was taken via e-mail on February, 2018; recruitment occurred between May 2018 and November 2018. Initially, the study was announced in online groups for mental health professionals. In the advertisement; aim of the study, inclusion criteria, information about how the data will be recorded, stored, and kept confidential were stated (Appendix B). It was expected that voluntary participants would contact to the primary researcher by e-mail. Unfortunately, researcher received only six responses from these groups and in the e-mail/telephone contacts with these potential participants, three of them were excluded from the study due to several reasons stated in exclusion criteria section. Thus, primary researcher searched for the potential participants who may be eligible for the study and sent individual e-mail to 72 therapist in total. Among them, 24 participants accepted to participate in the study while 7 of them never

returned to the e-mails after sending research package. Among the rest of the potential participants who were sent e-mail, whereas 6 of them replied negatively, the reason for remained was not known.

2.5. PARTICIPANTS

The sample for this research includes 17 therapists who work with couples, ranging in age from 24 to 78 (Mean=43.23, SD=15.18). The sample differs in terms of place of birth and longest place of residence. Also, at the time of interviews, participants have been living in five different cities of Turkey. Detailed demographic information of the full sample is described in Table 1. Identifying information is excluded to ensure confidentiality.

Table 2.1. Demographic Information of the Full Sample

Demographic Variable	N	%
Gender		
Female	13	76.47
Male	4	23.53
Sexual Orientation		
Heterosexual	16	94.12
Unstated	1	5.88
Ethnicity		
Turkish	15	88.24
Kurdish	1	5.88
Salonica	1	5.88
Religious Affiliation	10	
Islam	5	58.82
Religious	5	29.41
Nonreligious	1	29.41
Taoism	2	5.88
Agnosticism	4	11.76

No affiliation		23.53
Relationship Status		
Unmarried/Living together	1	5.88
Unmarried/Living apart	3	17.65
Married/Living together	13	76.47
Having Child		
Yes	11	64.70
No	6	35.30
Monthly Individual Income (TL)		
0-2,500	1	5.88
2,500- 5,000	4	23.53
5,000- 7,500	4	23.53
7,500- 10,000	3	17.65
10,000- 12,500	4	23.63
More than 12,500	1	5.88
Education		
Undergraduate	3	17.65
Masters	10	58.82
Master's Student	2	11.76
Doctoral Student	2	11.76

Furthermore, participants came from different therapeutic approaches, training, and years of therapy experiences. Detailed professional characteristics of participants are described in Table 2.

Table 2.2. Professional Characteristics of Participants

Years of Experience as Psychotherapist		
Min.	1	
Max.	50	
Mean	15.41	
SD	12.16	
Years of Experience in Working with Couples		
Min.	1	
Max.	40	
Mean	11.35	
SD	9.39	
Theoretical Approaches in Working with Couples	N	%
Systemic Approach	7	36.85
Emotionally Focused Couples Therapy	4	21.05
Psychodynamic Approach	3	15.79
Psychobiological Approach to Couple Therapy	3	15.79
Strategic Family Therapy	2	10.53
Solution Focused Therapy	2	10.53
Imago Therapy	2	10.53
Integrative Approach	2	10.53
Psychoanalytic Couples Therapy	1	5.26
Experiential Approach	1	5.26
Cognitive Behavioral Therapy	1	5.26
Attachment Theory	1	5.26
Pragmatic/Experiential Therapy	1	5.26
Structural Family Therapy	1	5.26
Brief Family Therapy	1	5.26
Transactional Analysis	1	5.26
Satir Transformational Systemic Therapy	1	5.26
Gottman Couples Therapy	1	5.26

Eclectic Approach	1	5.26

2.6. PROCEDURE

In grounded theory, it is expected from researcher to remain open minded when gathering information throughout the process (Glaser, 1992). However, in Charmaz's constructivist approach, pre-existing knowledge of the researcher is acknowledged (Charmaz, 2006). Although in this study only an initial literature review conducted for getting ethical approval, researcher's previous theoretical knowledge, personal experiences and expectations about research might have an impact on process (Birks & Mills, 2015). Thus, before starting data collection, researcher firstly answered her own research questions in order to avoid imposing personal biases and so become aware of what was expected from the researcher herself.

Secondly, a pilot study was conducted with a couple therapist who is eligible to inclusion criteria of this study. The participant was informed that this will be a pilot interview for the study and the information gathered at that time will not be included for the study. The same procedure was applied to this participant. After this pilot interview, by considering the participant's comments on the questions, the question of "how do you relate to couple clients?" was removed due to creating a repetitive question for the participant. Additionally, probing questions were included for the second (e.g., the things that you love, or the things that you have difficulty) and fifth questions (e.g., your own parents, previous relationships, social environment) in order to clarify the questions and learn more about the experience.

2.6.1. Data Collection

Data collection procedures may differ in qualitative studies such as observation, interviews, collecting qualitative documents as well as audio and visual materials (Creswell, 2012). For this study, data were collected using demographic information sheet and semi-structured interview.

2.6.2. Settings and Interviews

Potential participants who replied the e-mail positively were sent the research package, including Informed Consent Form (Appendix C), Demographic Information Sheet (Appendix D), and Semi-Structured Interview Questions (Appendix E). With the participants who voluntarily agreed to participate in the study after the research package was sent, convenient time and place were determined. Internet-based interview was directly recommended to the participants who do not live in İstanbul or İzmir. However, internet-based interviews were conducted also for those who will be easier to contact via Internet. Face-to-face interviews occurred at the work place of the participants except for one participant who preferred to meet in a cafeteria. In conclusion, 9 internet-based interviews and 8 face-to-face interviews were conducted throughout the study.

Before the beginning of the interview, participants were asked if they have any questions about the research. In face-to-face interviews, informed consent and demographic information of the participants were obtained at the beginning of the interview and a copy of the forms was given. If interviews were conducted online, it was ensured that participants read the forms before the interviews and mailed the informed consent form with their signature.

All interviews were audiotaped using pseudonyms of the participants. Interviews lasted 44 minutes to 76 minutes, with the average length of 55 minutes.

In depth semi-structured interview questions were chosen with the aim of gathering rich data, which gives place to participants' own feelings, emotions, expectations, views, and context (Charmaz, 2006).

Initial format of questions consisted of warm-up questions, which designed to get general information about the participants; and then questions about participants' own coupledom beliefs, own romantic relationship experiences and their experiences on working with couples. In grounded theory, it is highly recommended the analysis to include social, economic, cultural, and political conditions (Corbin & Strauss, 1990). Thus, questions about social location of the therapists themselves and their couple clients were given place.

Although original initial questions can be seen in Appendix E, after the first two interviews, the flexibility of Charmaz's grounded theory application was adapted and all questions were not asked to all participants. For instance, after the warm-up questions, if a participant in his/her explanation of being a couple or couple therapist mentioned about his/her own romantic relationship, this experience was deeply explored and then went further to other questions.

Initially some questions included directions like "how do you think that your experiences in romantic relationship might have an effect in your therapeutic assessment of the couple in therapy room?" Taking into consideration that such questions would force the data because of the preconceived idea by stating having an effect (Glaser, 1992); the questions were adapted by adding, "if you think that there is not an effect, tell me more about this".

Because "data collection and analysis proceed simultaneously and each informs and streamlines the other"; after the first 3-4 interviews, pre-determined semi-structured interview questions showed an alteration from participant to participant by deeply examining the information taken by participants in order to ensure theoretical saturation by continuously comparing previous data gathered by participants as a part of theoretical sampling (Bryant & Charmaz, 2007, p.1). For instance, when a participant came up with a new idea that would add a new dimension for the previously acquired tentative category, the researcher asked more about this new property stated by the participant in order to understand and fill the gap in the data. Thus, when a question was asked by the researcher in detail with the aim of saturation of categories and if a question was unasked since the participant did not have more time to answer, the participants were informed about the change in previously sent questions and the reasons behind this change.

2. 7. DATA ANALYSIS

Grounded theory differs from other methods in that there is no sharp distinction between data collection and data analysis process. Instead, data analysis leads data collection and each step of collecting data informs about theory

development (Charmaz, 2006). Thus, in this research, analysis has begun after the first interview.

The computer software package utilised for the analysis is MaxQDA 2018.1/MaxQDA 2018.2, which was recommended for grounded theory analysis as an efficient way to create codes, categories, and memos (Timmermans & Tavory, 2007) as well as easy to use in general (Corbin & Strauss, 2008).

Immediately after conclusion of each interview, primary researcher wrote her own self-reflection which means the researcher's observations regarding the process with each participant from the very beginning. Then, the audiotape was transcribed only by the primary researcher.

After each transcribed material was concluded, it was firstly read by primary researcher and then coding started. Charmaz (2006) states that "coding is the pivotal link between collecting data and developing an emergent theory to explain these data" (p. 46). As a first step in explaining the data, initial coding was applied. During this phase, primary researcher remained very close and open to the data in order to deeply explore what the data actually say and which theoretical possibilities bring (Charmaz, 2006). Thus, on average, each interview was coded two times line by line and using "gerunds" in order to catch the action and process in the data (Charmaz, 2006). At that time, the researcher read each line of the transcript with the aim of understanding what is going on here and the main concern stated by the participants. Furthermore, these questions were asked to the data with the aim of going beyond the description and searching for process by staying close to original data "(1) Of what larger process is this action a part? (2) How did this action (belief, definition, relationship, pattern or structure) evolve? (3) What do these data state or assume about self and about relationships" (Charmaz, 1990, p. 1168).

In the step of focused coding, instead of coding line by line; most frequently appeared or significant initial codes were shaped as more general and conceptual categories (Charmaz, 2006). Corbin & Strauss (2008) proposes another step called axial coding with the aim of relating categories. In this analysis, axial coding specifically was not applied- despite the ambiguity of the process as stated by Kathy Charmaz (2006). Instead, memos of the primary researcher's from the beginning of

the analysis were helpful in realizing relationships between categories of the data as well as dimensions and properties of them. Thus, memos have a function for researcher to stop, think, and interact with data; and each researcher has his/her own style in writing memo (Corbin &Strauss, 2008). In this study, both memo options of MaxQDA and paper with coloured pens were preferred by the researcher in writing and diagramming the emerging categories.

During coding, using constant comparison has a vital importance on the purpose of reaching a theory from the data (Dick, 2007). Throughout the analysis, constant comparative method was used as proposed by Glaser & Strauss (1967) in that "(1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory, (4) writing the theory" (p. 105).

Finally, selected codes during focused coding were theoretically integrated during theoretical coding phase and so coherence in the story was achieved (Charmaz, 2006). Thus, data collection stopped since theoretical saturation was reached when new data was not emerged and categories with relationship between each other and with all variation were occurred (Henwood & Pidgeon, 2003). Yet, the use of constant comparative method was continued by comparing existing literature and the theoretical frame in an attempt to comprehend the similarities, differences and further contributions of this theory (Charmaz, 2006).

2. 8. TRUSTWORTHINESS

Expert checking and member checking were used in order to increase the trustworthiness of the study (Lincoln & Guba, 1985).

2.8.1. Expert Checking

In this study, expert checking was performed with a "purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (Lincoln & Guba, 1985, p. 308). In this process, the primary researcher and her thesis supervisor met up weekly in order to test the emerging hypothesis as well as primary researcher's biases and assumptions. Primary researcher and the

supervisor discussed about the tentative categories and tried to arrive at the same category.

   This process also gave a chance to the primary researcher to defend the emerging hypotheses and missing parts that she thought. Thus, the supervisor helped the primary researcher monitor her own emotions and perspectives throughout the research (Lincoln & Guba, 1985).

2.8.2. Member Checking

   Various types of member checking method can be used such as sending verbatim transcripts to the participants, conducting member checking interviews, preparing focus groups, and using analysed data (Birt, Scott, Cavers, Campbell, & Walter, 2016). Once the analysis was completed, primary researcher prepared a two-page summary of the analysis findings. This summary was sent via e-mail to all participants (n=17) and asked them to provide feedback regarding accuracy/inaccuracy with their experiences and missing out on their experiences. The participants were expected to give their feedback until the 1st of March; and it was stated that primary researcher will send a reminder on 22nd of March. Thus, participants were given two weeks in order to respond. Before the reminder, two of the 17 participants responded that it was an opportunity for them to think on some issues that have not been thought so far. After the reminder, five more participants replied. While three of them reflected that they felt heard in this research process, two of them highlighted the important parts in this summary like personal therapy of the therapist. The member checking e-mail content can be seen in Appendix F. Even though several participants did not answer the e-mail, member checking was essential for establishing credibility (Lincoln & Guba 1985).

SECTION THREE

FINDINGS

The grounded theory provides a construction of the process regarding the experience of being a person and a therapist working with couples (see figure 1). It is important to clarify that the process shown in the figure does not demonstrate the fixed stages which mean all therapists progress in the same sequence or in the same way. The reciprocal impact between these categories and the conditions that they emerged explained in detail below.

The grounded theory presents that the beginning point in the process of being a couple therapist is the therapists themselves touching to their person parts. In light of these research findings, it appears that participants indicated a process of "endeavouring to repair relationships" before being a couple therapist, which might show itself as a result of previous experiences with a felt sense of "being unable to heal couple relations" in the context of "trying to comprehend couple relations" as "being an observer in personal experience and/or professional experience". Practising to understand relations in some cases comes out of therapists' own romantic relationships at the times of "living difficulty in a romantic relationship". The effort for comprehending the difficulties observed and/or experienced in couple relations leads to "searching for help" via "getting help for the solution" either "learning new ways to prevent further wound" or "getting professional help to prevent further wound". These initiations must have encouraged the therapist in reversing from getting help to providing help resulting from a belief of "healing this time". Distinctive experience for therapists in deciding to work with couples takes its final shape in "facing the power of the family system". Regardless of the theoretical orientation that the therapists previously involved, "hoping to touch upon the system", "searching for the most effective way", and lastly "integrating couples to therapy room" are intended for clearing the hurdle of these powerful systems beyond the individual alone.

Upon deciding to work with couple clients, the therapists go through a process of "creating the presence of working with couples". The therapists face with

the "image of couple therapist". Based on how their relational environment, couple clients, and they perceive, the role of "being a healing helper" has been developed. The way they perform this role contributes to their presence as a couple therapist. The therapists who search for the most effective way begin to "develop an effective presence" with the help of "ensuring the objectivity" while working with couples and making both partners "feel understood by providing acceptance".

With an aim of understanding the couples, the couple therapists might "access to the self" on behalf of their couple clients. "Access points of the therapists" on the basis of their beliefs about couple relations, their experiences in couple relations, and their social location assist the couple therapist in order to work with therapist- couple client relationships, to assess as well as to intervene them. Within the couple therapy process, the couple therapists themselves also impacted by their clients by "engaging with what they bring to the therapy room". Thus, the living experience of working with couples consists of using their self and "being open to be impacted", which are not included in theoretical books or in their trainings. This process requires the couple therapists to "absorb their effective presence" imagined before and so motive them to "integrate their person and therapist presence" in working with couples.
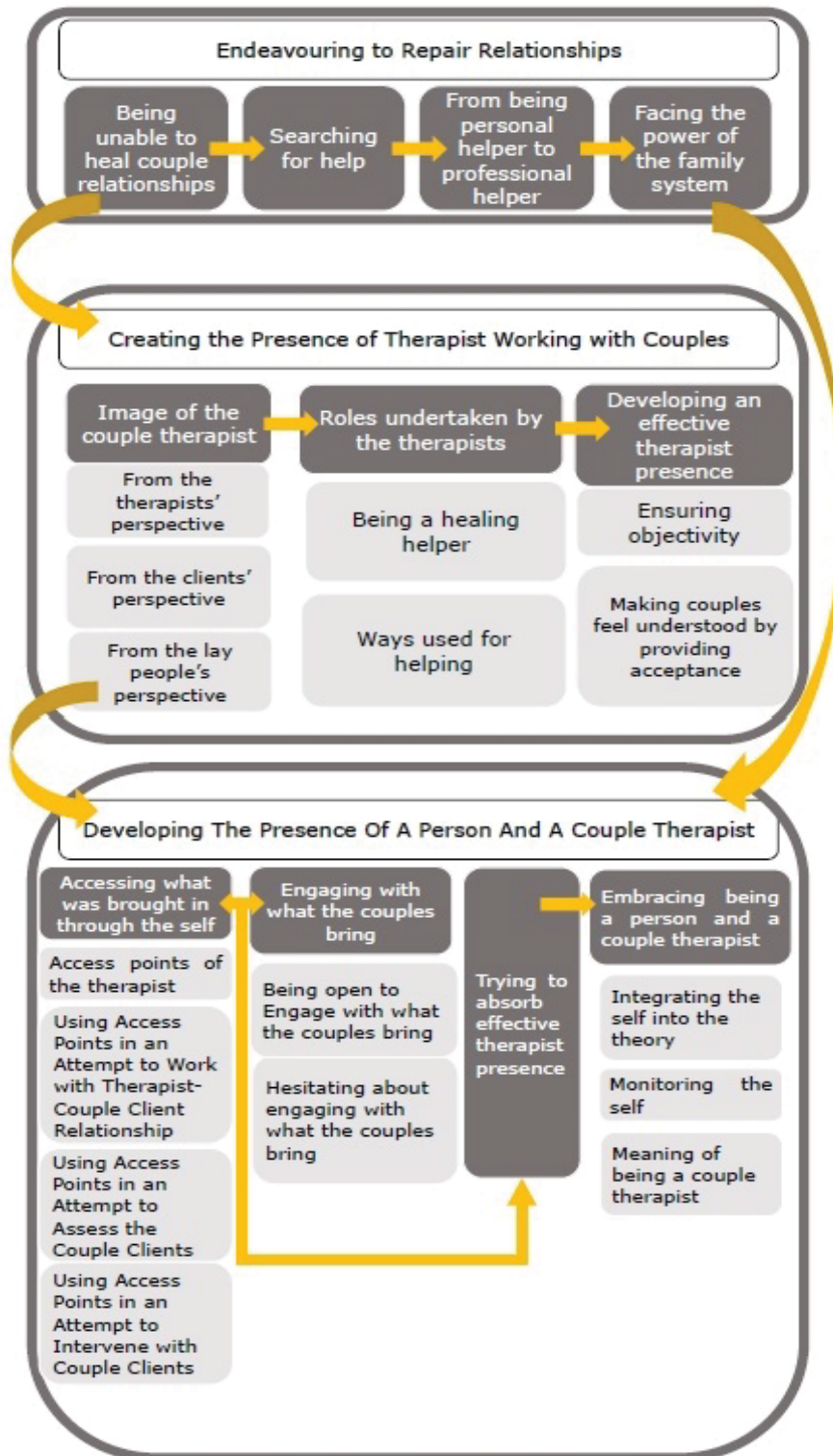
Figure 3.1. The Grounded Theory of the Experience of Being a Person and a Therapist Working with Couples

3.1. ENDEAVOURING TO REPAIR RELATIONSHIPS

Previous relational processes involved in therapists' beliefs and experiences as a person lead therapists up to decide to work with couples as a therapist. Of all participants, fifteen couple therapists described the importance of their relational experiences as a child and/or as a romantic partner in order to decide to be a couple therapist. From the couple therapists' perspective, this process is composed of four phases: "Being unable to heal couple relationships", "searching for help", "from being personal helper to professional helper", and "facing the power of the family system", respectively.

3.1.1. Being Unable to Heal Couple Relationships

All participants explained their effort to comprehend couple relationships in a personal and/or professional context, which originates from their observations and experiences.

Several participants described that being an observer in their personal experience as a child initiated them into trying to comprehend couple relationships. However, for those who were difficult to make sense of adult relations as a child, this effort resulted in not being able to find a way out:

"When I was a teenager, I said to my dad and mom 'why don't you divorce?' And, my dad said something like 'we love each other so much, why would we do that?' I was doing like hmm… I could not understand where this love comes and how it is because they were fighting too much. They did not seem happy. While I was thinking like we would get rid of this stressful situation if they got divorced, I was not expecting that indeed. So, I became a therapist while I was trying to understand them" (Defne).

"My mom and dad are divorced. The cycle between them has always attracted my attention. Why is that so? Why do people become like that? Why do they so? Why do they behave toward each other like that? I guess making sense of my own life was a big motivation for me" (Ayça).

Before working with couples, all participants explained that they went through a process of doing an internship, working as a counsellor or a psychologist

at schools, and taking a course regarding family relations. Many of them described that observing relations at those times in a professional context made them try to comprehend the relationship processes:

"During the graduate training, I mean approaching the end of the undergraduate year, I was doing an internship. At that time, I had been working with people with schizophrenia in a hospital setting. That was impressive for me considering it is the beginning of the family therapy; however, people were coming and taking medicine, and I am saying this in quotes in that they were turning back to 'the normal' after a while. Discharged patients were coming back to the hospital. I mean there was the same circulation of patients. When families came, I was looking and saying that what's happening here?" (Naz).

"We were taking a family psychology course from a lecturer. We were actually mentioning about couple relationships within this process. How does this process begin such as the flirting stage of a relationship? This issue has always been attracting my attention. To be more specific, how does a couple relationship progress, I mean how does it begin? So, I was very interested in this process" (Nil).

Many participants reflected on their own romantic relationships and a process of living difficulty in the relationship. Having difficulties in a romantic relationship and struggling for maintaining relationship helped the participants become a therapist working with couples: "It was a big struggle; emotional exhaustion" (Esen). Upon asking about her positive or negative experiences in the couple relationship, one participant replied as "Of course, no wonder I became a couple therapist!" (Kintsugi).

3.1.2. Searching for Help

On the condition that the therapists touch upon their own inner wounds based on their experiences as a child or as a romantic partner, participants described their process of getting help for a solution.

Searching for help may include learning new ways by oneself in order to prevent further wound. Reaching to a professional who appears as having tools for healing this wound becomes impressive:

"We were having dinner which my mother and father said to me that they were gonna divorce. They explained the situation so bad that they were so tense. They stated that it was not your fault. Yet, it was so obvious that they could not digest the decision because they were also saying to me 'by the way, you told us something like that'. Then they dropped the subject. Afterwards, they started to mention the thing that I annoyed them the other day. While they were talking about the divorce, the topic became like 'honey, but, you made a mistake' and then, the talk became chaotic. And I searched how to tell kids about divorce on the internet… Suggestions from couple family therapists… it was like 'aha'. I showed them to my parents and said that 'you must have explained it to me like that!' So, I got to know couple family therapy." (Pınar).

Likewise, four participants explained their couple or family therapy experiences as a client before working with couples. Getting professional help in order to prevent further wound might result in learning that there is a way for healing:

"We went to couples therapy together. I was already interested; and thus, I decided to work in this field. I saw how I built my relationship in a secure base. Couple therapy has an influence on this process because we learnt how to communicate with each other" (Nil).

3.1.3. From Being Personal Helper to Professional Helper

The participants who tried to heal themselves or getting help from the outside have begun to believe that they can also heal relationships professionally this time. Regarding the transitional process from being personal helper to professional helper, several participants described an overlapping process of difficulties in their own couple relationship and of getting training in order to work with couples in therapy room:

"I started to (couple therapy) training at the time of a serious power struggle in my relationship (…) It was a coincidence that I started to get training after our difficult time" (Güner).

"While I was studying, I got married and my own couple relationship began. I was pregnant at my graduation. Therefore, I continued as a family on my own journey. After my child turned one, the course named introduction to family therapy started. I saw the announcements and registered." (Aslı).

"After giving birth to my baby, I took a one-year career break. And my mom said me to go to X's training, break into the market, meet new people, and thus moving away from home, a little. I have been always thinking to work with couples. Because it coincided, I went." (Ayça).

On the other hand, for those who faced with couple problems before, becoming a couple therapist stands for just perpetuating the previous role of being a "peacekeeper":

"I guess I undertook a mission of peacemaking. And peacemaking is either in law or in therapy. And in therapy, you face with it while working with families and couples. I think it is something about peacemaking. You probably came across before. Generally, it is in the background of the psychologists, I have it too. I was grown up as a character who likes to listen, listen to friends' problems, intervening and trying to solve if there is a problem between two friends. The mission of peacemaking as a person indeed. I guess I set this goal. I do not remember it clearly; yet, when I looked back, I conjured up something like that." (Aslı).

"I found myself as a peacemaker trying to listen to a relative and his/her partner, to give suggestions at the tender age like in high school. Despite its difficulty, this continued." (Ferit).

Furthermore, while trying to be a peacekeeper and to solve relationship conflicts but failing to solve them as a child, becoming a couple-family therapist as an adult meant a useful way for solving the previous problems:

"Firstly, I had problems with my own family as many therapists. Em… I found myself wanting to do this profession when I was trying to understand our issues, my mom and dad, and solve. If I acquired it as a profession, I supposed that it would speed up, I mean for me to solve" (Defne).

Having already experienced to deal with couple conflicts encouraged therapist to believe that they are inclined to work with couple relations:

"The fact that couples need it and I am inclined to work with them and there is a profession in this field motivated me" (Emin).

And, this tendency was also considered as being competent in working with relational difficulties:

"When I came from such background, I made a reference to Jung as you remember, I guess this was effective. I mean, this background has an impact on me in order to understand couples, work with them, and include them into my practice. And I realized that it is probably because I grew up in such a world, I am 'good at'- in inverted commas- understanding and solving marriages, relationships having problems. I mean I was able to do that before being a therapist. It was not like a therapist, of course. I am not sure if it is right to say but I had the ability or at least I had a tendency to understand, ease, and calm them" (Ferit).

Among the participants who searched for professional help in an attempt to overcome their relationship problems, two participants explained their own couple therapy experiences as being wounded one more time. However, these negative couple therapy experiences encouraged participants to believe that they could be better than this previous healer even if the previous helper was a well-known or a high degree holder professional:

"I went to X. Even I made someone ask Y about his suggestions and Y referred me to X. We had a problem in our relationship during that period (…) However, we had bad experiences originating from X. It was certainly because something that he was living at that time. I was a client and he made an incredible men coalition! (…) The sessions were going along... First session… Fifth… tenth… Then, I dropped out so badly. It was so bad. And, with the aim of directing my anger to the right place and my disappointment that I experienced from the couple therapy, I decided to learn about being a couple therapist (…) I began to a long training process after my own experience that I said the couple therapy could not be conducted like that" (Kintsugi).

"All of us have some issues originating from ourselves. I got divorced from my wife. There were problems (…) At the end of the session, he said that your husband was wrong (…) 'The guilty one is your husband, is you', he said to me. As

soon as we leave the room, my wife said that 'look! Even the expert certified that you are wrong'. In this process, I learnt how to make it in a more professional way, especially not to tell the people you are right or you are wrong." (Emin).

3.1.4. Facing the Power of the Family System

Of all 17 participants, 14 of the therapists mentioned that they experienced the power of the family systems in their previous work or while working with individuals and/or children in the therapy room:

"I realized in my work that people were getting better; but when they turned back to the old system, there was a possibility to relapse again. That possibility always made me think, and probably that possibility conduced to this" (Ayça).

Facing the power of the family system was experienced by several participants as feeling inadequate. For those hoping to touch upon the system, the idea of working with the whole system was described as an exciting process:

"When I looked at previous methods in my individual practice, I worked with patients with schizophrenia individually but I had a feeling of not being able to fully reach and helping them. I was feeling that I was not effective enough. But, the idea to work with families excited me because… emm… the idea of impacting the system…because I was having difficulty to impact on the system by working with individuals. I was having difficulty to reach; so the idea of being able to impact the system excited me (…) because it was more effective and economic compared to listening to one side of the story. Hence, it is more dynamic, absolutely more dynamic because there might be the possibility to see many parts at the same time" (Esen).

Many participants clarified that working with the whole system at once meant being effective as a therapist instead of feeling inadequate like previously described. Therefore, touching upon the system via working with the system itself was considered as the most effective way:

"I had previous experience in kindergarten. Within that period, I observed that only working with children or trying to change children was not meaningful. We were not getting any result without including families" (Güner).

"Frankly, I thought this (working with couples) would be the healthiest field in my own profession" (Emin).

In addition to considering its effectiveness based on the experiences in the therapy room, hoping to touch upon the family system was described as valuable in the context of Turkey:

"Friends and families had been attached particular importance by the society. This is something confirmed by the studies" (Solmaz).

Therefore, learning to touch upon the family was thought as a contribution to Turkey.

"Should I do clinical psychology or family therapy? Then I thought clinical psychology is everywhere, but there is no family therapy in Turkey. If I take this training, I can contribute to Turkey" (Işık).

The participants who searched for the most effective way expressed their belief about repairing the base of the relationship, which would lead up the whole system to improve:

"I noticed that if there was a secure couple relationship, an enduring relationship, the child would be born to the family in the same manner. If the persons that we say mom and dad secured their couple relationship and created a balanced relationship, the child would be born in the family by finding a different place. I started to believe that." (Naz).

On the other hand, integrating couples into the therapy room has not been experienced for all participants in the same way. Three participants explained that the process of working with couples for them has begun in order to answer the need of the couple clients in their workplace:

"Working with couples was a need. A short time after graduation, I started to work in a big institution. I started to work with normal individual adults, but then, there were too many applications for couple therapy. Therefore, although it was not in my mind, I had to work" (Gizem).

"The people who know you, hear about you or reach you may request for the couple therapy. And thus, you need to improve yourself in order to offer a better service to clients" (Alinda).

3.2. CREATING THE PRESENCE OF THERAPIST WORKING WITH COUPLES

Participants described an effort of creating the presence of therapist working with couples operating in three levels including sub-levels for each: "Image of the Couple Therapist", "Roles Undertaken by the Therapist", and "Developing an Effective Therapist Presence".

3.2.1. Image of the Couple Therapist

3.2.1.1. Image of the Couple Therapist from the Therapists' Perspective

By all accounts, thinking on the experiences in therapy room revealed an image for being a couple therapist. Although each image differed from one therapist to another, the way they formed their image was narrated in two ways: "Don'ts about being a couple therapist" and "Do's for being a master couple therapist". Don'ts especially came into existence in that the interview questions regarding the possible impacts of therapists' believes or experiences on the way they conduct the couple therapy and were concluded for some therapists as projecting into therapists' own biases onto the clients. Under these circumstances, the most frequent statement was being unbiased as a couple therapist. For instance, when the usage of social location was asked in the context of the therapist-client relationship, Ekim stated:

"Being aware of his/her own biases is crucial for a therapist. I think it is very important to be as unbiased as possible. This is so cliché but respecting, respecting… it is the essence of the matter! So, of course, there are some cultural differences between me and the couples; yet I have not revealed my own biases that much or my beliefs and thoughts never ever have been".

Similarly, upon thinking about therapist's coupledom beliefs and therapist-client relationship, Işık said:

"I think it plays a positive role. However, we must be careful not to reflect personal issues. This is the most important thing that should be paid attention to. Otherwise, I think it is helpful".

As the most frequent "don't" about being a couple therapist, one therapist explained what must have done in order to be a couple therapist. Aslı has learnt in

her couple-family therapy training in that being a couple-family therapist requires to be free from all biases. And now, as a trainer in this field, she transmits this belief into her own trainees saying "you cannot be a couple-family therapist if you do not set to zero on these beliefs. No way!" (Aslı).

Mostly beliefs were perceived as bias at the times of the fact that their relationships with couple clients were asked. However, on the condition that the participants tried to give a real example from their own clients, beliefs and their impact were remembered:

"This will probably not be an answer to your question but I will answer to the question in that only thing that I do actually is indeed easy: Put my biases aside (…) For example, the client may have a very different value system. I mean there might be a client differs from my own view. Again, I put my own value system aside; however, in any case, I am under the influence of my own value system and this will affect my own therapeutic way" (Solmaz).

One participant differed from others in the way he stated don'ts about being a couple therapist. The "don't" of the participant started with the usage of title "Couple Therapist". Based on the living experience of being a social worker and lack of mental health law in Turkey, Kemal refuses to use the title of couple therapist:

"There is no mental health law in Turkey (…) Therefore, everyone defines their role based on a label. They say 'I am a couple therapist'. No, you are not a couple therapist!" (Kemal)

Several participants explained their need for feeling competent even before starting to work with couples: "I mean I was curious about how it will be before the beginning, will I be able to do?" (Nil). While a kind of discomfort sometimes continues until reaching to the feeling of competency as a couple therapist; "I was so uncomfortable when I was in the room. This continued until I started to conduct therapy regularly. It was not as I got rid of this feeling one year later. When I stayed more and did therapy in this room, I could achieve to get rid of that feeling" (Ekim); in some cases, competency related to the therapist as a person, this need may be rubbed by working with couples: "It is difficult for me to gain competence by

experiencing the thing that I have less knowledge. I always want to have full knowledge of it and start with omnipotence. But of course, I understand its impossibility as I proceed in the profession" (Ayça).

After the beginning process as feeling competent to work with relational difficulties (see 3.1.4.) reminds itself in the form of a need for feeling competent; thinking about being a master couple therapist may start. Eight of the participants gave place to "Do's for being a master couple therapist". The initiator of this list begins with the belief about the insufficiency of getting a couple-family therapy training in order to be able to indicate her/himself as a couple therapist:

"Some people who have not taken a comprehensive couple therapy training go to just one training and say that I am a couple therapist!" (Işık).

"To be honest, being a master does not come with a diploma" (Kemal).

So, in order to be a master in this profession, it is required something more than getting training: "Working with me (in therapy) is not just they praised this woman (the therapist herself) or she is good, professional, her certifications are completed and we must work with her. If I were an ophthalmologist, that was it. What's that? You go to an ophthalmologist and you don't like the man but the man is professional and examines your eye and the important thing for you is the eye-glasses number; I mean chosen them well. But this is not the criteria in psychotherapy" (Güner).

Criteria for being a master couple therapist might be controversial in deciding how to be more effective. Other than the intervention, Güner states that "In order to be effective, you need to establish a good bond". And giving importance to the bond generates another requirement, which is attunement between the therapist and the client: "Clients have not got any hesitation regarding my profession/expertness. Yet, I tell them this is the first half of the work. I mean its 50%. Other fifty percent is whether I am the right family therapist, couple therapist for you during these one-hour times".

The master therapist comes into play in helping the clients decide the right therapist-client match. If a couple therapist is good enough, this is believed that it has an impact on the effectiveness of the therapy: "I always tell there is not any

couple whom the family therapy failed, but there is an unsuccessful family therapist" (Güner).

On the other hand, being able to make the appropriate intervention might be considered as essential especially in working with crisis:

"A good therapist is the therapist who makes the intervention as applicable to the client's need, okay?" (Kemal).

This may also result in a kind of skill in order to be a master therapist:

"If you do not have any competency, skills, and personality development to stop violence against woman and to take security precautions by cooperating with social workers…" (Kemal).

Eventually, being a master couple therapist occurs in the process: "It is a process… Of course, forming a professional counsellor identity does not happen in a night" (Kemal). Within this process, being a master therapist is seen as the result of "being an experienced couple therapist", which involves the age of the therapist, experience in working with couples, and integrating two:

"Experience is very important indeed…in couple therapy, age is so valuable in order to become a couple therapist. But of course, if you continue to do therapy growing with age" (Aslı).

And even if the therapists are not experienced enough in working with couples, age might be beneficial in creating an experienced therapist appearance:

"I have the advantages of age for a long time. I am like 'all-knowing woman'. It is not important to know or not. Age provides a stance, which has amazing advantages! As it is in many other cases. Maybe what I say is now something pragmatic. It may seem as if I pretend, but 8 years of experience is seen as 15 years. I could have doing therapy for 15 years or 20 years for my age. This does not indicate that I am very good at this. However, upon looking at my age, they (clients) say that age is okay and she (Kintsugi) reached maturity, so she seems that she can understand us." (Kintsugi).

Thus, feeling or being an experienced couple therapist results in a sense of competency, which increases the therapist's satisfaction for working as a couple therapist: "Every time that I work with couples, I enjoy more and more" (Ekim).

Or, "With the personal satisfaction of intervening in a professional distance and making better interventions, I continue with satisfaction that I am better in doing couple therapy" (Aslı).

Therefore, being an experienced couple therapist was considered as getting more professional, leading to an increase in predictivity of understanding the reason behind the relationship problem:

"Uh huh… yeah…yeah… really (!) I mean I know that it is not permanent; s/he wants to leave him/her and brings his/her partner to me. Or the other comes to the therapy only to please his/her partner so s/he does not intend to take anything from the therapy" (Defne).

Another important part of being a master couple therapist is the necessity of the therapist's own development:

"I believe that people must work on themselves when doing this profession. One part of me fascistically believes that a therapist cannot develop his/her clients that exceed his/her own limits at the end. Therefore, it is the same for personal relationships as well. The degree of your client can progress depends on where you are in your own relationship. So, you must bring yourself to the fore and work on it" (Ayça).

"The person can only improve his/her clients to where s/he is in. So, I cannot show the thing that I do not know or not aware" (Defne). And this idea might show itself as a need for healing themselves as a person: "Therefore, it is not possible to heal other systems without healing ourselves" (Alinda).

3.2.1.2. Image of the Couple Therapist from the Couple Clients' Perspective

All participants in their accounts made reference to how the couple clients perceive couple therapy and the couple therapist as well as perceived expectations from the therapists themselves.

Several therapists mentioned that getting professional help from a couple therapist has been still proceeded to come for their children in therapy. Therefore, some couple therapy applications might result in a process of referral from a child therapist:

"Only few families come directly to me by saying that we have problems with children. Some families bring their children to a child therapist, but the child therapist decides the necessity of working with parent and hardly refer them" (Güner).

When couples do not feel comfortable in seeking help, the timing for couple therapy might be related to the severity of the problem: "People are not generally comfortable with seeking couple therapy" (Alinda).

Therefore, this extends the time for getting help: "No one in Turkey comes to individual or couple therapy in their first problem" (Pınar). Despite the several efforts to heal their own relations "They have been trying many things for ages but they could not reach a solution" (Defne); when the time for couple therapy knocks the door, severity of problem differs from the first times: "They come to the therapy as follows: A problematic relationship, a problematic marriage, marriage on the rocks, they are fighting, they do not understand each other etc." (Ferit); "We are generally the stage before separation or divorce" (Pınar). And the most frequent sentence being heard by couple therapist becomes "I am telling him/her repeatedly but s/he does not understand" (Gizem).

At the beginning of the therapy process, it is experienced that clients might see the couple therapy as a complaint department, which places the couple therapist in the role of "the judge":

"Sometimes couples firstly start with complaints. He complains her to me and vice versa. They already expect this for the first two sessions even if they are not aware: A person whom we can complain and that person will choose the right one" (Pınar). And then, "couples make therapist take the role of judge" (Gizem). "Because people anxiously come to the therapy with the perception of the fact that they will be judged and decided to be as right or wrong" (Aslı). Even in this process, therapy might be perceived as a place in which the guilty one goes: "There is constant accusation among couples such as the problem is on you, you get therapy…" (Defne).

3.2.1.3. Image of the Couple Therapist from the Lay People's Perspective

Many participants mentioned the image reflected within the relations. In the social context, therapists might be considered like "an X-ray specialist".

"They sometimes feel as if we have an X-ray. Lay people say that you know it better as a psychologist and tell us something. As if we will solve it at that moment" (Kintsugi).

Or, what the therapists think might be wondered: "While I am talking to my friends, they say "yes Ferit, how do you approach this issue as a therapist?" (Ferit). Being a couple therapist leads to expectation in being good at own romantic relationships, too:

"It is a disadvantage which seems like an advantage. 'How lucky you are that I am sure your husband understands you very well, you do not have any problem, you do not fight…' (to his wife). Maybe that's why she sometimes uses my profession against me. Saying 'how lucky you are' seems like a positive thing, but it is not indeed. It does not allow negative experiences to happen. You cannot get angry or fight because you are a therapist" (Ferit).

Furthermore, these expectations might appear at the time of experiencing divorce: "Of course, being a couple therapist does not zeroize the problems with partners. I have many psychologist and psychiatrist acquaintances who are divorced. So, being knowledgeable about it does not change divorce" (Güner).

"This profession does not ensure that it will be helpful for your couple relationship. For instance, you can see many divorced couple therapists" (Aslı).

Not only in a social environment but also in romantic relationship maintaining the role as a couple therapist might be expected:

"The therapist identity gives willy-nilly to take an authoritarian position. This causes others to feel as if I know and I see more than what they know or see, which creates an expectation for them" (Esen). And at the time of relational difficulty, those expectations are reflected by the partner in that: "The partner was saying 'and you are a couple therapist (!)' during the fight" (Pınar). "My husband even say sometimes 'what kind of a therapist you are!' (Esen). "For instance, what kind of a therapist you are! Are you talking to your couple clients as you talk to

me? Or, do you think like that about your clients? So, this may be used as a tool for accusing" (Ferit).

And sometimes this image of couple therapist who is good at working with relationships results in feeling inadequacy as a person:

"I think he was using and having trouble previously. 'Of course, you are pontificating about relationships, you surely know about it, you have a right to speak about others' relationship; but what are you doing here?' He used to bring my mistakes to light destructively. I mean he was saying that if it is like how you explained to me, do it then!" (Naz). However, in reality, taken the role of relationship expert actually might make the partners inadequate too in the romantic relationship: "I think it makes him inadequate for me to be, so to speak, a relationship expert who has the competency to assess the relationship" (Naz).

Yet, all couple therapists mentioned about perceived couple therapist image on themselves in relationships have developed their own ways to "refuse to buy the couple therapist role in the romantic relationship" by "setting limits to their couple therapist role outside of their office":

"It is like there is a surgeon wearing a surgical apron and going to the pub street (…) I mean I am a therapist within the boundaries of X psychotherapy centre. When I go to the office of my analyst, I am an analysand, not a therapist. When I am at home, just a husband. When going to my parents' house, I am just a child. I try not to take it outside" (Ferit).

"You do not have a right to fight in your own relationship since you are a couple and family therapist and you must create an amazing circle, you must give the best advice when a family member calls you for something. I do not want to undertake this mission, not, this is my profession" (Aslı); "And I told him 'you are not my client but my boyfriend'" (Pınar).

3.2.2. Roles Undertaken by the Therapists

Fourteen of the participants described how their perceived image based on the accounts of themselves and their clients shaped their role as a couple therapist.

3.2.2.1. Being a Healing Helper

Many participants described themselves taking a role of "healing helper" which makes the therapist feeling contented as a result of healing the couple relationship with the help of providing couple therapy:

"I define it as a healing. Being a healer has a deep-rooted history and we are its current shape. The person who heals/cures makes me feel satisfied" (Aslı).

"If it becomes a healing relationship, it will naturally heal the person as s/he lives her/his life at home. I mean this is a gift from therapists to people. We all may not be lucky to get this gift and this (conducting therapy) is an opportunity to create this gift for the people having less lucky." (Ayça).

Taken the role of healing helper is also related to participants' initial motivation stated as "being a wounded healer" which shows itself within a reciprocal impact:

"I believe in Jung's theory of wounded healers. When you work on it, you actually repair your wounded part. You face yourself and give yourself a chance. I think it is a way of touching to yourself" (Ayça).

However, it is also noted that there are some limitations of this role in that perception of knowing relationships well and being able to cure them by couple clients and/or therapist's relations should not be seen as "playing to role of God":

"Because we got training, we suppose that we have to know about everything, solve it as a part of our responsibility. However, couples have experiences with the effects of the things that exceed our limits. So, we can only be a witness to their experiences. We can only touch within the scope of our own knowledge, yet we cannot make a decision for them about where to go. I call it as playing God" (Defne).

Similarly, it is indicated that couple therapists may find themselves in the middle of the couple's disagreement and disguise themselves in a detective:

"You deal with two people in couple therapy. Whilst one is talking about an event, the other strongly refuses the same event and says that it did not happen, I do not accept, s/he is lying, or s/he is slandering. Here it is not either one is lying or bending the truth. Both tell the event from their own psychic reality. I think this is

important. Sometimes it may be risky for therapists to seek reality like a detective in that we may do content analysis by confronting them like you said this but your partner said that, which is dangerous in the couple therapy" (Ferit).

3.2.2.2. Ways Used for Healing

Although the role of being a healing helper was the most frequently mentioned role by couple therapists regardless of their theoretical approaches, therapists differ in the way they perform this role in the therapy room; integrating their perceived image of couple therapist and theoretical orientations.

Several therapists mentioned about the extending time of getting professional help and common reasons behind coming to couple therapy (see 3.2.1.2.). The way of how the couple therapist positions him/herself in working with couples is formed via the therapists' theoretical orientation, which has been chosen based on the overlapping beliefs of the therapists. Participants explained their process of choosing the therapy approach for working with couples:

"And they said that they were working with couples and families as well as approaching them as a whole system. That suited me perfectly" (Esen).

"When I took the strategic family therapy training, I said that this was exactly what I want" (Işık).

Even though at the times of the theory was chosen with an effect of therapists' beliefs, basing on what the theory tells might be more important in order to perpetuate the master couple therapist position:

"How we perceive actually is formed with the impact our theoretical approaches that were shaped with our values (…) Because it is not possible to say that I conduct the therapy only based on my own beliefs. Being professional becomes difficult at that point. It is important to maintain our work based on these therapeutic approaches" (Naz).

Thus, when a couple enters to the therapy room, the way of integrating therapists' beliefs and theoretical orientation lead in how to perform the role. For instance, while a therapist who believes that couples come to therapy as a last chance and so need a solution might adopt a solution-focused and brief therapy

approach, another therapist who believes that couples come to therapy as a last chance to perceive the couple therapy like a place to save the marriages might choose not to take this role and basing this on the principles of psychoanalytic approach:

"Since my orientation is brief and solution-focused, I work for the best results that I can get as soon as possible. Because people don't have the patience for long-term therapies (…) Therefore, they seek for couple therapy when they are in conflict and their marriages on the rocks. That's why it is necessary to tend towards problem-solving strategies" (Alinda).

"I tell them at the beginning. Roughly speaking, I say 'here is not the marriage rescue centre. I will not work to rescue your marriage. At the end of this process, you may either divorce or maintain your relationship. This place here does not have such a function. I do not have an aim like solving your problems" (Ferit).

3.2.3. Developing an Effective Therapist Presence

Eleven participants endorsed in this category by specifying the therapist presence in an attempt to be effective in working with couples. Thinking about the therapist presence starts with the question of "What is the most important characteristic that couples expect from a counsellor, therapist?" (Kemal).

3.2.3.1. Ensuring Objectivity

It was noted that couple clients might give the role of a judge to the couple therapist at the beginning of the therapy (see 3.2.1.2.). In some cases, this role might be even perceived by couple therapist before conducting couple therapy as a drawback: "I had many hesitations, for instance, they are two and it will be like whose side I will take" (Nil). And in the therapy room even if the therapists explain their roles to the couples, it is not easy to be understood at the beginning of the therapy:

"Normally, you tell them that we are not a judge, prosecutor, police, or an attorney. Even if we say that we are only a catalyst, a mirror who try to understand

your emotions and help you understand each other, they have difficulty to comprehend" (Emin).

On proceeding in couple therapy, the given role has changed: "It makes me happy to realize that this perception has changed. I am not a judge here or someone to give advice and tell them you are right or wrong. When they realized that, I feel that they understood what this relationship (therapeutic) is indeed" (Pınar).

Most of the participants stated that being objective in working with couples is essential in order to get rid of the role of being judge/police/detective. Being objective as a couple therapist ensures the therapist's understanding of the couple, which results in the trust of the couple:

"The more we remain objective, the more we can understand both sides (…) If I remain objective, both sides trust me more" (Işık).

Ensuring objectivity is especially important at the beginning of the therapy in order for developing a therapeutic relationship by containing two partners together:

"I pay attention to language until they remain in this therapeutic setting. Because when they leave the room, 'he listened to you more while not paying attention to me or made more eye contact with you'. Aha, for instance, male patients sometimes shake hands and they are so dominating that female patient becomes excluded. I mean I cannot reach her. At those times, I definitely shake hands with the woman, as well" (Ferit).

One way of ensuring objectivity is to provide a neutral territory to the couples by sometimes giving the similar time for them to talk or schedule the same amount of individual session to both: "I give particular importance to show an equal curiosity, interest, care, and respect for both" (Ferit); "The man wanted an individual session insistently. Then, of course, you gave this right to the other, too" (Kintsugi).

The significant point in working with couples individually is the necessity of the therapist's awareness although it is not always possible:

"By the way, most of the therapists working with couples do not see partners separately. Why? That's because of what we call neutrality. That's because even if

we are objective, it is difficult to protect their privacy in the eyes of clients. However, I have not experienced any negative impact. I think I can remain my neutrality. I mean I remain neutral as much as I can. Let's say 99% (Laughs). At least since I am conscious of neutrality, I don't let it contaminate my work. Otherwise, it is so normal if it does not shake their confidence" (Solmaz).

3.2.3.2. Making Couples Feel Understood by Providing Acceptance

The therapists who believe that not being able to feel understood brings the couples to the therapy might be more inclined to make the couple feel understood by providing acceptance to them:

"It is my task to understand them. Making experience them to feel understood in this world. Rather than trying to pull them into somewhere by saying 'come here! Look, mentally healthy people are there and you come here, too. I will lead!'" (Ekim).

For this aim, the therapist might choose to do some temporary modifications in their appearance: "For example, I do not cover my tattoos. Yet, my tattoos are not always so visible. While working with a religious man and wife (headscarfed), I can put something on my shoulder to cover a little. That's not because I feel neighbourhood pressure; but because appearance is important to make them feel understood" (Kintsugi).

While providing acceptance might be a value transmitted from the family "What do I do when a person having a different religion or religious sect? I approach tolerantly as I learnt in my family" (Naz); providing acceptance might be also seen as acquired thanks to the theoretical orientation: "I think my clients feel accepted and understood due to this therapeutic approach (pragmatic experiential). This is not about me; thanks to this approach and perspective" (Aslı).

3.3. DEVELOPING THE PRESENCE OF A PERSON AND A COUPLE THERAPIST

3.3.1. Accessing What Was Brought in through the Self

Each of the participants described their own ways of understanding the couple. On the basis of being acquainted with the experience, while 7 of the participants indicated their purposeful use of their beliefs and experiences in the family of origin, romantic relationships, and their social location; 9 of the participants explained their unintended usage of the self. Only one participant approached the use of self as a hindrance to the therapy process.

Example from the participants' approach to the purposeful use of self:

"I think I was fuelled especially by the negative relationships that I was exposed or observed. Because the more relationships you know, the easier for you to attune to your clients" (Ferit).

Example from the participants' approach to unintended usage of self:

"Let's say that I am a person giving importance to the bond. Then, I can highlight it to my clients, I mean I could" (Işık).

On the contrary, the participant believing that being a couple therapist requires to set all beliefs to zero claims the necessity to enter the therapy room with a mind like a blank book. The reason behind that again turn back to the aim of understanding couples effectively:

"I became a couple therapist at the point that I zeroized my judgments. I experience its advantages. Whoever comes, there might be a relationship of homosexual, heterosexual, atheist couples or a compensation marriage, turban-wearing men and women or a mullah… However, I do not have any personal biases. Therefore, I only assess their relationship here and now based on what they brought into the room. The book is empty, which only includes the clients themselves. My own values, what I have learnt never interfere in the talk" (Aslı).

As mentioned above with the statement of "my judgments", when the impact of the beliefs and experiences in the context of therapeutic usage were asked, it was associated with the "bias, prejudice or judgments":

"I do not bring my biases that much; even my own thoughts, beliefs almost never interfere" (Ekim). Thus, they are unwelcome for the therapy: "My beliefs are, of course, always with me in the session. Even if we leave them aside, they are always with us, unfortunately" (Nil).

Considering that the most common perception about couple therapists by the couple clients is being judged (see 3.2.1.2.) it is highly understandable that therapists working with couples might hesitate to make the couple feel judged as a hindrance for making the couples feel understood.

"Because people anxiously come to the therapy with the perception of the fact that they will be judged and decided to be as right or wrong" (Aslı).

3.3.1.1. Access Points of the Therapist

When the therapists access their person coming across with the acquainted experience, being aware of that person part of the therapist provides with confidence to the therapist.

"I feel that I can be a better witness to their experiences. I can reach whatever they bring into the session and so become more confident in the sessions" (Naz).

Being a witness to the experience of the couples emerges in two ways: Learning through observation of others or learning through experience. Although these personal learning styles were indicated only by a small number, it is useful to understand how they relate to their therapeutic way.

Describing him/herself as a person who learns through observation makes possible to learn from couples, too.

"Of course we have been impacted by our clients. You are right. Absolutely! And that's also good. It is one of the things that I like in this profession. Personally, it is not necessary for me to experience something by myself in order to learn it. I am more like a person who learns by observing what people live" (Işık).

"Because we cannot always learn something by experiencing it. That's good but difficult and not an economic way. People coming here might have many traumas and difficult problems (…) We cannot have all of their experiences; yet,

when we observe them and become a witness to their experiences, it creates a kind of awareness and caution for us" (Alinda).

Moreover, learning through observing previous experiences of someone else might be transferred to the clients in the therapy setting with the aim of encouraging the clients in the face of a similar experience: "If I have a positive experience, I somehow transmit my knowledge of how I achieved that to the clients. I believe that if a person achieves it, everyone can do. That means it is something that everyone can do it. So, you can also do" (Ayça).

On the other hand, Esen who values learning through experience personally explains how she accesses her own experiences and uses them in the session by using disclosure: "Experience has particular importance for me. I am a person learning from life experiences. Then, I can exist with my instincts and I conduct the therapy like that. My mom even would say 'you do not have to live everything' [Laughter]. No, I have to do! Because I realize that I understand better as I live something. And I share them, I generally share my experiences in therapy, too" (Esen).

Not only personal but also professional experiences before working with couples help therapists feel competent in working with couples: "Before implementing an intervention, I myself try it in order to understand how it makes someone feel, what kind of an impact it has on a person. And also to become more professional. Experiencing has been academically helpful for me to manage the session in a better way" (Pınar).

Giving importance to learning through experience in some cases might shape the therapists' beliefs about ways to understand clients more effectively:

"You know, it is been said that the therapist does not have to have a child in order to work with children. I do not believe it because that's an experience! And it is an advantage for him/her. Knowing the problem sometimes may be useful for me as a therapist" (Kintsugi).

In general, the participants described three interrelated access points leading to the development of the person and the couple therapist presence: Personal beliefs

about couple relationships, their own couple relationship, and their own social location.

3.3.1.1.1. Personal Beliefs about Couple Relationships as an Access Point

One common access point shared by 15 participants is that although each participant differs in their own beliefs about couple relations, they can make their unique coupledom beliefs available to integrate their own way of working for a therapist-client relationship, of assessing the couple clients, and/or of intervening during the sessions. One example from a couple therapist touching to her beliefs about coupledom and the way she integrated the therapy room as follows:

Gizem who puts an emphasis on "being a team" in couple relations explains how she purposefully uses her belief about relations in the way she conducted therapy. For her, being a team includes a meaning of approaching to good and bad experiences together:

"Couple is like being a team for me, being a team and looking together at something. I mean looking together at the problem or a better thing, happiness as well".

From this point of view, within the therapist-client relationship, she prefers to keep in touch with both of them at the same time since they are together in this couple relationship in the therapist's mind:

"For instance, they try to come to the session separately. 'This week my wife/husband is not able to come, so should I?' Or 'my wife/husband will not come, can I?' Or, 'One partner comes earlier.' It is about the practice and maybe a detail, but I think that's important. I always invite them to the room together. At the beginning, I conduct one individual session for each. Except for that session, I never say 'ha, okay, you come this week.' Because it is the place where they will come together. Or, the session appointment. 'Okay, I can call you'. No! The appointment is something being scheduled here together. I suppose I construct it on my mind as a whole. I mean it is not like I have two different clients: Ayşe and Ahmet. Instead, there are Ayşe and Ahmet".

Similarly, the emphasis on the aspect of being a couple plays a significant role in shaping the way the couple therapist formulate the reason behind the couples come to the therapy and what might they need in order to overcome this difficulty:

"How do couples come to the therapy at the beginning? They come as if they are opposite. You did this, I did that, you said this, I said that... And they talk like that. What is our purpose? Changing this… Sit next to each other and look at the problem across because you are not the problem"

Setting an objective of making the couples sit side by side might be used as an intervention, too:

"Normally, I change the place of this chair [She shows] so that they can sit next to each other. Therefore, I show them 'look… You are together and I am alone here. I mean I am in front of you while you are a team".

The emphasis on the special aspects of being a couple described by the couple therapists are shaped based on the therapists' experiences in their family of origin, couple relationships, and the information obtained by theoretical knowledge, observing relationships in social environment, relationships in TV/media as well as couples in the therapy room.

Over half of those who mentioned their personal process in shaping their beliefs about couple relationships acknowledged the contribution of theories that they've learnt. What's more, slightly over half of the all participants retained information from the theoretical books that they were impressed a lot:

"There is a book of Harville Hendrix about Imago Therapy called 'getting the love you want' It is a bit soap-operatic, but includes valuable information. It affected me too much" (Defne).

Despite contributing greatly, couple therapists develop their own coupledom beliefs based on their personal experiences and observations other than the theories:

"I mean…of course we mention the theoretical structure; but we are influenced and shaped by our own perception as a person, no matter what" (Naz).

Family of origin often becomes a starting point: "Of course we firstly learn it from our own families. First of all, the only couple relationship that you observe is your own parents'. Firstly, they become a model for you" (Nil). Being an observer

in the parent's relationship (see 3.1.1.) plays a significant role in an attempt to develop a belief about being a couple:

"Being involved in their relationship, I mean actually it is an experience since childhood. That's because I grew up within this relationship, I think it is the most important thing" (Işık).

Upon observing the couple relationship of the parents, participants give places to their evaluation of parents' relationship: "My parents were fairly good as a couple. It is difficult to say that good enough; but not bad at all" (Ferit).

On the grounds of these evaluations, therapists as a person decides what to take or not from the parents' way of being a couple: "My observations like what I want to receive or not from them, what was good for me upon looking at their relationship, which communication style was something that I did not want" (Naz).

Kintsugi explains how she involved humor in her couple relationship which was not included in her parents' relationship: "My mother and father have no humor in their relationship. Instead, they were the couple putting up with each other. While they were putting up and spending their lives together, there was no humor. That's so sad. But I have something that was not included in my parent's relationship in my own family" (Kintsugi).

Thus, therapists' own couple relationships take a step further in the wake of contributing experiential dimension to the beliefs about being a couple: "Just cognitive information remains there, you cannot put it into the practice, but experiencing it…" (Işık). Within the personal experience of couple relationship, it was described how participants have perceived some relationship issues: "As I said that we have a faithful relationship. On the other hand, because we trust each other so much, I might think that cheating is something fearful in couple relationships" (Naz); or how their beliefs and emotional experience of relationship have changed and were reframed within the couple relationship: "Normally, I am not a person being able to deal with uncertainties. I personally want uncertainties to be solved as soon as possible. My current relationship made me think that I can stay in some uncertainties and even some of them might be positive. You can create new meanings from this uncertainty and learn new things" (Pınar).

Beliefs shaped by experiences in couple relationship involve not only current but also previous relationships. In some cases, experiences in the first marriage lead participants' priority in couple relationships: "I fell in love (…) It was a necessary experience for me but cost me a lot. There was romance in my previous relationship. It did not happen in my second marriage. It started by developing a friendship, knowing and appreciating each other. And this was built upon love (sevgi) and we can maintain a more steady relationship. I mean maybe romance is not something that I personally experience too much" (Alinda). Therefore, lessons taken from the previous relationships might also guide the personal beliefs about how to maintain romantic relationships: "We develop our relationships by being different but complementing each other as well as the trust, friendship, solidarity, love, and commitment that were originated from sharing the same destiny" (Alinda).

Apart from experiencing romantic relationships personally, relatively few participants also mentioned about the impact of the couple relationships which was followed on media/TV: "How coupledom was shaped on media… You watch a love story in series or movies and then you model them" (Nil).

While some observations may set an example for therapists in the social environment: "The things that I observe in my friends' relationships or other relationships outside may create differences in my own coupledom perspective" (Pınar); some might require differentiation from the previously imposed models "I learnt how not to be a couple from the couples that I observed in my social environment because none of them was like a couple" (Ferit).

As a couple therapist, participants also observe many couples in their working settings. Thus, working with another couple's relationship experiences can have an impact on the way the therapists define their beliefs: "For example, I have many couple clients who are not married. So, if I define being a couple in this context…" (Güner). Couple clients might provide with various alternatives for therapist' couple relationship concept: "I think the most important thing is the fact that there are millions of alternatives showing how to be couple. We can read in theories and the books; and surely we are familiar, too. However, each couple that

we work offers an alternative for us" (Gizem); and they may show the difficulty of being couple as well: "I know that it is not so easy. I know it from my own experiences and my clients already show…" (Defne).

As a consequence, beliefs about couple relationships are shaped with the impact of many components: "I think it is fuelled by various things" (Nil) and they are in constant change within the process: "I think definitions have been changing as we move forward through embracing (…) With the effect of life crises, my own definition of coupledom has changed in every phase". Even a book read previously gains a different meaning within the process: "I read Satir's book named 'Peoplemaking' when I was a second-year undergraduate. And I could not understand much at that time. It was like too simple. As I age and improve in my profession, I saw that everything is in this simplicity" (Ayça). Thus, "life experience" stated by Işık appears to have an essential contribution in shaping coupledom beliefs.

Looking at a broader perspective, there is also an intergenerational change in coupledom beliefs based on the impact of societal changes in coupledom beliefs:

"We talk about love marriages today. It is as if the old generation has been influenced by relationship styles that have been changed today. And now people in their 50s and 60s say that love or relationship was not like that. I mean it is not… I see my child and grandchild. I watch on TV and learn about my own relationship" (Naz).

In other respects, societal change might be experienced as a daunting challenge: "We are at such a time that the new generation uses the word 'hanging out' rather than flirting. I mean relationship lost its wholeness. It is now more dreadful or we live in a more selfish and complicated world" (Solmaz).

Depending on the above process, the participants attributed various meanings to "being a couple". Over half of the participants described the complexity and difficulty of being a couple: "Couple relationship is like a complicated and difficult journey" (Esen). One reason behind this complexity was described that two people enter into couple relationship by bringing their own individual differences:

"Because two people coming from totally different cultures, taking different trainings, having a different personality, expectations, hopes, and dreams try to share the same environment and create a new culture" (Esen).

"Neither our partner is the ideal partner nor is s/he a superhuman. So, of course, there will be some problems, some differences since we are two different people" (Solmaz).

In spite of these differences, being a couple emerges through overcoming the difficulties: "Regardless of the both partners' relationship styles, life experiences, attachment histories, family issues, and I want to include intergenerational transmission here, I think you have a couple relationship only when you create a secure and peaceful relationship away from conflict" (Naz).

At that time, it is required to spread on an effort to resolve them: "It can only be possible while working hard and being able to overcome the obstacles, one by one. It does not happen suddenly. Or, saying that we are a well-matched couple. Instead, by working hard, being able to look at the personal processes honestly and going beyond the comfort zone" (Defne).

Becoming a team is of the foremost importance for dealing with conflicts:

"Being a team is like, for instance, it is not coming face to face like being against each other during a fight. Instead, there is a conflict impacting us and let's solve it together. Even if one partner does something so bad, it means being able to face up the difficulties together within one's limit of patience" (Pınar). Yet, the participants might attribute different meanings to patience: "I do not call it patience; instead, calling it flexibility. When it is said patience, it sounds negative since it was meant the suppression of one partner in the past models. Otherwise, patience is a nice word" (Solmaz).

Instead, couple relationships consist of a new component over time: "Time has been changing since relationships became more flexible" (Naz). Thus, flexibility becomes an essential component in order to maintain relationships: "If we don't have any flexibility, no one can live with someone else. A few people do so. That's because living with someone else is difficult since it requires flexibility" (Solmaz).

The therapists from different therapeutic approaches seem to agree on maintaining coupledom without losing personhood although they differ in their expression: "If two subjectivities (öznellik) remain as they are in the relationship, being a couple gets difficult. I mean there are some parts needed to be changed or relinquished" (Ferit).

"I have an extensive individual space. Perhaps being a couple might be particularly difficult compared to others. Indeed, I mean I have an extensive personal space, personal and social life. It is maybe healthier without being enmeshed and protect the state of coupledom, and so it is pleasant. Making you feel secure but not bothered or suffocated…" (Işık).

Learning how to be a couple often takes time: Within years…I mean within the process…We don't need to say years…It may take a short time or long time" (Nil); "Of course it does not happen in the first month of the relationship" (Pınar). Because actually overcoming struggles take time: "There is no magic wand; it is a process. Problems can only be solved within the process" (Kemal). Maintaining a couple relationship requires to be endeavoured:

"For many people it is easy. What could be hard about that? Going to work, coming back home, napping in front of the TV, spending time with children etc. It is easy, life could pass by... Honestly, you could die with such a husband. However, for a nurtured relationship... If the person is a deep person so if you are nourished by the bond or connection, as I am, I mean bond, connection, and attachment are most nourishing things for me in the relationships with my friends and with my husband. So, reigniting and sustaining the relationship require a great effort. Really, you cannot say 'it is in the bag', it is obligatory that you must allocate time" (Işık).

"You have a baby and s/he gets sick. When s/he gets sick, you start to say 'the baby is sick because of you, you did not care enough, you were careless, you did that etc., meanwhile, the baby gets worse. However, if you say 'what can we do together to make it healthy, then the baby gets better, develops and grows up" (Solmaz).

However, upon overcoming the struggles, couple relationship gains a new dimension in process of time: "The true love period comes at the end of that; I

mean, the couples who can end power struggle, actually, live the true love. Not in the beginning of the relationship, I mean, in the end" (Güner). Defining love might be confusing in some cases like "Romance, love … whatever you call it." (Ferit). Even though "aşk" and "sevgi" were both translated into English as "love", culturally attributed meanings to those words by couple therapist were understood. While the former includes passion and desire; the latter includes trust and containment of the partner:

"Between romance and love? The difference is passion for me. There are trust and more containment. Maybe I cannot include 'containment' for romance. Yes, the former includes passion whereas the latter is related to the trust" (Kintsugi).

Despite the ambiguity of defining love, trust is one of the most frequently used criteria for being a couple: "I think being able to trust means being a couple" (Nil); "I suppose the most important criteria for being a couple is to be able to rely on and trust your partner" (Güner).

Defne defines being a couple as a miracle in that "we already know that when a woman and a man come together harmoniously, they create miracles. Every child is already a miracle. However, I believe that they create other miracles, as well. Like we say 'the whole is greater than the sum of its parts' in the systemic therapy, couples are the same. They can do together with the things that they cannot even dream of doing it individually when they become harmonised"

Therefore, couples showing personal interest in their partners' interests and making a joint effort to produce something together are important to share a life together.

"They produce projects and children together, work together, and try to keep house together" (Esen). Thus, partners become an accompanist in the relationship:

"If you are able to produce something together in your relationship, whatever it is, I am not telling it as a kind of job or a financial resource. Imm… how was it called? Was that cross-stitch? She was interested in doing cross-stitches. For example, we were choosing cross-stitches patterns together, buying ropes. I was making easier for her to do it. I was also interested and wanted her to teach me. I mean whatever it was, being able to accompany each other…" (Ferit).

In an attempt to share a life together, the question of how to maintain those roles becomes important: "Because they will share the life together. How will they keep it in balance?" (Solmaz).

Another component of coupledom is also named as romance and sexuality:

"If you can maintain romantic attraction and find your partner sexually attractive despite his/her age and trust him/her, this shows that you are a couple" (Güner) as well as "having sexual harmony" as mentioned by Pınar. Yet, the prioritized component of being a couple may differ for all therapists. For instance, Kintsugi explains that even if sexuality between couples ends, there is one more important component that helps to hold onto the relationship:

"Even if sexuality ends up, children have grown up, couples have financial problems or relationship is on the rocks, you can laugh together when you use humor" (Kintsugi). Thus, humor is seen important for couple relations: "Not losing humor… humor is good." (Solmaz); "Since I care about humor in couple relationship…" (Ekim).

For some participants, each partner in the couple relationship has some roles and responsibilities needed to be perpetruated based on the gender differences:

"I consider how to be a couple in that two opposite sex will be a husband and a wife in the future and they will have divergent roles, perform their own tasks, and have a hierarchical relationship between them" (Emin).

"The cornerstone of maintaining relationships is the sense of responsibility, responsibility. If a woman is aware of her own responsibilities, a mother is aware of her own responsibility, a man or a husband is aware of it and they can manage their own responsibilities…" (Kemal).

 "Being a couple is about polarity. When you look at the universe and the nature itself, we see a kind of polarity (...) And being a couple is a result of this polarity or a need. This polarity shows itself among living beings as femininity and masculinity (…) Therefore, we expect from a male spouse to have certain roles. Likewise, we have expectations from females to maintain their own roles" (Alinda).

Other than the predetermined roles of partners, some participants also described a knowing process of the partners:

"That couples being a user's guide of each other (...) It is not being enmeshed like one person. Instead, what makes each other happy or unhappy…It is like trying to know your partner as much as you know yourself" (Pınar).

In order to know the partner better, it is necessary to be able to understand the partner as Nil said, "Gaining an ability to understand each other." (Nil) and despite having a difficult period in the relationship being able to stay in communication: "We cannot always be happy in a relationship. We don't have to, but it is very important to be able to talk and communicate" (Gizem).

3.3.1.1.2. Couple Relationship Experiences as an Access Point

In addition to the fundamental role of therapists' beliefs about couple relationship in developing therapeutic presence, the impact of the living experience of being a couple is unignorable within the process of being a person and a therapist:

"It is a process like making a sculpture. We shape our partner as we work on ourselves" (Defne).

Since both the therapists and the partners might experience a change in relationship, the way of conducting therapy might include variations during the process: "I wasn't questioning during my first relationship as in my current relationship. Considering that, I could have questioned in assessing couple relationships less than now I do as a therapist" (Naz).

Thus, it is important to understand the common experiences in romantic relationships mentioned by couple therapists. Most participants described a process of going through hard times in their own couple relationship and trying to overcome these difficulties, which was similar to their beliefs about being a couple.

"Regarding my own couple relationship, it is not an easy one. I mean, I have a very difficult relationship in general" (Aslı).

"Two different cultures… One of us is from the easternmost part of Turkey whereas the other was born in the westernmost part. The beliefs and perspectives

of our families are different from each other. That's why we had difficulties to be adapted and integrated at the beginning" (Ferit).

"It –was- a difficult relationship. Tough…Tough times… For me and him… But we worked hard at our relationship. And now I am thankful and grateful to the process, him, and to myself" (Defne).

Considering that every couple argues, this is inevitable for the therapists having their own couple relationship, too. "It is inevitable for us, therapists" (Işık). Therefore, several participants reported their difficulty as a person in conducting therapy while having a bad day in couple relationship.

"It is indeed too difficult to try to help couples while getting through a difficult time, having intense emotions and feeling negative emotions. I think it must be difficult, at least for me" (Naz).

Even for those who have not experienced difficulty in their couple relationship while working with couples, this is considered as unfavourable for the therapeutic presence of the therapist.

"Of course it can affect negatively, which means I may have trouble focusing and my boyfriend or our fight may come to my mind. This might make it difficult for me to understand couples. But I have not experienced it so far" (Nil).

Yet, the participants described how they manage this process. Being aware of the personal experiences and constantly checking him/herself become crucial for the therapists: "It is necessary to check it at that point. Why did I react like that or why could not I remain neutral? Yes, I had a fight with my husband/wife! I probably projected something… So, it is important to process that" (Işık).

Thus, differentiating the self and the master in the therapy room is required especially for those times: "At the time of having troubles, it is necessary to differentiate ourselves and take an expert role if we are sitting in the room as a therapist" (Naz).

In order to differentiate themselves from the therapy room, therapists might benefit from their theoretical orientation: "You can't work with the external reality. External reality can't be your interest. You should work with psychic reality (…) Even if the man is angry with his wife on the topic that I fought with my wife, it

does not affect me since it comes from his psychic reality. Mine and our relationship's reality are different (…) I think that if you listen to the psychic reality, yours and clients' realities cannot be contaminated by each other" (Ferit).

From another viewpoint, therapists might also benefit from their own couple relationships by learning how to cope with those times. Esen who indicates her couple relationship as her "laboratory" expresses how she made use of her own experiences in a relationship, which prevent her from biasing: "Learning how to overcome some difficulties has been very useful for me in therapy so that I can help people. Why? Because if I did not do that, I would continue to look one-sidedly. Then, he would remain as a person who does not meet my needs, we would be probably divorced, and perhaps I would support such experiences in therapy. I would turn to the woman and say: 'yes, you should break up with your partner!' I would probably say. Or, I would talk to her in a supportive way" (Esen).

Another alternative in order to deal with negative experiences in a relationship, it is important to use personal resources: "Making a great effort is required not to project your issues in the therapy room, especially if you are having a negative experience and low energy (…) I believe so much in 4 classical elements: Fire, water, air, earth. And being able to get in touch with, somehow. Drinking water even if you can't take a bath; touching a piece of land such as potted plants… those are special for me. That's how I can refresh and bring personal issues less to the therapy room. Of course, it would come to the session because it lowers the person's energy" (Aslı).

While negative experiences in couple relationship put the therapists on their guard, the impact of being in a good relationship or having good relationship experiences on couple therapy is controversial. Having good relationship experiences might not be considered as risky like Aslı stated: "There is already no problem with positive experiences" (Aslı). Moreover, those times can be evaluated as a useful tool for therapeutic presence: "Our personal happiness and trust affect the trust that we will create for clients" (Naz).

On the other hand, even though good relationship experiences make the therapists motivated for working with couples, this is another area that the therapists

need to be careful and continue to process them: "Because I am motivated personally and my perspective on relationships is more positive, I can be more comfortable in the room, focus on my clients, and understand them (…) Yet, I recently experienced something and even I brought it to the supervision. I was full of hope since my relationship is going well. I gave too much hope to my clients, for instance, we can fix it! And I brought it to the supervision in order to understand whether I reflected my own thoughts or not" (Nil).

Similarly, being in a good mood might prevent the therapist from touching the vulnerable parts of the couples: "This might be sometimes risky that the therapist being free from his/her inner conflicts and feeling so good may not hear enough the pain of the clients" (Ferit).

While the therapists actively experience their own couple relationship outside of the therapy room as processed above, it has been recognized that the experience of therapists' own couple relationship can draw a road map for working with couples: "The personal experiences, of course, become a reference about the clinical work." (Güner) and also can provide looking from a broad perspective to the couple relations: "Those (experiences in therapist's own couple relationship) enrich me in the therapy room and provide me look from a broader perspective." (Esen); "Working with couples widens my horizon and improves my 'relationship repertoire'. It broadens Ekim's repertoire and behavioural patterns in couple relationship" (Ekim).

The participants also expressed when they access their own couple relationship during the sessions on two levels: Experiencing similarities in a romantic relationship with the couple clients and/or experiencing differences with couple clients.

Almost all participants laid stress on similarity with couple clients' relationship experiences: "Sometimes you may see yourself during the couple clients' fights and may say that 'I do the same thing' or 'my wife does the same'" (Emin). Even for several participants, this was made sense as a coincidence which requires the therapist in continuous development.

"It is inevitable that our clients have similar processes to our own process. I don't know how this system works, but they come with an issue in that we must work on ourselves or already worked" (Defne).

Or it is the coincidence that the therapists interpret as if the experiences are similar:

"Let's say we had a fight with my wife. I don't know what kind of a coincidence is that but couples come to the therapy room with an issue which I am currently having in an external reality or I am working on my own analysis. They really bring something about what I experience at that moment. Or, perhaps I hear like that. This is also something in that I may be hearing as if it is similar to my own experience" (Ferit).

In all probability, if the similarity is about an experience which the therapist as a person already has difficulty in; this might be difficult as a therapist, too.

"Physician, heal thyself… [Laughter]. I mean, wait a minute! I've already had difficulty in the issue that I am trying to help as an expert. This is so ironic" (Naz).

"Some relationships in the therapy room are similar to your previous negative relationships. You can be stuck at that point" (Nil).

At the time of having difficulty as a person, similar experiences with couples are considered as a hindrance for the therapy needed to be resolved by the therapist him/herself:

"Because I myself experience the difficulties that they have as an individual. Or, I may face some problems within the process. I also have to solve those problems as far as I can achieve" (Alinda).

But, upon resolving the personal difficulty, the therapists explained how they use similarity on behalf of the couples "Sometimes being familiar with that problem may be useful for me as a therapist" (Kintsugi); Such as by using disclosure; "I don't refrain from sharing some details about my own relationship when it is necessary. I share what I have learnt so far. This inspires them since it is real" (Defne); or by using as a hypothesis "When I experience something similar to their experience, I know what will be at the end. So, I can use it in a more secure

way, which mean I did not take a wild guess (…) This becomes a reference from my own relationship" (Güner).

On the other side, despite less place given by couple therapists, facing the differences between the couple's relationship and their own, the most frequent approach used is trying to comprehend the couple clients' experience:

"Of course, I come across with the examples that I have not experienced before. The thing that I make at those times is to try to understand them. What is different here? Trying to understand that. Let's say that there is a couple going beyond the ordinary. Then, I try to understand how it did happen" (Güner).

"What I understand from being a team may be too different than what couples think. Or, their husband-wife roles might be different than mine. So, firstly, trying to define it" (Gizem).

The reason behind comprehending the perception of the couple is rooted in the risk of imposing therapists' own perception upon couples: "Sometimes, let's say that you are going to a newly divorced therapist. If s/he could not resolve his/her own issue, s/he would support the clients' independence" (Solmaz).

3.3.1.1.3. Social Location as an Access Point

The participants described similarities and/or differences between their and the couple clients' social location. Social location was predominantly expressed by the participants in three contexts: Socioeconomic status, religion, and ethnicity. Therefore, using the social location of the therapist as an access point was constructed in three ways.

All participants expressed a common concern in association with the need to understand the couples' culture. It is generally accepted that this concern comes to existence when there is a difference between the therapist and couples, which leads the therapist to be more careful.

"When we have divergent experiences, I ask more questions and be more careful in order to understand them better because I have to understand and interpret them from an objective perspective" (Nil).

"Regarding a culture, religion, ethnicity that I am not familiar, then, of course, I must approach more carefully" (Güner).

At one point, the way the therapists perceive differences in social location shapes the therapists' approach to use social location. Considering that each couple is different than the others makes allowances for perceiving all similar to each other within the context of uniqueness of each. Participants described that they can understand each one's differences by connecting with a common point that they share similarity with the couple.

"Because we are a bicultural family, my husband is a foreigner, and we have a child, I have many experiences with bicultural families. I work with them; but I consider each family as they are similar to each other because no family comes from the same culture. Even if they are Turkish, there are so many cultures in Turkey" (Defne).

"I had a zillionaire client. She got married and stopped taking money from her family. Then, her husband went bankrupt and now they have difficulties. However, despite living in a three-storey house, she cannot go out at night or invite someone in her house because she has to serve caviar with a special brand of wine to her guests. I can even understand this situation. I don't criticise her because I do probably the same on a small scale. I mean everyone does so. The woman living in Bağcılar does the same. So, being a therapist means how much we are similar to each in the context of what we can achieve or not even if our ways are pathological, it shows how much we are all unique and we do them in order to improve ourselves" (Ayça).

On the other side, sharing a common ground with the therapist based on SES, ethnicity, and/or religious beliefs might be preferred by couple clients, too. In parallel with the belief that similarity helps the therapist understand the couples; it is also perceived that clients may prefer the therapist who comes from a similar social location since they believe that they will be understood better.

"For instance, they say that we did not prefer someone who was not religious because we thought you would understand us better. Yes, it is relatively understandable because I really know how they look. For instance, there was a

Quran course where I lived. And, I was going there as a little girl. It was a boarding course and includes a closed community. Now, I have clients from that community. It is really difficult to understand the normality of their experiences as being a person who has not trained in a boarding course, lived with such people- they name it 'piousness', we say it 'piety'; but if you get even a little closer to them, if you breathed the same air, it is a little bit easier" (Aslı).

While some clients may prefer to work with a therapist coming from a similar background, the therapists stated how they have found their own ways to understand the couples. Ekim explained her own way of approaching all couples with a "sincere respect" which helps her understand the couples and reduce the impact of differences resulting from social location:

"Since I consider each as a different world, a different book, I respect everything about them and I am in need of genuine understanding in the room. This minimizes, removes, and reduces the risk of being an obstacle" (Ekim).

Similarly, Gizem stated how she reduces the possible impacts of social location by looking from a perceptive of her coupledom belief:

"When you give priority to team and communication, sociodemographic characteristics become of secondary importance. Therefore, if the main issue was not them, I would not focus. Eventually, there are two people wishing to be understood." (Gizem).

3.3.1.2. Using Access Points in an Attempt to Work with Therapist-Couple Client Relationship

Therapist and couple client relationship was described both based on the therapists' and couple's sides. From the couple therapists' point of view, being able to comprehend what the couples deeply say and in order to achieve that being able to meet on common ground with the couples are essentials for therapists to connect with clients. Esen makes a definition of the therapist-couple client relationship as follows:

"I maybe say it as human interaction. Being able to achieve, in some way, touching from heart to heart in the here and now by getting rid of all masks, fears, desires, and hopes" (Esen).

Many therapists mentioned that they can find similarity with couples which helps them to establish a therapeutic relationship with couple clients: "I can catch a similarity with them and relate them. Our relationship also becomes a dance with them" (Naz). In an attempt to comprehend the couples' experiences by catching the similarity, the participants explained how they touched with their access points. Ayça stated that she can understand her clients based on a similar point on one level which results in connecting with the clients:

"Negative experiences help me better connect with them. I understand what you say because I experienced the same, as well! Also, I had undertaken supervision by X for years and there was something she said: 'If you did not experience the same, you already have a similar experience'. For example, an alcoholic client… Okay, I am not an alcohol addict; but when I did not drink tea at the breakfast and if it wasn't brewed, I become irritated and I think my whole day goes bad" (Ayça).

Moreover, sharing a common culture can be beneficial to give a connection point for the clients who need a similarity with the therapists in order to be felt understood:

"When a client thinks that s/he needs something to hold on to the therapy, I can use it as a connection point to make him/her feel close to the therapy. I may tell them like may your bayram be blessed, which signifies that I am in this culture as you are" (Ekim).

Apart from finding a similarity which can be used as an access point, the participants may purposefully reach to their own person by integrating their person part to the therapeutic relationship:

"Play was always important for me (…) There is always a kind of playfulness between me and my clients. Firstly, I can feel tense; but then I do not know… I use humor. If I want to joke, of course, without crossing the line, I can do. If I want to smile, I smile. I can join into their jokes. Thus, I always maintain the therapeutic relationship in a playful content" (Pınar).

For some participants, using access points might show up itself not only in order to establish a therapeutic relationship but also to maintain the therapeutic relationship with clients. At that time, it is important to realize for what reason the therapists reach that access points. Kintsugi explained that while using person part in order to maintain the relationship with clients, this can be related to her concerns which are also considered as a part of herself: "If we're mentioning about a context of high drop-out rates, I suppose that humor holds the clients on the therapy because it relaxes. Perhaps it is about my own anxiety because our anxieties are also a part of it" (Kintsugi).

Thus, the participants also stated the difficulties that they live while working with couples as an obstacle for couples to stay in the therapy:

"Because they were angry at each other, the woman or the man sought for the therapy in order to punish the other. And, the man pressed his wife to come to the therapy and the woman did not want. During the therapy, somehow, they may come to the point that 'okay, if you do not want to go, then don't go!' And this increases the drop-out" (Kintsugi).

Thus, within the context of therapeutic relationship, the participants mentioned about dropout of the couples because maintaining relationship seems difficult at the beginning: "The first few sessions in therapy, not only in individual but also in couple therapy, are like a risky pregnancy, which means the baby might be miscarried at any moment. You know, the first few months are risky in pregnancy until it remains attached, which means until it remains in the therapeutic environment" (Ferit).

Therefore, each therapist developed their own way to maintain the relationship: "Maybe you (the researcher) need to understand how I achieve to establish the relationship with clients and achieve not to lose clients" (Güner).

Many participants explained the importance of being able to attune with the clients. For instance, Emin stated how he maintains the therapeutic relationship by attuning to the clients' culture:

"I heard a story of Aziz Nesin many years ago. Two people come from the villiage at different times. The man asks to the first man 'how are you?' within the

framework of respect. And then, the other man comes and the man asks him ' what's up homes?' (…) Because this is about their own cultures (…) If you can't attune, the person either ends the therapeutic relationship or terminates the sessions" (Emin).

Also, those who believe that each therapist might not attune to every client described their own way of assessment in an attempt to search for "appropriate therapist-client combination". While Defne conducts the intake session for free:

"Each therapist and client may not be matched. The important thing is to find the right combination (…) and I conduct a free intake interview" (Defne); Güner asks her clients whether she is the right therapist for them or not:

"At the end of the first session, I ask clients. Okay, they generally come with a reference or they search me on the internet. They don't have any question about my expertise on their mind (…) So, I tell them: 'please decide now and say it to my face; if you can't, don't make an appointment" (Güner).

On the other hand, this might be a question for therapists to ask themselves, too. Ayça who believes that the degree of differences may be discriminatory for the therapist-couple relationship allow herself not to accept working with all clients and refer them to other colleagues.

"It is possible that being too different from a person makes us drift apart instead of being constructive (…) I tell them 'okay let me listen to you; yet maybe I will not want to work with you, either'. There might be something that I will say I can't deal with him/her. I give myself freedom" (Ayça).

"The clients having lower sociocultural and economic status do not have such luxurious, in inverted commas. Therefore, I have difficulties while working with them and tell them to refer at the beginning 'look, I am not a solution-focused therapist. You may not benefit from me. If you want, you can go to that therapist or work with another therapist'" (Ferit).

Almost half of the participants gave place to the differentiation of the therapist-client relationship from other relationships. While therapist-client relationship consists of unconditional acceptance, it is not easy to establish that for

the other relationships outside: "This is carefully established within the therapy. I don't suppose that we can do it anyone else outside. It is not that easy" (Esen).

Ekim stated how she can open her heart with all warmth during the sessions while she does not outside:

"I am not a person opening my heart to everyone. It is not like 'come again whoever you are' in my personal relationships. However, if there is a new appointment, the door will be opened and the client will walk in. What I imagine is that the doors of my heart will be completely opened, 180 degrees, as much as it can. I am ready to meet with another world. I don't have any prejudices. I open it as much I can. I open it as flexible as I can be" (Ekim).

Similarly, as a Kurdish couple therapist, Emin remembered one of his Turkish clients working individually. Although the client swore at Kurdish people during the session, being in a therapist-client relationship provides him with a manner of acceptance which helps them perpetuate the therapeutic relationship for a long time:

"I had a young client working individually. I myself have a Kurdish origin, I mean, I am Kurdish. During a session, he said 'If... [Swearing] all Kurdish mothers, sisters…' And we had worked with him for 1.5 years. Then, he heard that I am Kurdish. He came to the therapy and apologized to me by saying 'I did not know you were Kurdish. I wish all Kurdish people would be like you' (…) In the process, I listened to him in an accepted and respectful manner. We worked for 1.5 years; and even after the therapy, he referred to me 2-3 clients. However, if he said it outside, on the street, I could behave differently" (Emin).

3.3.1.3. Using Access Points in an Attempt to Assess the Couple Clients

Participants described how they assess the couple clients with regard to their process of developing a hypothesis and assessing the couples' relationship. This is mainly a combined process including both the theory and the access points of the therapists: "How we perceive actually is formed with the impact our theoretical approaches that were shaped with our values" (Naz).

Beliefs about couple relationship that the therapists have take part in formulating the hypothesis in that the personal beliefs of the therapists might give the therapists the meaning of the reason behind coming to the therapy and what might they need to overcome.

"I think the starting point must be ourselves. For many couples, the problem results from their idea in that if s/he changes, I will be good" (Defne).

"The man wants to restrain, take, conquer, and explore. He is extrovert (…) If we look from the viewpoint of women, it is important for them to belong, be involved, feel secure, (…) And problems occur when these basic needs were not met" (Alinda).

Some participants also reflected on their differential goals in couple therapy other than individual therapist: "The difference of couple therapy from the individual therapy is that couples do not have to feel great in couple therapy. One partner might be in depression, the other might have anxiety. However, it is not the main problem in couple therapy. I mean, it is not compulsory for both to be super healthy because the aim is to be able to do something together or talk" (Gizem).

Thus, the question of who is the client in couple therapy appears in that for those who believe the "couple's relationship" is the client, how they assess the relationship was taken place.

Pınar who stated that "and my client actually becomes the relationship" explained how she assessed the couple's relationship during the therapy process on the basis of her own therapeutic relationship with clients. She gives an example from one of her couple clients and she assesses the couple's development considering how the couple used their relationship with the therapist like a transitional object:

"Firstly, one partner said 'Let's take a break… If Pınar was here, we would not fight like that'. Then, they had found my photo on LinkedIn and put it in a place close to them. And then, they said 'how would we fight if Pınar was here? If she was here, she would approach to what you said like…' For example, I evaluated it as a transitional object, you know it from developmental psychology. It was like

there is a bond in therapy, just they are not ready to use completely by themselves what they gained in therapy" (Pınar).

Additionally, couple therapists might give an opportunity to the couples to assess their own relationships by using their own experiences as a couple. For instance, Esen explains that she can see in three-dimensions thanks to the experiences in her own couple relationship which she has already evaluated many possibilities:

"Therefore, I can look in three dimensions. So, when couples bring a problem, I can see in which dimension they are and I can see the options since I've already evaluated lots of options in my relationship in order to overcome this problem. And when I achieved to reach at a conclusion, I had evaluated many options. This means that I can present all options while working with couples. Hence, the result is not important here or imposing what I reached at a conclusion. Instead, I help couples evaluate their own problem by getting rid of their narrow point of view and see various alternatives" (Esen).

Thus, it was also given place almost by all therapists that the therapists must be careful about understanding the couple's own experience and so own culture without imposing their own experiences on them. For example, Güner indicated how her assumptions about couple client's problem were falsified in the context of religious differences of the therapist and the client: "I remember a couple client. Despite the issue of infidelity, what the man obsessed was not the fact that his wife was cheating on him but the fact that how he could explain it to his community if they got divorced. Now, think that you have Turkish-Muslim couple client. If one partner cheats on his/her partner with another Muslim, this means an infidelity work. Did I make myself clear? The former was about culture, which means the man has an issue with his own culture, I mean, community. This is a different issue, which we need to understand" (Güner).

Two-thirds of the participants stated that intergenerational transmission process in couple relationship was given place in their assessment processes: "I want to include intergenerational transmission here" (Naz); "Of course we talk about something transmitted from generations. What we see today is something that

has been formed for 7 generations. And the thing that happens today will impact the next 7 generations" (Defne); "I also work a lot on intergenerational transmission in couple therapy" (Gizem).

A small minority of participants also mentioned about their way of assessments in the context of Turkey based on the transmitted values to today's couple relationship. Solmaz explained although today's relationship model has changed, there are still some transmitted experiences which help to understand the reason behind relationship problem:

"We have married man and woman models. For instance, there was a man who was getting tired and lying down in the past model of married man based on even before their three generations. In the past, his father or grandfather was lying and reading the newspaper while now he is lying with a remote control or IPAD in his hand, which makes him relaxed. However, there is again lying down! That's a married man model (…) What was a model of a married woman in the past? Nowadays, women are involved more in work life. They also come home tired" (Solmaz).

Thus, it is believed that being able to couple in Turkey relies on being able to an adult in Turkey: "The first step of being a couple in Turkey is being an individual (…) I mean the reasons behind couple problems are related to the identity of woman and identity of man, which come from family, generation, and upbringing" (Kemal).

The therapists who live in Turkey and experience similar problems in their own couple relationships might shape their own beliefs in order to assess the couple relationship: "If a person cannot actualize him/herself or behaves depending on others, then it unavoidably damages the relationship (…) That's why I mention it in TV programs. Firstly, a healthy individual, then a healthy couple relationship, a healthy family, and a healthy society. So, I don't open up to the idea of having a relationship, getting married without being a healthy individual" (Emin).

This belief might also shape the way the therapist assess the relationship as "a result field" and then shaping the way how the therapist work with couples whether individually or together:

"That's why we focus on issues like whether we can balance and heal their own system by working individually after the first couple sessions. Then, we come together. If problems related to their relationship still remain, then we work that problem. The main reason is that coupling/matching or relationship is a result field. The relationship is not a cause. Instead, of course, relationship results in some conclusion and have a causality. However, essentially, it is a result field which emerges from individual systems" (Alinda).

Other than contextual assessment in terms of being a couple in Turkey, the assessment in the context of Turkey might influence on therapist's approach to the couple problems based on the socioeconomic status of the couples:

"I think our viewpoint impacts how we assess social environment a lot (…) For instance, while assessing the context, social environment, it affects me. Considering physical or emotional abuse, you know, we say that physical abuse is sometimes normalized among people having low socioeconomic status. So, if I had a physical abuse case-but it did not happen, I could maybe normalize it. But it did not happen, I am making it up now. On the other hand, if they were from a high socioeconomic status, what we call it elite, I couldn't normalize. I would be so angry and wait a minute! There is something here… So, I would assess differently" (Naz).

As a result of the assessment had made by the therapist, it appears that the choice of intervention and the therapeutic presence were shaped:

"But on the other hand, instead of telling a client having low socio-economic status and seeking for a remedy that you were a victim of physical violence, I would guide him/her by offering different solutions. So, this viewpoint changes my own style and probably my approach" (Naz).

3.3.1.4. Using Access Points in an Attempt to Intervene with Couple Clients

Participants described how they approach intervening in working with couples in relation to their beliefs and experiences. The most frequently used intervention stated by 8 couple therapists is using metaphors, which originates from the therapist's presence in the therapy room.

"My metaphors have its roots completely in them. I just allow such metaphors to happen. It looks like materials are from me, but inspiration comes from them" (Ekim).

While working with couples, metaphors are purposefully used in order to clarify the client as "the couple relationship", which provides the therapists to work in a collaborative relationship with the couples.

"Actually we work on something in between both of you. We will be working with a third thing. So, when I externalised, placed it in a different point in the room, and made the relationship sit there, we are trying to understand the relationship (…) We won't talk about either of you. Those are the issues of individual processes. So, we will actually work for something third in between you. Externalising it, placing it in a different point, and making it sit there become a good intervention in order to create a perception of the fact that three of us work collaboratively for something third" (Naz).

Some therapists use the above metaphor of "working with the third" in couple therapy by vitalizing the relationship: "It is like what we call relationship is a living creature who breathes separately" (Ayça). For those who believe that being a team is important in a couple relationship (see 3.1.1.1.), the vitalization of the couple's relationship provides couples with the understanding that they need to make an effort for their relationship by being a team:

"I use a metaphor: Your relationship is your first baby… I tell the partners 'as if you have a baby and s/he gets sick. When s/he gets sick, you start to say 'the baby is sick because of you, you did not care enough, you were careless, you did that etc., meanwhile, the baby gets worse. However, if you say 'what can we do together to make it healthy, then the baby gets better, develops and grows up'. It is the same as your relationship is" (Solmaz).

"I use the fact that relationship is the third. Well, when you said that what happened to the third? It is sad …etc. Or, I can give an example of a flower in order to state this third. There is a third thing in between you. You water it again and again but it may not bring into flower right after you water it. However, after a

while, it blossoms and you say that what a beautiful thing is this. And it is a result of your effort! How much do you take care of this flower?" (Ekim).

As the second most used intervention for couple therapists, disclosure was drawn upon accessing the similarity between the therapist and the client:

"Maybe being acquainted with it. I don't know, there is something in this man and I am acquainted with it from my husband or the theory. This might be something like that. Or, I don't know they have had a baby and then something happened, which resembles in our experience or maybe it is familiar (…) If something similar to my own couple relationship or what I experienced when I have had a baby happens in the therapy room, I don't say something too general but I share a specific experience" (Gizem).

Therapists might use disclosure in an attempt to make the couple become a team as well as make them produce something (see 3.1.1.1.1.): "When I say 'this is ours', I've already differentiated it. So, let's find yours. Asking them how they do it, I try to create a sense of being us" (Esen). Furthermore, therapists might aim to normalize the experience of the couple by using disclosure: "I think conveying something from yourself, the theory, or a general experience is a bit normalizing. Since it is normalizing, it generally does clients well" (Gizem).

The way of therapist's presence also helps the therapist differentiate between the couple's and therapist's couple relationship: "Sometimes they say 'wow! Let's do the same together'. And I say 'no, you can't do it since it is mine' [Laughter] 'go and think about yours'" (Esen).

The way that how the therapist approaches to the couples may also widen the therapist's area of intervention. Acceptance of the couples by the therapist provides therapist even to intervene in a confrontational way: "Excuse me for this expression; but one of my couple clients said [she begins to laugh]: 'Ms. Ayça screws us up; but it makes us good.' I think when you provide someone with endless acceptance, of course, there is nothing like that, it would be better if I say accepting someone to a great extent, then your harsh interventions don't offend them. Therefore, you can have a space to do more intervention" (Ayça).

One therapist also specified that by conducting co-therapy, they were also using the relationship between the co-therapists in order to be a role model for the couple: "We were doing something like that. One of us was being a good cop whilst the other becomes the bad cop. We sometimes might not agree with each other and we were reflecting on that. So, we were setting a model here in that people can get on well without agreeing with each other" (Güner).

Personal experience of intervening in working with couples was also given place by the participants: "We are revealing ourselves as a therapist" (Işık). Therapists might have difficulty upon experiencing unfamiliarity with the couple's relationship: "I may hesitate to intervene when having divergent experiences (…) Because I am not married, okay I have a relationship; but the dynamics of the relationship and the marriage become so different." (Nil). Or, at the time of touching to sensitive issues, the way of therapist's intervention might change: "When I see someone too dominant, I guess it is my personal sensitivity in that I say wait a minute (…) Then, I can become more interfering and break the flow" (Ekim).

3.3.2. Engaging with What the Couples Bring

Rather than touching to personal beliefs and experiences of the therapists on behalf of the couples, when the reverse which is the impact of couples on the couple therapists was thought, many participants described engaging with what the couples bring on three related dimensions: Personal, therapeutic, and mostly relational. On the other hand, a small number of participants stated their hesitations about being impacted by couples.

3.3.2.1. Being Open to Engage with What the Couples Bring

Regardless of the year of experience in conducting therapy, participants stated that they learn new perspectives from the clients that they work: "We can still learn lots of things. Families or couples teach us" (Kemal).

For those who open to engage with what the couples bring in to the therapy room, being impacted by couples is one of the upsides in working with couples: "This is one of the things that I love in this profession" (Işık).

On a personal level, the therapists may apply their intervention in sessions to themselves in a reciprocal way: "I do the same as I did my clients. I do them the thing that I did to myself" (Gizem); "This is something that I have asked to myself" (Kintsugi).

As a couple therapist, participants also described that when they realize useful interaction among couples, they can use them as a tool in working with other couple clients, too: "I learnt technique from the woman. That was amazing. I have still used it even in sessions. I mean I added it to my advices in therapy" (Aslı).

Being open to learn from couples does not mean the motivation behind being a couple therapist; yet it is the experience which results in self-development of the therapist: "I have been always open to learn from my clients. I am always open, but the reason for doing this profession is not to enrich my life. My goal, of course, is to know myself and widen my horizon; but while doing this profession, I only consider the client" (Defne).

Engaging with what the couples bring to the session leads therapists to question themselves in order for self-actualization: "This is an important resource for me to be able to realize, understand, and question myself with the aim of improving myself (…) Therefore, all of those cause us to actualize, observe, and understand ourselves as well as to search for solutions upon facing difficulties" (Alinda).

Learning from the couple clients might result in expanding therapist's perception about couple relations. Those who open to engage with the couple's experiences may choose involving them to their own couple relationship:

"If it is something that was not included in my repertoire, I honor it too much. Then, I guess it becomes something that I can do the same and contribute to myself" (Ekim). Because participants described they want to try that effective tool, too: "You realize something beautiful on them; thus, you want to try it in your personal life, as well" (Emin).

Observing similar experiences with couple clients increases therapists' understanding of their own partner: "I realize that I understand both myself and my partner better" (Emin). Couples work like a "mirror" in order for the therapists to

see themselves in their own relationship when they come across with a similar experience, which may play as a preventive role in couple therapists' own relationship: "Some couples mirror so well. If I do it to my husband, he might become so. Or, if he does so, I might become like that. There were some times that I created changes at home by remaining the first stage of the problem without furthering the third stage" (Kintsugi).

Even if it has not been applied in a personal relationship, it is frequently experienced that working with couples create awareness for possible relationship problems: "I am aware of that. Thank God, it is the benefits of this profession. Okay, do we apply all we know? No…" (Işık).

Most participants indicated questioning themselves, which leads to questioning their couple relationship as well: "I may be questioning relationships whether I am happy there or not ten times more than an average Turkish person" (Işık); "As we always say that being a therapist impacts our personal life and we have the opportunity to question our own processes. When we become a couple therapist, of course, we have the opportunity to question our relationship, too" (Naz).

Upon living similar difficulties with the couples, Naz explained observing the couple in the session played a significant role in her decision for her couple relationship:

"It was so same! (…) I can tell myself that I could move on my life by making a decision about myself and breaking up step by step thanks to this case" (Naz).

As a form of engaging with the couples' experiences as a person and/or a therapist, 7 participants stated that they compare their own couple relationship with the couple clients': "The mind unavoidably makes such a social comparison" (Ferit). Observing many couples and knowing their relationship experiences increase the likelihood of making comparison: "You know many couples' privacy as much as nobody knows. And one side of it is to compare it with your relationship. People have two major relationships before marriage and compare them with two

major relationships of her husband. We have lots of couples to compare; both as a man and a woman" (Aslı).

This comparison was described mainly in two directions: Being grateful for own couple relationship or aspiring to the couple clients' relationship.

On considering the couples beneath the therapist, the participants might be grateful for their own couple relationship: "When you see someone belower than you, you thank God" (Ayça); "To be honest, sometimes I say that fortunately I got married to her [Laughter]" (Ferit).

On the other hand, aspiring to the couple clients' relationships was described as coming to existence as a result of unfulfilled desires of the therapists:

"It starts especially on the issues that you have a chip on your shoulder" (Aslı).

"I think I can feel jealous if a couple having problems or difficulties does not have difficulty in the issue that I have" (Naz).

Upon touching this unfulfilled desire as a person, participants explained that they can have compassion for the spouse who fulfills the partner's need:

"Many times I went through an inner process of saying 'poor man! He's doing everything in his power'" (Güner).

Thus, they come across with their desires and demands in the relationship:

"Some relationships are just as I want and for instance, I say that how beautiful and sweet couple… I wish I could be so" (Nil).

Participants asserted that they should be conscious of those comparisons as far as possible: "Of course, it is not possible to compare consistently; but I am sure it is compared in inner world with an unconscious process. I try to keep such comparisons on a conscious level" (Defne).

In order not to direct those comparisons to the couple clients, participants often choose to talk about their experiences with their own partner: "Then I tell myself go and make this jealousy to your boyfriend. [Laughter] So, after the sessions, I am nagging at him" (Naz).

Therefore, some therapist may share their experiences in session with their partner: "We share some experiences not as a case but as a fact. I mean, there is

something like that, people live so" (Alinda). This sharing ensues in appreciating the partner as a result of the comparison or normalizing the lived difficulties:

"Of course, I sometimes share with my husband. Such a couple client came and they have a similar problem to ours. Or, how can I say… What we had experienced in our relationship for years, but they can make even a small difficulty an issue. Thus, I sometimes normalize my own situation" (Güner).

On the other hand, it was also clarified that sharing the experiences as a couple therapist with the partner might damage the perception of being a therapist. In order to prevent the perception of the fact that the therapists talk about their clients with their partners, Ekim is strictly against sharing her experiences with her partner:

"I don't prefer to talk it with my partner so that he does not lose his faith either. If my partner someday goes to the therapy, I do not want him to perceive that his therapist will talk about him since Ekim was already talking about her clients" (Ekim).

3.3.2.2. Hesitating about Engaging with What the Couples Bring

Even if the participants do not always have an edge to being impacted by couples, the first reaction might have contained hesitations:

"My first reaction is… But then, I wonder whether I did not think on that much. I don't think they contribute to me a lot. I mean, I am not aware, so I don't know" (Ekim).

Only two participants explained that the couples have a few or no influence on themselves.

The perceived impact of years of experience in conducting couple therapy may play a role in hesitating about engaging with couple client. While Nil stated that having a healthy couple relationship is important in order not to be impacted by the couple clients "Actually, it did not affect a lot because I see how much I built my relationship in a secure base and so it is important and healthy"; she also stated that as a novice couple therapist, this might appear as a result of having a few couple

therapy experience: "Therefore, I have not had much opportunity to work with more couples. But, I am trying to give examples from these experiences" (Nil).

On the contrary, Solmaz who is the most experienced participant also stated that she was not impacted by the couple clients based on her profession in distinguishing the personal and professional experiences: "Because I achieved to put my inner issues, problems, conflicts, and sadness into a different file" (Solmaz).

3.3.3. Trying to Absorb Effective Therapist Presence

Realizing the image of the couple therapist from the couple client's, other people, and the therapists' own perspective; many participants mentioned about the difficulty of answering to that "idealized" couple therapist presence: "It personally forces me a lot. It is a very idealized scene" (Naz).

Encountering the living experience of working with couples, most participants drew a distinction between what they learnt and read about working with couples and what they experienced in working with couples. Since the theories that have been mostly learnt at a cognitive level, being involved in the therapeutic work becomes different:

"It is not only thinking with the prefrontal cortex but also experiencing emotionally and bodily. Integrating it, of course, is the most important one because it is not only book information or knowledge gained by course. Instead, it is about being involved" (Işık).

In the context of Turkey, theoretical sources originating from different cultures might vary with Turkey's reality: "The literature that we follow is mostly of foreign origin. Though it is very different than our country's reality" (Gizem).

Giving reference from well-known therapists may be helpful for couple therapists to normalize their own differentiated experiences as conducting sessions:

"Yalom says that 'there are some times that we are also engaged in it no matter what we do'. I mean even though we try not to involve and to remain objective, what I see that many therapists engage in the process more or less" (Emin). Therefore, for those who access their self of the therapist as well as who are open to engage with what the couples bring perceive the therapist as a part of

the therapeutic process and absorb the presence in the therapy room: "I never think that therapist is neutral. I believe that s/he is also a part of the process" (Ayça).

Thus, looking deeply into their own experiences as a person, participants explained how they absorbed the information that they learnt from the theory or books by facing the emotional experience of working with couples:

"I don't consider it as a job, which means I am a couple therapist sitting and listening to them. Then, I will tell them what I read in books. No! I live all those emotions and I enter in their lives. I feel and I state what I feel" (Ekim).

"Aren't you influenced when one of your previous experiences were told in therapy? Don't your response, the shape of your face, your behaviours influence on your client?" (Emin).

Whilst trying to absorb that idealized couple therapist inside, confusion might be experienced by the therapists. One participant expressed how it was confusing for her to decide when to terminate the therapy when her goals were not completed although the couples did:

"Perhaps my beliefs may create confusion about the fact that goals were not achieved, missing, or when they brought a therapy goal that I did not think. I mean they can say 'okay, we took this much and now decided to go'. I may say, I say, 'but wait a minute, we did them but remained this and that'" (Naz).

Furthermore, Kintsugi stated how much she got shocked upon facing with one spouse's confession: "It was indeed shocking to be caught unprepared because it wasn't going like that. In the place where human exists, relationships may not be categorized because there might be always surprises. However, it was something frame breaking for me. I wasn't predicting it. I don't have to live such an experience by myself but it was so unexpected that!" (Kintsugi).

On facing with the emotional experience of working with couples, many participants described their need to become differentiated from the couple clients' experiences in order to have a more effective therapist presence:

"I had prejudices before starting to work with this couple (who make her remember her previous partner). Saying she is not me… Or, she is not me, this is

not my relationship. It was good to frequently remind me that inside or outside of the session. And this provided me to work effectively" (Ekim).

Most participants clarified the difference between their own journey and the couples', despite many similarities: "My journey has been the journey of becoming independent. However, the journey of another person will be the journey of healthy attachment" (Defne); "This is my own relationship perspective and it makes me feel good. My relationship has such a function, but it may not be good for your relationship" (Ferit); "The woman already comes from that system. So, maybe she doesn't expect from her husband the thing that I expect" (Işık).

Therefore, the necessity of taking a differentiated stance of the couple therapist was given a place on three levels: before, during or after the therapy sessions.

The difficulty of conducting therapy after having a bad day was frequently stated by the participants (see 3.3.1.1.2.). At those times, participants explained that they find a way to regulate themselves before the session on behalf of the clients, which means in order not to reflect their emotional reactivity to the clients:

"I pay attention to coming to the office, drinking a cup of tea, talking to some colleagues because it is really difficult if the person whom I talked lastly and I went to the therapy room right after that. However, if you sit and drink a cup of tea with the friend in secretariat while your client was waiting, actually that cup of tea is for your client" (Aslı).

Therapist's differentiation during the session may take place on mentally or within the interaction with the couples. Approximately two-thirds of the participants described that they differentiate themselves from the couple clients via self-talk:

"I talk by myself, I talk to myself and say 'this is not your relationship. This is theirs and is necessary to stay in their relationship" (Nil).

This self-talk provides the couple therapists to differentiate the couple clients' relationship also from other relationships that the therapists have known:

"This is completely another couple, not me. Neither me nor my husband. Even they are not another couple that I remember. And they are not my mom and dad, not at all" (Defne).

Some participants also stated that they can achieve self-differentiation by becoming experienced/professional within the process.

"As I become more experienced, I realized that I can more easily come through the process. The more you are professional, be experienced, the easier you can come through. I realized. Initially, it was taking more time to mentally overcome this process; but the amount of time decreased within the process" (Emin).

"Initially, working with couples was something that makes me tired so much. I was taking the session and my emotions home, but now it is not as it was previously. More professional and being close to them in the room. However, after going out of the room, I leave them in the room" (Aslı).

Moreover, participants may choose to differentiate their own experiences/beliefs from the couples' within interacting with the couples during the session. While some may declaim it to the couples like "I tell them I will be careful about not influencing you to the utmost" (Emin); some may use a familiar experience as a tool for them:

"If I see a parallel process, I may raise this topic with an example like 'it was like that for one of my clients, does it similar to your experience?' I don't fight with it. Instead, I use the things that come to my mind as a tool" (Defne).

This is an everlasting process in that after the session, almost all participants mentioned their experience like a "self-analysis, personal analysis" (Solmaz).

This might be getting supervision in order to distinguish the personal issue from the couple's: "We have to work on it during supervisions. Is this my own issue or an issue related to him/her? Why did you get angry?" (Kintsugi). Or, this might be the therapist' personal therapy. Therapist's personal therapy might be considered as who the therapist is as a person due to the risk of imposing personal beliefs upon clients: "We are unavoidably inclined to impose our inner world, I mean, this is our profession. So, the more we are aware, the more we minimize (…) I don't refer to

a therapist who doesn't go to his/her therapy. I mean, who the therapist is very important for me. I mean, apart from his/her training, how s/he is as a person" (Işık).

3.3.4. Embracing Being a Person and a Couple Therapist

The living experience of working with couples requires the couple therapists to differentiate themselves from the couple clients. This process goes parallel with integrating the self into the theory and monitoring the self. The therapists who integrate their self and their therapist parts recreate the meaning of being a couple therapist further to their previous roles undertaken (see 3.2.2.).

3.3.4.1. Integrating the Self into the Theory

All participants were trained in at least one therapeutic approach in order to work with clients in the therapy setting (see Table 2). In time, participants have gone through a process of adopting the therapeutic approach, differentiating from the approach, and then integrating the self into the theory.

The process often starts with a clear mind for the therapists: "My mind was clear; not processed by any theoretical approaches before" (Ekim).

Upon learning the therapeutic approach, participants explained a process of adopting the approach in their way of conducting therapy: "My trainings and professional experiences are not actually couple therapy. I don't see the family therapy and domestic issues separate from the systemic approach. I mean couple therapy is not specifically independent of the family therapy" (Kemal).

Similarly, the way of how the supervisor approaches the case becomes important for supervisee therapist in order to adopt the therapeutic approach:

"Because my supervisor is X, I usually use validation" (Nil); "It is actually a controversial issue whether therapists/analysts should wear their wedding rings and whether this impacts neutrality. Since my supervisor wears it, I feel at ease" (Ferit).

Adopting the therapeutic approach impacts the therapists' perspective, which has also an effect on their own couple relationship: "I don't tell him (to her husband) much anymore. Since my theoretical approach is pragmatism, it is

unnecessary to say it if there is no use (…) Being pragmatic means not to maintain a pattern if it is no use. I consider it important as my worldview not only for the session. That suited me personally" (Aslı).

Even though the therapists adopt the therapeautic approaches, they begin questioning the theory within the process. That results in differentiating the personal beliefs from the theory, which lead the therapists up to decide what part of the theory will be used or not:

"Of course if you don't adopt your therapeutic approach, you can't learn it. So, you have to do it without questioning for a while. Then, you decide which parts to use or not. Psychology students experience it while learning about Freud. You can't accept the whole theory, but it is like faith. Firstly, you must have faith in God in order to comprehend. Then, you start questioning" (Ayça).

Thus, participants may choose to combine other theories into their approach:

"I have not seen any couple who isn't an imago match. I've been doing this profession for years. So, I can raise this topic. Or, suddenly something happens and I decide to ask them a miracle question and continue from there" (Güner); "I got training from various approaches. I like to combine them. Each one has its own good parts. Yet, I don't use either of them merely. I love to mix them in therapy, as well (…) It is like a chef. Let's put a dash of this, a pinch of that and what this one changed. Let's look at another. Perhaps I like to conduct it like that. I like to see differences among people" (Işık).

Yet, it is also clarified that participants do not integrate a therapeutic approach, which is not close to their own perspective: "Of course those are not like I never use them or I don't want to look from this perspective, yet not the approaches that ground my viewpoint. So, it definitely impacts the way I conduct the therapy" (Naz).

Therefore, therapists integrate the self into their theoretical perspective in conducting the therapy. This might be constituted with the effect of their intuitional presence in the therapy room: "Because there is no book written that what they exactly need in this common area. This is not something that will be taught at the universities. It is completely intuitional and shaped between three people" (Defne);

"I can be with my instincts here and I conduct the therapy like that" (Esen).

Thus, they can decide their intervention at the time of working with couples:

"I have few pre-prepared interventions. I do whatever comes to my mind in the sessions" (Ekim). Furthermore, Solmaz explained that she integrated a well-known therapeutic approach two more characteristics: "John Gottman's four horsemen is very nice. I have added two more to that" as well as she developed a model in working with couples: "I developed a five-session model"

Accessing the self of the therapist in addition to the therapeutic approaches gives a secure presence to the therapists: "I feel secure because you know what to do at the times that you can't feel. Or, you can do it when you are confused (…) So, I think I can be secured" (Naz).

Reaching to a secure presence ensues from acknowledging the identity of being a couple therapist firstly themselves. This differs from the image of the couple therapist (see 3.2.1.) in that the couple therapists infuse the proper meaning of being a couple therapists into their relational environment: "When you don't adopt, neither do they. Okay, people approach you respectfully, okay you can use that title, yet it doesn't suit enough (…) therefore, forming the identity of couple therapist took time for me, which was related to my own development and the time that I could thrust myself on my husband" (Esen).

3.3.4.2. Monitoring the Self

The participants described their need to constantly monitor themselves as a therapist: "the need to constantly monitor" (Defne). Monitoring might be in the context of assessing the therapeutic presence:

"Do we properly approach? Do we realize the problems and the needs? Do we work solution focused? Do we treat both of them fairly? Do we reveal ourselves genuinely? There are lots of 'do we?', which means we check ourselves and try to be balanced" (Alinda).

Additionally, monitoring might play an essential role in deciding the therapeutic intervention. Ferit explained that when he needs time to monitor the self

in order to differentiate his experience from the couple, he postpones his interpretation:

"If I have a suspicion or say that wait a minute! This is exactly related to the issue that I had right before coming to the session, I postpone my interpretation even if I am sure that it is right" (Ferit).

Moreover, the participants also described monitoring the self in the context of their emotional experiences of working with couples. Therapists need to differentiate their own emotional experience from the couple's by monitoring themselves:

"Perhaps I undertake their feelings. So, differentiating and regulating them are important" (Naz).

Thus, some participants monitor their personal issues by reflecting on their emotional experience:

"Of course, I worked on that. Why did I get angry? (…) This is an issue about me!" (Kintsugi).

The emotional experience of working with couples reminds the therapist of being a person:

"Even though I mentioned about distinguishing the reality, isolating etc., we are not superhuman. We are also persons" (Ferit).

As a person, the therapists encounter with their limitations. As a therapist who has limitations as a person may emerge while working with couples having unacceptable experiences in the therapist's mind:

"I probably have certain limitations. The men with three wives sometimes may do… I have not experienced before; but heard it. Or, when couples using violence came, I would probably have difficulty with this social location, I mean, I have difficulty" (Naz).

And as a person and a couple therapist, participants recognize that coping with every situation in the personal life and sessions is not possible: "It is not possible to cope with everything" (Alinda). Thus, of course there will be some points that the therapist might miss: "You will miss something, of course it will be" (Solmaz). Or, at the times that knowing everything is not possible as a person whilst

it is accepted by the couple therapists is about taking a genuine presence as a couple therapist:

"It is very beautiful to accept that it is not possible to know everything" (Ekim).

3.3.4.3. Meaning of being a couple therapist

Participants who hoped to touch upon the system at the time of deciding to integrate the couples into the therapy room (see 3.1.4.) expressed that being able to touch upon the couples as well as having an influence on them are the best aspect of working with couples:

"I like it so much. Actually, when I tell them their own words, I like their reactions such as saying 'oh, was it like that?' so much" (Nil).

"Being conduce toward a couple's improvement and truly impacting them are really satisfying" (Aslı).

Eight of the participants explained their way of influencing the whole system via touching upon the children. Even if the child is not physically present in the therapy room, the therapists involve the child through working with couples:

"There are some couples who come to me without bringing their children. I work even with couples about their children. They already bring the problem such as by saying the child is doing that, his/her father is doing this, and his/her mother is doing that. So, I can already reach some of my goals" (Güner).

Therefore, the couple therapists include children to their problem assessment:

"When you start to work with couples' problems, being able to involve the child into the therapy…" (Kemal).

In the end, couples' healing requires addressing the whole family for the therapists:

"I regard the couples' healing as the families' healing" (Ayça).

Being able to play a role in healing the couples fulfills the couple therapists' expectation by taking the role of "healing helper" (see 3.2.2.1). Healing the couples is an indicator of healing the future of the couples too: "We work in here and now;

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but actually we heal and cure the past. And what we did also heals the future" (Defne). While many participants mentioned about doing the couples good on behalf of the couples such as "whether I would be better or worse, in quotes." (Kintsugi); this makes the couple therapists feel good as well: "I think it is good both for me and for the clients" (Gizem).

One participant clarified this in that the therapists also gain satisfaction when being able to heal couples:

"Then, I can look from the aspect of the fact that we all gain something from the therapy, not only clients but also me" (Naz).

For the therapists who observed and/or experienced couple relationship; yet not being able to heal previously (see 3.1.1), experiencing being able to heal couple relations is satisfactory despite its challenging sides:

"It is really satisfying to observe and see the repair of the relationship, I mean, to untie the knots in the relationship even though it is challenging" (Işık).

Being able to heal by oneself this time was described as a spiritual satisfaction of helping the couple:

"You feel happy when you realized that you helped someone, a couple, or a relationship and they keep their lives on track (…) You enjoy and become satisfied spiritually upon observing that couples' relationships are going well in time and that you helped them" (Emin).

Participants explained that feedback received by couple clients is a way of understanding has been able to heal the couples. Feedback may include other clients referred by previous clients: "You receive feedback or hear about them. They refer to other people. And so, seeing that your contributions are permanent leads to our satisfaction" (Alinda).

Furthermore, in the context of Turkey, a small number of participants also described that receiving an invitation for their wedding or their child's circumcision feast shows that they have benefited from the couple therapy while protecting boundaries of the therapy:

"I might receive invitation for the wedding. They say 'we are going to marry thanks to you'. I thank and decline the invitation" (Esen).

"We came due to our boy's circumcision. Actually, we are good, we just wanted to invite you [Laughter] No, we, of course, do not accept those invitations. We should tell them without any hurt; however, I was really bursting with happiness, I have endavoured so much, really I did. They have endavoured also, it was not an effort made by myself. We proceeded together. Thank God" (Aslı).

Being a couple therapist was described as "lighting the candle for the self & other":

"I mean, that is like a candle. You light something and you do not lose anything from your own light; but, somehow if the wind blows and your light goes out, you can be lightened again by what you lighted" (Ayça).

Lighting other people's lives turn back to the therapist in that being able to heal touches upon the therapist as a sense of well-being:

"Indeed, the most beautiful part of our profession is that if we might touch upon somewhere, might turn green light on them, and we were a mediator, this is a great source of happiness for me" (Solmaz).

Working with couples in therapy room might recess the therapists' difficult times and may even reduce the symptoms experienced by therapists at the time of conducting therapy:

"It had been a tough week. I can say that it's due to some family issues. Really, I had a one-week period that I have worried, been afraid, confused etc. while thinking at the out of the session. My headaches increased. Then I entered the session. There was none of them. I mean, even my physiological symptoms were gone. After I sent the clients off, the symptoms were starting again" (Ferit).

It gives hope to the therapist: "On the other side, that is actually something which can give hope to the therapist while the therapist is having a bad day" (Pınar); and thus, healing others may take on a new meaning of being healed by oneself:

"While you are conducting a therapy, you heal yourself, as well." (Alinda);

"This profession helps us know ourselves. I mean, while we are doing therapy, certainly we benefit from the therapy, as well. I think that we did not choose this profession for no reason." (Kintsugi).

Even if this is not considered consciously, being able to heal others paints a hopeful picture for the therapists regarding "being able to heal themselves, too":

"I have never thought about it consciously but seeing people who can heal something gives me hope in order to be able to heal myself while life is getting worse" (Ayça).

The sum and substance of the process described above is that hoping to heal couple relationships as a person has been achieved while working couples as a professional. Personal and professional experiences in this process are dynamic; thus in a state of flux, which have been developed as being on the road:

"It is a kind of dynamic process. I mean, it is no longer possible to say 'those affected the way that I establish relationships but not anymore'. Because we also continue to our own therapeutic processes as it has been recommended and as we believe how it should be. So, we continue to read, to study, to go to our personal therapy, and to undertake supervision. Actually, that is the way how we change, improve continually. I think that as our self-relationship changes, the relationships that we established with couples change, as well" (Naz).

SECTION FOUR

DISCUSSION

The present study focused on discovering the process explaining how personal and professional beliefs and experiences of the couple therapists have reciprocally impact on each other. The grounded theory outlined a model presenting the process in three phases: Endeavouring to Repair Relationships, Creating the Presence of Therapist Working with Couples, and Developing the Presence of a Person and a Couple Therapist. From a constructivist approach, it is believed that these emergent categories were constructed within an interactive process through observations and lived experiences of the researcher and participants in the social context (Charmaz, 2006). Hereof, participants' demographic characteristics were firstly placed in the context of Turkey. Afterwards, overall theoretical findings were discussed in light of the literature. Then, strengths of the current study, recommendations for further research based on the limitations of this study, as well as clinical implications in the context of working with couples, couple therapy trainings, and supervisions were presented.

4.1. UNDERSTANDING DEMOGRAPHICS IN THE CONTEXT OF TURKEY

All participants in this study despite variety in their place of birth and their ethnicity were currently living in Turkey. Hence, understanding the findings in the context of Turkey becomes more of an issue.

Going back to 1980s, initial attempts to spread new modality in Turkey were shown itself under the name of family therapy (Kafescioglu & Akyıl, 2018). Similar to the developments in America and Europe, couple therapy firstly arose within the work of family process (Gurman & Fraenkel, 2002). Therefore, it is highly understandable that the participants taking the family therapy training at the very beginning of the developments in this field approached to the couple therapy work as working with the subsystem of the family which needed to be considered within the family. Arduman (2013) clarifies that family therapists were working with

couples "under the name of family therapy" (p.374). Indeed, the term couple therapy has relatively recently entered to the training and certification programs all over the world. According to Gurman and Fraenkel (2002), the name of marital/marriage and family therapy due to the limiting meaning of "marriage" turned into "couple therapy" within the process (p.203). Furthermore, based on Korkut's findings (2007), that the change from "family and couple therapy" to "couple and family therapy" stated by Lebow and Gurman (1995) was not fit to the current characteristics of modality among Turkish clinicians (p.26). Yet, this study showed that some changes were identified in the past decade.

In the demographic form of this study, the participants were expected to write their titles used in professional settings. While only 7 participants used their titles specific to couple/family therapy profession in addition to their titles received via the completion of their master's degree, 4 of them used "couple and family therapist". The use of title among the remaining three participants differed as "family therapist", "family and marriage therapist", as well as "family and couple therapist". Even though this variety results from the title received from the training or certification programs, for those who did not indicate their title despite their licensed/ academic training in this field might be different. One reason might be the fact that participants may not feel competent based on the training(s) that they have taken in this field (Akyıl, Üstünel, Alkan, &Aydın, 2015). Or, they may prefer to use their master's degree because it is more popular in Turkey. There was only one participant who has not got a couple and/or family therapy training. The personal reason for this participant was that the psychoanalytic couple therapy training has not been given in Turkey, which results for the participant in maintaining the couple therapy practice under the supervision by a psychoanalytic couple therapist. This restriction in training approaches in Turkey shaped the participant's professional definition as "a therapist working with couples".

In a relatively recent study, which was conducted with an aim of understanding the current characteristics of clinicians working with couples and families in Turkey, Akyıl et al. (2015) reached to the conclusion that professionals who work with couples and families in Turkey mostly prefer systemic approach

(63%) while working with couples. Other prominent approaches were solution-focused approach (51%), cognitive-behavioural therapy (36%), and emotionally focused couples therapy (32%). In the present study, while systemic approach continues to be recognized among therapists (n=7, 36.85%), compared to previous study (Akyıl et al., 2015), emotionally focused couples therapy (n=4, 21.05%) was the second most common approach used by the participants in this study. This shift might be related to the increase in the trainings of different couple therapy approaches in Turkey (e.g., Emotionally Focused Couples Therapy (EFT), Psychobiological Approach to Couples Therapy (PACT), Gottman Couples Therapy, Imago Relationship Therapy, etc.). Moreover, similar to the previous studies (Booth & Cottone, 2000; Korkut, 2007), even if systemic approach was mostly preferred, interventions were formed in a more eclectic way.

The percentage distributions achieved in this study might be also affected from the therapist' own accounts. Therapeutic approaches were not written in demographic form by the researcher. Instead, it was aimed to be written by the participants themselves. Since the percentage was calculated as the participants stated in the form, some therapeutic approaches might be forgotten.

Apart from their theoretical approaches, the participants were asked to state their years of experience as a psychotherapist and a couple therapist separately. The result revealed that therapists working with couples have more years of experience working as an individual adult/child psychotherapist. This result actually demonstrates the parallel process to the development of couple therapy in Turkey as being relatively newly developed therapy practice among clinicians.

Consequently, the demographics of the participants had some similarities and differences compared to previous studies. While gender distribution in this study (woman=13; man=4) has produced a consistent finding in that professionals working with couples and families were mostly women (87%); the participants in this study were older (age of 43 vs. 25-30) and had more years of experience in conducting therapy (11 years vs. 5 years of experience) (Akyıl et al., 2015).

4.2. THEORETICAL DISCUSSION

Even though the beginning point in this study was to explore the reciprocal impact of working with couples and having a couple relationship, it evolved into the process of being a couple therapist who can access to the self and engage with what the couples bring to the therapy room. The literature on the self of the therapist has had a long history even from the beginning of the psychoanalysis. Since that time, many attempts have been made with the purpose of representing the importance of the self of the therapist. Thus, self of the therapist was embraced by many founders of various therapeutic approaches (e.g., Avis, 1985; Bowen, 1985; Satir, 1987). Nevertheless, there has been little empirically based knowledge on how to use the self in therapeutic context and experiences of couple therapists who have in a couple relationship themselves are not yet known. Hence, the time has come for the clarification of the process based on the accounts of couple therapists who work in the field.

The grounded theory model begins with the process of "endeavouring to repair relationships" which was supported by previous studies. There is a vast amount of literature on the process of being a psychotherapist, which basically searches for the conscious and/or unconscious motivation behind working with clients (e.g., Holt & Luborsky, 1958; Nikčević, Kramolisova-Advani, & Spada, 2007; Sussman, 2007). Motivation to pursue a psychotherapy career among professionals have been identified under various issues. For instance, Halewood and Tribe (2003) investigated the prevalence of narcissistic injury among counselling psychology students, which resulted in higher degree of narcissistic injury compared to the control group. Moreover, childhood experiences of the therapists and its impact on the sessions drew attention to date in the context of attachment and reflexive functioning (Rizq & Target, 2010); having more traumatic and dysfunctional family environment than individuals working in other professionals (Elliott & Guy, 1993); taking caring roles as a child in the family of origin (DiCaccavo, 2002); and so on. Although the focus of this study was not on the experiences in family of origin, childhood experiences and their roles within

their families and their social environments appeared as an inevitable impact on decision to work with clients and take a helper role.

Norcross and Farber (2005) clarifies that the sentence of "I want to help people" has been the mostly stated response among psychotherapists since it is "conscious, socially desirable, and professionally acceptable" (p. 940). Thus, they proposed that the motivation behind being a psychotherapist is a more complicated process (Norcross & Farber, 2005). Indeed, in this study, both professional and personal experiences were given together by the participants. With the help of grounded theory method's openness to the new information, regardless of the previous theories on this issue, the current data revealed that the initiation to help others begins with the desire of comprehending the couple relationship for couple therapists.

The data showed that it was not only the lived childhood experiences playing an important role to become a couple therapist. On a personal level, couple relationships within the social context that the therapist live, the therapists' own couple relationships and eventually, how those relationships were personally observed and/or experienced make a difference. It was a striking information from the data in that since those experiences lived personally as a wounded child/adult, at the time of dealing with the wounded part it was not easy to heal the relationship simultaneously. With an aim of giving the meaning to those experiences and preventing further wound, the participants explained that they firstly themselves searched for help before being a helper. In the literature, despite a considerable amount of study indicating the importance of therapists' own personal therapy experience as a trainee to become a psychotherapist as well as therapeutic outcome (Freud, 1937; Greenberg & Staller, 1981; Macran, Stiles, & Smith, 1999); the present study revealed the importance of therapists' initial ways of seeking help in their motivation to become a couple therapist.

Most study in the literature concludes that personal therapy of the therapist is useful for the personal and professional life of the therapist and so focuses on the positive experiences of personal therapy for the therapists (Oteiza, 2010). Moreover, in the study included 175 psychotherapists, when the outcome of the

therapy were asked, the majority evaluated their therapy outcome as very successful (68.9%) whereas only 2.6% of participants evaluated as moderately unsuccessful (Deacon, Kirkpatrick, Wetchler, & Niedner, 1999). Contrary to this commonly discussed issue in the literature, some participants mentioned about their negative couple therapy experience as a couple client. Remarkably, it has been reached that having a negative couple therapy experience encouraged therapists to believe that they can be better than their previous helper, which impacts their belief in themselves as being able to heal the relations this time. The participants who have failed to heal the observed/experienced couple relationship as a wounded him/herself showed their process of how to become a wounded healer. Consistent with the wounded healer archetype which has been frequently carried out in the literature (Jung, 1951), it seems that the concept of being a wounded healer was recognized by not only researchers but also practitioners.

Though the need for self-healing as a wounded healer appeared as the most common reason to become a therapist/counsellor throughout the literature (Conchar & Repper, 2014); it was interesting that only a few participants included the assistance of conducting therapy as a way of self-healing. The dominant theme shared by participants was the transition from being a personal helper to professional helper as a wounded healer; yet how they suffered from these wounds and coped with them personally were not addressed. While transition from the role of personal helper to professional helper is consistent with the literature on avoidance of the self by focusing on the helping others professionally (Page, 1999; Rizq, 2006); one possible reason for jumping to the process of being a professional helper during the interviews might be the difficulty of sharing this side to someone else (the researcher) since touching the avoided inner self is already discomforting (Aponte, 2016) or hesitating over being stigmatized and destroying their image (Farber, 2017; Sussman, 1995).

One of the most distinguishable finding in this study is the triggering motivation to conduct therapy with couples. The statements of feeling inadequate in conducting therapy and having doubts regarding their efficacy within the sessions concur well with the earlier findings (Dryden, 1992; Mahoney, 1997). Furthermore,

it was previously explored that therapists develop their own coping ways to deal with these feelings such as preferring a theoretical orientation giving concrete activities or quick solutions (Thériault, Gazzola, & Richardson, 2009). In a similar manner, due to the feeling of inadequacy originating from the perception of not being able to impact the system while working with individual clients, the participants indicated that working with couples provided with a quick and an effective way in order to be able to impact the whole system. Although this finding might be rendered under the influence of therapeutic orientations of the participants working with systemic approach, the finding brought a new perspective to the literature by filling a gap for the specific motivation to work with couples. The timing of this decision is also another striking information in that the time of taking couple/family therapy training and living difficulty in romantic relationship and/or the birth of a child were overlapping based on the several participants' accounts. Although the data do not reveal the inner motivation behind that, this is actually a familiar process since the intertwined timing of "the birth of psychoanalytic movement" and the birth of Freud's daughter Anna (Farber, 2017, p.98).

The second phase shared by all participants is "creating the presence of therapist working with couples". Upon integrating couples to the therapy room, the therapist starts to develop an image of couple therapist which then shape the roles undertaken by the therapist and eventually to develop an effective therapist presence.

The current study indicates that the development of the image of couple therapist has been formed by the influence of the perspectives from the therapists, couple clients, and lay people. Since the couple clients' and the therapists' perception regarding therapy process, like pivotal moments in therapy, might be different from each other (Helmeke & Sprenkle, 2000), understanding the different meanings transmitted from therapists, clients, and other people in therapists' lives becomes prominent.

As the literature suggested some do's and don'ts for the therapists in order to conduct a good therapeutic work (see Bunston, Pavlidis, & Cartwright, 2016; Ratra, 2011); when therapists were asked regarding their use of coupledom beliefs

and experiences in couple therapy, a list of do's and don'ts appeared in order to be an effective couple therapist. How to be a couple therapist was mainly considered in the context of "being a master couple therapist". The preliminary requirement of being a master couple therapist appeared as getting experience over years. Some participants explained that even their experience of being a couple therapist has changed over the years. While working with couples has been often considered as harder than individual therapy by most of the participants, getting satisfaction from couple work has increased as they started to work with more couples (Wachtel, 2017).

Although there is a large literature being consistent with the importance of experience in therapy (Skovholt, 2012), it is noteworthy that expertise and mastery in therapy work have been already expected from the therapists in order to be considered as a master therapist (Sperry & Carlson, 2014). Even though what makes a therapist master is described by a range of similar factors in this study such as developing a good therapeutic alliance/bond, understanding the needs of both the clients and themselves, being skillful in use of theory, reputation of the therapist (Kottler & Carlson, 2014), there might be some cultural nuances in defining a master therapist (Jennings, Skovholt, Hessel, Lakhan, and Goh, 2016). For instance, it is an interesting finding that participants indicated some indicators being looked like a master couple therapist even if s/he is not. A few participants stated that therapist's age signifies the therapist's years of experience in doing therapy. Therefore, being older might be assumed as being more experienced/master therapist by clients. When this perception is examined in the context of Turkey, it might be related to the clients' demands in choosing a couple therapist. Because some clients prefer to work with an older couple therapist in Turkey, the couple therapists might perceive to have an older age as an indicator of being a master therapist in the eye of clients.

When it comes to the don'ts, beliefs and experiences of the therapist was considered as prejudices and biases, which result from therapist's personal issues and needed to be resolved (Carlson & Erickson, 2001). In this regard, the first and foremost "don't" stated by the participants is that being biased towards the clients.

Almost all participants asserted that being unbiased and objective is especially important in couple therapy since the partners already come to the therapy with the feelings of not being understood and being judged by the partner (Wachtel, 2017). Moreover, it was assumed by several participants that couples might have a tendency to consider the couple therapist as a judge who will make a decision about themselves and their relationship; therefore, expect the couple therapist to treat in this role (Piercy and Wetchler, 1987). Epston (1993) warns the couple counsellors/therapists in the presence of such couples in order not to draw into these three roles: (a) "Legal judge" whom the couples wait for their "case" supported as in a courtroom; (b) "Moral judge" whom the couples wait for the therapist to decide who is innocent; (c) "Consultant psychiatrist" whom the couples as taking a role of psychiatrist wait for the therapist to confirm their diagnoses (Payne, 2010, p.101). Hence, those roles also explain the reason behind the couple therapists' special effort to be unbiased and objective while working with couples for an effective couple therapy (Estrada & Holmes, 1999).

As it can be seen, since this study does not clarify whether there is a causal relationship between the perception of clients toward couple therapy and couple therapists' self-perception of clients coming to couple therapy, those were described as an inseparable way in shaping the image of couple therapist by the participants. In addition to them, relational, familial, and social environment of the couple therapist have an influence on the development of this image.

According to the couple therapists, the image of working with couples from the lay people's perspective has laid a burden on couple therapists related to their own couple relationships. The data show that the couple therapists' romantic relationship has been evaluated positively since being a couple therapist meant being good at personal couple relationship and the partner of a couple therapist was considered as a lucky person. Yet, participants have experienced this perception as a kind of disadvantage, which seems like advantage. In a very recent study conducted with the partners of the couple therapists, it was reached that whilst some spouses indicate that their couple therapist partners may not use their skills at home in some cases, many of them do not want their partners to do their own therapist

(Miller, 2018). Indeed, researchers agree on the psychotherapy profession as hazardous due to the roles given to psychotherapists and social expectations (Deutsch, 1984). In fact, similar to the lay people, researchers were curious about whether psychotherapists have better couple relationships or not (see Murstein & Mink, 2004). As revealed in the studies, psychotherapists have marital problems in their relationships, too (Thoreson, Miller, & Krauskopf, 1989) and even marital problems were indicated among marriage and family therapists more than other professionals in the field (Deacon et al., 1999). Although the current research was not aimed to compare their relationship satisfaction or problems with other professionals, the experience of divorce and remarriage, having difficulty in previous and/or current couple relationship made its presence felt and normalized difficult relationship experiences for couple therapists.

One possible explanation of experiencing more relationship problems for couple therapists might be that having more expectations for personal couple relationship (Murstein & Mink, 2004). Some participants specified how much being a couple therapist might be challenging for their partners due to the expectations for the growth of the relationship (Guy, 1987). Furthermore, the participants were aware of their role as being a partner; not a couple therapist at home. Nevertheless, just as the artificial boundaries between the roles of clients undertaken in the context of work and familial, social and cultural (Schultheiss, 2006), couple therapists described the difficulty of setting boundaries to their role of couple therapist in the face of attributed image by family of origin, romantic partner, friends, and social environment.

As Haber (1994) stated that "the self can generate information and images; the role needs to decide whether and how to use the information" (p. 279); combined with their personal part as a wounded healer which played an important role in choosing this profession, the participants defined their roles as being a "healer of today's world" and a "helper" in couple's journey. As the traditional healer whose power is supernatural and use it to heal others (Cheetham & Griffiths, 1982), some participants drew an analogy between this role and doing therapy. However, limitation of this role also was reflected in that not playing the role of

God was highlighted; since it is inevitable that we have clients whom could not heal (Sussman, 1995). Although it is not clear in the data regarding how they achieved the acceptance of their limitation while believing to be a healer helper, it might be related to their previously stated wounded healer part. As Martin (2011) indicated accepting to be a wounded healer rescues us from the perception of perfection.

A relatively recent study included 42 couple therapists from Israel, Canada, the UK, Malta, and Turkey share some similarities with the current research (Rabin, 2014). It was reached that while the couple therapists rejected the perfectionism in their couple therapy work, they set themselves some goals which are difficult to achieve such as "being accepting, genuine, trustworthy" (p. 47). Moreover, losing neutrality was the biggest difficulty shared by couple therapist (Rabin, 2014). The findings of the current study actually produced relatively consistent results in that the participants explained the necessity of being in a position of objective, nonjudgmental, understanding, and providing acceptance. These were constructed as a phase of "developing an effective therapist presence" in this study. In the same study (Rabin, 2014), although the focus was not on the self of the therapist, it was emphasized as a necessary factor to help couples by integrating their true and professional selves. It would seem that the current study meets the need of how to integrate personal and professional self.

As the third and last phase of this study, instead of developing an effective presence by setting perfectionist roles (Rabin, 2014), couple therapists described "developing the presence of a person and a couple therapist". This is a more integrated phase that can be achieved through realizing and knowing how to use the personal self in the therapy room. In this regard, it was constructed in terms of therapists' own coupledom beliefs, romantic relationships, and social location that they use as access points to integrate into their professional selves. The use of professional self in the therapeutic process was evaluated in three contexts as suggested in the person of the therapist training model: Therapeutic relationship, assessment, and intervention (Aponte & Kissil, 2016). This particular area has been developed in the present study by reaching how couple therapists access their own coupledom beliefs, romantic relationships, and social location in order to relate,

assess, and intervene the couple clients. Yet, the major difference from the recommended use of self, in which using the person part consciously and "professionally purposeful" toward an effective therapeutic outcome, was Turkish couple therapists mostly use their self unintentionally (n=9); rather than purposefully (n=7); or being strictly against to access person part (n=1) (Aponte, 2016, p.3).

Use of self has been perceived as countertransference and/or biases of the therapists, which supports the initial interchangeable use of self of the therapist and countertransference concepts (Scharff, 1992). Although participants explained the impact of their wounded part in understanding clients, the impact of their experiences in their family of origin was given little place in discussing about the professional work. Instead, the place of the issues that have not been resolved were pointed as the therapists' own therapy room. This might appear as a result of particular importance given by the initial theoreticians. Similar to the initial marriage and family therapy literature on the use of self, resolution of family of origin issues was considered as a requirement to be an effective therapist (Blow et al., 2007). Therefore, supposing that talking about previous woundedness in family of origin as part of therapeutic work will be regarded as against to the psychological health of the therapist, it would be understandable not to share this wounded part during the interview (Horne, 1999). Reaching that conclusion regardless of couple therapists' therapeutic orientation indicates that the perception on the use of self predominantly maintain its position in modernists views for Turkish couple therapists.

However, personal experiences specific to conducting couple therapy were obtained in terms of coupledom beliefs, romantic relationship experiences, and social location of the therapist, which helps them connect to the client and use for assessment and intervention (Russon & Carneiro, 2016).

First of all, the word choice as coupledom was made by the researcher in an attempt to remove the restricted meanings like "vows, legal contracts, and religious or political views" (Brown, 2016, p.1). In this way, it was aimed to allow for a socio-cultural meaning of being a couple which emerged from the data. Few

participants described their coupledom beliefs in a socially defined way such as being a married heterosexual couple who fulfills traditionally assigned roles. All participants who belong to this coupledom belief were male (n=3). While the other male participant in this study expressed his coupledom beliefs in a heteronormative way, he reflected on the reason behind that as not being experienced working with a homosexual couple to date. The fact that three of four male participants shared similar beliefs might be related to their age difference. Whereas the three participants' age ranged from 49 to 65, the other male participant was 30 years old. Of course, this change in coupledom belief might be regarded as cultural shift in coupledom beliefs (McGoldrick, 2014). However, when compared to female participants in their 60s and 70s, the components of romance, sexuality, and living together as an unmarried couple were taken place. Therefore, it must be thought about the impact of gender difference on shaping and maintaining coupledom beliefs.

The most striking result to emerge from the coupledom beliefs shared by Turkish couple therapists is that being a couple can be achieved within the process, which involves having difficulties, being able to a team to resolve them; therefore, experienced as a complex process. In such a process, feeling secure in the relationship, giving and feeling the support, having a sense of humor on facing difficulties; and not being always happy but being able to stand shoulder to shoulder against difficulties were mentioned more than love, romance, sexuality, or happiness (Blais, Sabourin, Boucher, & Vallerand, 1990). This might have a cultural meaning in that Turkey having lived various difficulties like First World War, the impacts of Second World War, migrations, current political conditions, and so on (Bağcı, 2016). As a society whose primary need is to have security and togetherness, it should not be surprising that people living in this country need security and support in their romantic relationship, as well.

On the other hand, many therapists explained that their own couple relationship does not match up with their own coupledom beliefs; or at least they worked so much in order for their romantic relationship to take its current form. This gap between the coupledom beliefs and romantic relationship might originate

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from the "romantic ideal" which was constituted based on the expectations and previous beliefs (Sprecher & Metts, 1999, p. 835). Hence, the question of what was playing role in shaping relationship beliefs come into prominence.

Based on the participants' accounts, observing the parents' relationship and other couple relationship in the social environment, media/TV, the experiences in their previous and current couple relationships as well as observing couple clients' relationships and theoretical knowledge have been shaping the couple therapists' coupledom beliefs within the process. For instance, the study conducted by Holliman, Murol, and Luquet (2016) was reached that there is a moderate to strong relationship between the Imago Relationship Therapists' values, beliefs and intervention preferences and the core areas of Imago Relationship therapy model. Thus, the concepts of coupledom like romantic attraction, mate selection, power struggle etc. were given by the participant who uses Imago Therapy in the current study might be considered as being congruent with the therapeutic orientation.

On the other hand, as the impact of previous and/or current couple relationship on shaping coupledom beliefs, reciprocally, these beliefs have a significant role in one's evaluation of the couple relationship (Knee and Bush, 2008).

Furthermore, one participant in the study depicted her marriage as a laboratory in which she learns more about her beliefs and relationship by arguing with her partner as well as implies what she learnt in the therapy setting. Similarly, in the study which aimed to explore the interplay between professional and personal lives of the therapist, two categories emerged: The influence of the experiences of personal life on the professional growth and the influence of professional experiences on the personal growth (Paris, 2000). One of the results have been reached in this study is that experiencing marital problems in personal relationship have helped participants feel more confident in dealing with marital problems in the therapy room (Paris, 2000). What's more, even breakup experience in a significant couple relationship might contribute the therapists to be more empathic, congruent, and helpful as being a wounded therapist (Sahpazi and Balamoutsou,

2015). Thus, beliefs about couple relationship and experiences in the relationship seem to have an influential part on the way working with couples.

As all beliefs and experiences are part of therapists' own social locations (Kissil, Niño, & Davey, 2013); the impact of gender and culture (e.g., Zimmerman, 2001), religion (e.g., Ross, 1994), race and social class (e.g., Carkhuff & Pierce, 1967), ethnicity (e.g., David & Erickson, 1990) on the therapy work have been addressed to date. In the current study, social location of the therapist were predominantly emerged in three context: Socio-economic status, ethnicity, and religion. Therefore, the reciprocal impact between social location and therapy work was examined based on these concepts.

How they work in a reciprocal impact with each other finds an answer in this study as using similarities and differences between the therapists' own consciously accessed coupledom beliefs, relationship experiences and social location.

A fundamental issue of the similarity between the therapist and the client has been previously addressed in terms of improved therapeutic outcome (Herman, 1997). The current findings show that similarities help therapists connect with their clients by understanding their experience, which improves their relationship with the couples. Aponte (2016) renders it as identifying with the clients; and as suggested in person of the therapist model, participants stated that when they find similarities with clients' beliefs, relationship experiences, ethnicity, religion, socioeconomic status etc., they feel that they understand better the present issue brought by the couples. In addition to the ways of identification in order to relate the clients proposed in this model, the current study revealed that couple therapist might use their beliefs about couple relationship through their relationship with the couples. For instance, if a therapist gives importance to playfulness among the couples, s/he can use playfulness in his/her therapeutic relationship with the couples as with the involvement of the therapist in relational space in family therapy (Flaskas, 2016).

Several participants described how they use themselves in therapy with the aim of not only relating to the couples but also maintaining the therapeutic relationship. Early established therapeutic alliance was regarded as an essential

factor by the participants (Constantino, Castonguay, & Schut, 2002); furthermore, was resembled to a pregnancy that is risky at the beginnings. Therefore, consistent with the literature it was reached that therapists make some efforts to establish therapeutic relationship in the first sessions (Macewan, 2008). Couple therapists who believe the match between the therapist and the client (McConnaughy, 1987) described their own ways in order to be able to maintain this therapeutic relationship; such as conducting a free intake session, asking couples in the first session whether they want to continue or not, conducting the first session 1,5 hours in order to assess couple-therapist relationship, as well. Indeed, it was an interesting finding that when participants asked about their relationship with the couple clients, drop out and ways to reduce drop outs by using their personal self took an important place in the study. Upon looking at the literature, drop-out and possible reasons in marital therapy justify the concerns regarding this issue since the development of marriage/couple therapy (e.g., Anderson, Atilano, Bergen, Russell, & Jurich, 1985; Allgood & Crane, 1991). Some participants stated that couples drop out from the therapy more than individual clients. Although their effort might be related to this perception, research shows that there is no significant difference between drop-out rates of couples and individuals (Masi, Miller, & Olson, 1999). One participant also explained how she uses herself in order to maintain her relationship with the couple as using humor in relationship and then reflected that her use of humor might be related to her own anxiety regarding drop out of the couple. Hence, participants highlighted the importance of wounded healers' awareness on the use of self (Miller & Baldwin, 2013).

As another way used to develop therapeutic relationship, since the appearance of the therapist reveals some information about them (Farber, 2017); therapists do some changes in their appearance (e.g., covering the tattoos) in order to make the couple feel understood. Considering the literature about the fact that clients are vigilant to differences between themselves and their therapists due to the fear of disapproval (Williams & Levitt, 2008); this effort also seems a consistent with the literature.

Regarding the differences between the therapist and couples, there were disparate views on maintaining the relationship with clients in the study. Many participants stated that when they work with a couple client who is differ in terms of beliefs, relationship experiences and social location; they ask more questions in order to understand them. Then, they connect with them by finding a familiar/similar emotion or experience. This is congruent with the person of the therapist model by finding an aspect which the therapist can relate (Russon and Carneiro, 2016). On the other hand, for those who perceive that differences might work as a disconnector, too; if the therapist thinks that some difference between the clients in terms of personal self (e.g., social location, sexual orientation) and/or professional self (e.g., theoretical orientation) would be difficult to develop a therapeutic relationship with the client, they can choose to refer the couples.

Like the differences between the therapist and the couples, some participants explained the gap between couple clients' and the therapists' goals in therapy setting. The current data in this study reveals that this gap might originate from the therapists' own coupledom beliefs and experiences on condition that couples have not achieved where the therapist believes a couple should be. Accepting this gap is related to accepting good enough couple therapist (Rabin, 2014). In order to achieve a good therapy Rogers recommends the therapists to limit their goals to the process of the therapy instead of the outcome so that being able to present throughout the relationship (Baldwin, 2013). Therefore, realizing the presence of the therapist, even in the assessment process, becomes important.

Although the reasons behind seeking couple therapy have shown similarities to date (e.g., Doss, Simpson, & Christensen, 2004; Geiss & O'Leary, 1981; Whisman, Dixon, and Johnson, 1997); the current study indicates that the therapists' "inner reading" of the presented problem make difference for the assessment (Aponte, 2016, p.9). While similarities help for connection with the couple clients, having similar difficulties with the couple clients may render helpless. After having a big fight with the romantic partner, participants mentioned about the difficulty of being empathize with the opposite sex spouse who is now more similar to the therapist's partner in their experience (Piercy & Wetchler,

1987). Moreover, participants explained that there has been an inevitable coincidence in that the most challenging experiences in their own couple relationships appear in the therapy room. Therefore, they need more time to remind themselves that the couple is different than their own relationship or the other relationships that they've known. Murray Bowen (1978/2004) evaluates this issue as "the lower the level of differentiation of self, the more intense the fusion" (p. 110). So, he suggests family therapists to differentiate from their origin families in order to use themselves effectively (Horne, 1999). In a similar manner, Aponte (2016) guides therapists to differentiate themselves after identifying with the clients as tracking the data that received from the clients.

The current study demonstrates that in the context of Turkey, the issue of the differentiation of self has a particular importance in deciding couple therapists' way of assessment. As McGoldrick, Carter, and Garcia-Preto (2014) put an emphasis on the socialization process which makes difficult to differentiate the self, couple therapists are aware that many relationship problems are related to the difficulty in differentiating the self from the family of origin before becoming a couple. In this regard, the data revealed that few couple therapists prefer to work individually with both partners before inviting them together to the therapy room.

Another issue that can be looked at the cultural context is that when the therapists' assessments of the couples were compared with each other, it was reached that in the realm of therapists' motivation to touch upon the whole system, the therapists who define themselves as "family therapist" (see 4.1. Understanding Demographics in the Context of Turkey) pay particular attention on the assessment of couple's parenting. This is a different finding from the previous study included Turkish couple therapists (Rabin, 2014). The results have shown that only Malta was giving special attention on the children in couple therapy. However, the present study revealed that therapists even conducting the couple therapy may become happy so that they can touch to the children and so the whole family system. Although demographic information of the participants in the previous study is not known, the difference might be result from the personal selves of the participants.

Because 11 of the 17 therapists have children in this study, this might be also effective in their assessment in the couple therapy.

Overall, all couple therapists explained their own posture in order to implement their therapeutic interventions (Aponte, 2016). The major finding in their ways of intervention is that the most widely used intervention among the participants was the metaphors. Going back to the initial family therapy approaches regarding the self of the therapist, thinking about her use of self evokes to Virginia Satir (1987/2013) the metaphor of a musical instrument that the therapist has and determine herself which music will sound. Thus, she can be in touch with herself and become "a more integrated self" in the therapy room, which helps her connect with the client (p. 25). Additionally, Carl Whitaker, as a founder of symbolic-experiential therapy, has been in a metaphoric interaction throughout the family sessions, which probably increases his "real experience with the family" (Whitaker & Bumberry, 1988, p.22).

Thus, one possible reason behind showing tendency to use metaphors might be that the self does not mean only the experiences and/or the observations of the therapist but also his/her "imagination (the emotions, images, associations, and so on, that are evoked by his observations)" (Rober, 1999, p.212). Participants stated that using metaphor is associated with the therapist's presence in the therapy room; since it involves couple therapist's imagination and creativity to bring the materials gathered from the couples. Hence, it can be said that being experientially present in the therapy room ensures therapist's access to the self (Aponte, 2016).

It has also been found out that many couple therapists perceive the couple relationship as the third being; and then give vitalization to this third being in their metaphors, such as mentioning about the couple's relationship like a "baby" or a "flower" who needs caring, love, and effort. One possible explanation behind that might be their answer to the question of who is the client in couple therapy. Since from the perspective of systemic approach, which is the most prominent approach used among the participants, the client is more than a collection of the people in the therapy room but instead the system itself (Escudero, 2016); such metaphors are congruent to their perception and theoretical orientations. Secondly, similar to the

literature on the functions of metaphor use in therapy (Witztum, Van der Hart, & Friedman, 1988), the findings revealed that in the context of couple therapy, use of metaphor provides the couple therapists to clarify their objective role as a therapist who does not take sides since s/he works with the relationship itself as well as motive couples to make effort for their relationship. This use of self also shows similarity with the SPATS Model (structure, process, assessment, techniques, and self) developed by Shadley (1987). According to this model, four basic use of self styles are indicated; and family therapists' use of metaphors are seen as a part of "reactive response" which is aimed to create a change in the client's system (Shadley and Harvey, 2013, p.123).

Despite the controversial approaches toward the self-disclosure among the participants, using self-disclosure appeared as the second mostly used intervention to help therapists use their personal selves. Similar disparate views expressed in the literature regarding use of self, as well (Katz, 2003). In Satir's Model, self-disclosure is not considered as the use of self; yet, disclosing her/himself is used to create teaching moments (Lum, 2002). On the other hand, feminist therapy broadens the area of self-disclosure to the therapist's intentional use of his/her "the theoretical orientation, political beliefs, socioeconomic background, sexual orientation, reactions toward clients, and personal values and biases" (Mahalik, Van Ormer, and Simi, 2000, p.190); with the consideration the interest of client (Feminist Therapy Ethical Code, 1999).

It seems that person of the therapist model integrates those modernist and postmodernist views. According to person of the therapist model, self-disclosure is not the only way in order to understand the clients' emotions through the use of therapists' own emotions which help them to connect with the clients. Instead, therapists themselves decide which part of them to access in order to understand clients (Jordal, Carneiro, & Russon, 2016). Likewise, in the current study, the participants explained that they can access to their coupledom beliefs and romantic relationship experiences if they think that it would be helpful for couple clients. One of the aims for using self-disclosure in this study is to normalize the couples' current difficulty. Kramer (2013) deems this use suitable because it brings an

acceptance and "authentic validation" of the therapist in emotional level rather than cognitively saying it is normal (p.51). Participants also stated that if they reveal some information regarding their own couple relationship, they pay attention to the use of language. While disclosing their experiences, they use the word "us". Thus, first of all, they can access their coupledom belief as "being a team as a couple" and offer it to the couples. Secondly, "us" brings the differentiation to the therapist and the couple since therapist's and couple clients' experiences would differ.

Even though the therapists agree on maintaining their "differentiated stance" in the therapy room (Jordal et al., 2016, p.37); in other respects, their professional self impacts the personal life. Jung (1933) states that the influence of patient on the doctor (psychotherapist) is expected; yet, the doctor him/herself also has been influenced if we talk about an effective treatment. However, he tackles this influence as "a sufferer transmits his disease to a healthy person whose powers subdue the demon—but not without a negative influence upon the well-being of the healer" (p.57). The current findings differ from this view in that couple therapists explained the positive impacts of engaging with what the couples bring on three context: Personal, relational, and therapeutic. Consistent with the previous literature about professional impacts on the personal life, working with couples have provided participants a great self-awareness in their personal, family, and social relationships (Farber, 1983); increased communication skills and ability to taking perspective of others (Paris, 2006); preventing marital problems (Duncan & Duerdan, 1990); and using what learnt from a couple with another couple client and/or in the personal relationship (Gangamma, 2011).

One impact might be considered as negative is that the study revealed that therapists might compare their own relationship with the couple clients. As a result, they can either become grateful for having their own partner or aspiring to the couple client's relationship. Although it was not described as causing a problem for couple therapist's relationship, the literature shows that such comparisons might present problems in therapists' relationship (Warkentin, 1963; As cited in Piercy & Wetchler, 1987).

Contrary to being open to engage with couples, there were only two participants who explained that their couple relationships were not influenced by any couple. While one was the most novice couple therapist, the other was the most experienced couple therapist in this study. Similar to the recommendations made by a mature therapist in the book named "Leaving it at the office" (Norcross & Guy, 2007), the latter therapist interpret the reason behind she has not been influenced by her couples to date is because she sets boundaries between the office and her home. She explained that she achieved it thanks to the separation of her inner issues from other things. On the other hand, Kottler (2016) would be surprised by hearing that therapists were not impacted by any clients and proposed that it was not possible not to be influenced by clients. Similarly, Yalom (2002) explains that how he became sad upon hearing the group therapist did not change as a result of a long-term therapy group.

Even though the vast majority of the participants described their openness to be impacted by their clients, the current model shows that couple therapists passed through an absorbing phase upon realizing the reciprocal impact between their personal and professional lives.

The current models shows that the created therapeutic presence of working with couples involves idealized couple therapist image in which being objective is prerequisite for working with couples. However, upon experiencing to work with couples, the findings demonstrate that this image creates confusion for clinicians due to the felt emotions in the therapy room. As Rabin (2014) asserts that the implication of the therapy becomes difficult than what have been previously taught as perpetuating neutrality, the participants explained that they were not expecting to feel various emotions together since it was not written in the books. Furthermore, what they learnt was mainly of foreign origin; so there were some times that their theoretical approach and interventions could not be congruent to the family systems in Turkey.

On the other hand, in contrast with the recent study conducted by Niño, Kissil, and Cooke (2016) in which the participants vulnerably reflected on their emotional reactivity like being angry, lost, intimidated, annoyed while working

with couples; only a few participants mentioned about their vulnerable person part in the session. In the present study, often it has been reflected cognitively in the frame of necessity to undergo personal therapy and supervision if couple therapist has countertransference. Even as a reply for member-checking e-mail, one participant only reflected on and highlighted the importance of personal therapy and supervision in order to be a therapist. Although the difference between the studies might stem from the fact that the participants in the previous study had already enrolled in person of the therapist training course, this difference regarding reflection of our personal self might be taken as a feedback for our education and training system in Turkey.

Pope, Sonne, & Greene (2006) in their book named "What Therapists Don't Talk About and Why" express that even though the training of the therapist is more than what is written in books, graduate courses and internships, therapists start their careers without knowing about feelings and thoughts experienced in the sessions. Instead, "idealized version of ourselves" was created in an attempt to hide our vulnerabilities (p. 4). Similarly, Aponte & Kissil (2014) suggest that although those vulnerable parts result in shame, anxiety, and disappointment, all are so valuable in order to resonate with our clients. Moreover, as Rogers stated that clients feel positive emotions for the therapists (Baldwin, 1987/2013), participants gave place for their positive emotions as well. Unlike negative emotions of the therapists that were regarded as risky and therefore needed to be monitored, positive emotions of the therapists were mentioned as creating closeness to the clients (Vandenberghel & Silvestre, 2013).

Participants become more careful of their positive emotions only if they feel closer to one partner in couple therapy. It is actually natural in family therapy to feel different feelings toward each family member (Timm & Blow, 1999). However, it is needed to become aware of those feelings in order to know how to use them (Baldwin, 1987/2013). In a recent study aiming to understand the impact of person of the therapist training on marriage and family therapists, Apolinar Claudio (2017) reached that therapists were actively differentiating themselves from the clients in order to use their emotions that identified with theirs on behalf

of the families. Likewise, this current study takes a step further in that differentiation can be accomplished on three stages: Before the session which means regulation of the therapist due to therapists' difficulties in their lives; during the session which includes therapists' self-talk and/or monitoring the body; and finally after the session which requires supervision and personal therapy. All those ways to create differentiated stance in couple therapy are actually accordant with "knowledge of self" and "management of self" (Aponte, 2016, p.4).

The current grounded theory model indicates that couple therapists in their practice actually go beyond the traditional meaning of differentiation of self (Bowen, 1985). As suggested in the literature (Holloway, 1987; Protinsky & Coward, 2001), the current model ends with the integration of personal and professional self: Embracing being a person and a couple therapist.

As Protinsky and Coward (2001) hypothesized the reciprocal and inseparable relationship between professional and personal development of marriage and family therapists, similar to the results of that study, couple therapists indicated a process of differentiating and then integrating personal and professional selves. Unlike the required time to achieve the "process of synthesizing" in that previous study (p. 377), the participants in this study mentioned about the help of using their personal self in the therapy room regardless of their years of experience. However, it is important to note that novice therapists, who have couple therapy experience less than 5 years, laid emphasis on the importance of supervision while trying to use their personal selves. The reason behind this difference might be the way of supervision taken by these participants. Since the "(…) supervisory relationship as the primary environmental arena in which the development of the trainee is evidenced" (Holloway, 1987, p. 215); experiencing a supervisory relationship which gives importance to work on the therapists' own signature themes (Zeytinoğlu Saydam & Niño, 2018) might have created the difference of time in gaining this integration.

The data shows that this process starts with firstly adopting a therapeutic approach. Although most of the time seeds were planted for choosing the therapeutic orientation by the trainers and supervisors' approach, there were some

participants who chose their training since the philosophy of the approach fits to them. However, even if choosing theoretical orientation was not a conscious choice, participants explained a process of adopting this approach such as by accepting what the theory and/or the supervisor tells. However, in consistent with the literature, although choosing the therapeutic approach initially may have "rational and irrational reasons", why the therapists prefer a specific approach often includes personal reasons (Gurman, 2011, p. 284).

Within the process and clinical experience, participants stated that they involved other therapeutic approaches to their practice. Wachtel (2017) claims that incorporating new approaches into the practice make couple therapists feel more successful in their work. Yet, selecting the right therapeutic approach for the therapist was challenging most of the time (Truscott, 2010). Therefore, approaches that are not fit into their own values were not considered as a choice from the beginning. Similarly, Norcross & Prochaska (1983) in their study conducted with 479 clinical psychologists, they reached that therapists select their current theoretical approach mostly based on their clinical experience; and secondly values and personal philosophy of the therapist, with the least importance of accidental circumstances in adopting.

There is a vast amount of literature stating that the match between therapists' personal worldview and the preferred theoretical approaches' increase the therapists' effectiveness while working with individuals and families (Simon, 2006). Furthermore, the current model demonstrates that couple therapists, after adopting and identifying with their therapeutic approach, they use their personal self to differentiate from the theory so that they can integrate their self into the theory. And the presence of therapists' personhood has more contribution to the therapeutic process (Wosket, 1999). Couple therapists who use their own intuitions and create new techniques in addition to the therapeutic approaches' stated a more secure presence in the therapy room since they use theories in congruent with who they are as a person (McConnaughy, 1987). In accordance with the literature on person of the therapist, participants continuously monitor what is inside of them (Kissil & Aponte, 2016). From the point of Satir Model, what the participants

explained as reflecting on their therapeutic approaches, presence and couple-therapist relationship might move them in a more congruent presence, which help them to use themselves effectively (Lum, 2002).

Finally, it was apparent that there was also a congruency between therapists' motivation to work with couples and the current meaning of being a couple therapist. The journey which begins with an aim to heal couple relationships as a wounded person (Conchar & Repper, 2014; Jung, 1951) continues with the experience of personal and relational healing as participants metaphorically defined: Lighting the candle for the self & others.

4.3. CLINICAL IMPLICATIONS

4.3.1. Implications for Clinicians Who Work with Couples

The current study contributes to the literature a model for developing therapeutic presence which includes both personal and professional self. The fact that the findings emerged from the couple therapists who work actively in their caseloads sheds light on the lived experience and needs felt by the couple therapists.

There is a dearth of study conducted with Turkish couple family therapists in Turkey (Akyıl et al., 2015). The literature recommends that social, cultural, and institutional factors must be evaluated in order to address the developmental processes of the therapists (Davies, 2018). Considering the data gathered by couple therapists who live in 5 different cities in Turkey, it will be beneficial to touch on the possible implications for clinicians who work with couples.

First of all, the findings suggest that personal life experiences not only have a major influence on decision to work with couples but also on the professional work that we conducted. The current model provides a structure for couple therapists about how to use their personal selves in their clinical practice by constantly monitoring themselves (Aponte, 2016). As all couple family therapists become familiar with the importance of looking at their own family of origin issues (e.g., Kerr & Bowen, 1988), creating their own genogram (Timm & Blow, 1999), undergoing their personal therapies (e.g., Whitaker & Keith, 1981; White & Epston, 1990) and taking a regular supervision (e.g., Nichols, Nichols, & Hardy, 1990); this

study also brings out the importance of self-awareness regarding their previous and/or current romantic relationship experiences, how they shaped their own beliefs about couple relationships, what was effective in shaping them, and how their ethnicity, culture, socio-economic status, and even appearance have an impact on working with couples.

Although, to the author's knowledge, there is no national study regarding therapists' personal therapy and supervision experiences, in the study conducted with Turkish therapists having personal therapy and supervision experiences (Samsa, 2017) participants described both personal and professional growth in their own experience. Additionally, the study revealed that having a couple therapy experience has a valuable influence on therapists' motivation to pursue their career as a couple therapist. This finding brings an innovative perspective in that getting own couple therapy may open new career paths for therapists who have not thought to work with couples before and also creates a lived experience of being a couple client. Therefore, getting own couple therapy especially before being a couple therapist is highly recommended with this research.

However, even though personal therapy is highly recommended in master programs in Turkey, interestingly having a couple therapy experience is ignored. Therefore, there is a dearth of information regarding the impact of couple therapy experience on couple therapists' professional work despite considerable amount of study explaining the benefits of personal therapy for psychotherapists (e.g., McMahon, 2018; Oteiza, 2010). When evaluated in the context of Turkey, one reason for lack of personal couple therapy experience of the couple therapists is that there are still few clinicians working with couples in Turkey. Thus, it makes difficult to find a couple therapist who is not /will not be the colleague, teacher, trainer, and/or supervisor of the novice couple therapist; and many therapists especially working with couples might hesitate in going to couple therapy.

However, this study shows that our very deep experiences in our romantic relationships have an effect on our professional work. Whilst especially for novice therapists are considered essential to undergo their personal therapy and work under supervision in order to differentiate their own personal issues from the clients', the

current study asserts that it is inevitable to have a fight with the partner and then come to the session; or the inner beliefs about couple relationships to be activated; or make an unconscious comparison between the couple client and the partner. Therefore, this is a lifelong process that therapists cannot avoid; yet learn how to use them. Based on the findings, differentiation is an ongoing process before, during and after the session. While therapists were taught to seek therapy and supervision after the sessions, there are some other ways that can be done in addition to them such as reflecting on the personal experience before the session, deciding how much to share with the couple clients in order to differentiate if it is the therapists' hypothesis or own belief, realizing the body posture in the therapy room and so on. Although various ways were tried by couple therapists to date, it has not been gathered and analysed before. Discovering such common experiences among couple therapists was reflected by some participants as normalizing their own experience. Therefore, even hearing others' experiences is supposed by the researcher as a learning experience.

4.3.2. Implications for Couple Therapy Trainings & Supervision

This study presents the perceived experience of being a couple therapist grounded in the data obtained from the therapists actively working with couples and have their own couple relationship. Thus, the conclusion mirrors the needs of training programs and supervision.

Similar to the variety in educational history among therapists working with couples, eight of the participants in this study received their master's degree in couple-family therapy from the universities in Turkey, the United Kingdom, and the United States; eight of them got couple and/or family therapy trainings from the institutions in Turkey; and one therapist works under supervision.

In Turkey, there are only two graduate programs which specialized in couple and family therapy. Both master's programs (İstanbul Bilgi University & Özyeğin University) offer training and supervision based on international standards and have well-equipped clinics with one-way mirrors and recording equipment (Akyıl & Kafescioğlu, 2018). Although there are some institutions in Turkey providing

couple and family therapy trainings in international standards, no specific national standards in providing training were established. Furthermore, some certification programs do not include supervision as the researcher knows. Since 16 participants in this study received their couple and family therapy trainings from the universities/training institutions working in line with international standards and all participants have worked under supervision, they were all aware of the importance of individual or peer supervision. Yet, even in this population, there were few participants who got training or supervision including self of the therapist work. Hence, it will be beneficial to consider how to integrate person of the therapist for couple therapy setting in Turkish context.

In light of the findings grounded in this study, therapists might hesitate to talk about the possible impacts of personal life experiences on the therapeutic practice. This is actually expected as stated in previous studies due to the fact that therapists' personal beliefs and experiences can influence the professional work negatively (Davies & Moller, 2012). In the same vein, in spite of various therapeutic orientations adopted by participants, use of self associated with biases and prejudices projected on the clients. However, upon reflecting on the experiences of working with couples, it was appeared that couple therapist actually use their personal self by identifying with and differentiating themselves from the couples just as recommended in the person of the therapist training (Aponte et al., 2009). Though most participants use themselves unintendedly, the study uncovers the need of therapists' self-reflection in their trainings and supervisions.

The models shows that therapists pass through a phase of absorbing the effective therapist presence which has not been written in the theoretical books upon lived experiences of working with couples. Considering that therapists begins their internship right after the end of theoretical year in master, embracing self/person of the therapist starting from the theoretical year can reduce the anxiety and inadequacy felt by novice therapists upon facing with the emotional experience of conducting therapy. The therapist candidates who received training and read about person of the therapist work will be able to start their clinical practice by already thinking about how to use their personal self. This will also allow them to

feel more confident to use their "gut-level instincts to orchestrate real human connections" (Lutz & Irizarry, 2009, p. 380). What's more, for the supervision sessions, trainers and supervisors will be able to approach more of a "resource focus" rather than "pathology approach" (Timm& Blow, 1999, p. 332).

When the findings based on the model constructed in this study were integrated with the person of the therapist training model (Aponte, 2016), starting with a structure of showing how to address personal wounds will be beneficial especially for the novice therapists. Considering that only few participants mentioned their vulnerable parts whilst most of them embraced the role of being a wounded healer (see 3.2.2.1.), its difficulty to touch due to the emergence of possible undesirable emotions like shame (Aponte & Kissil, 2014) might make professionals hesitate over reflecting their personal selves. Therefore, helping trainees explore their own signature themes before conducting therapy sessions can allow for a deep thinking about the wounded part as well as how to use it on behalf of the clients. As in person of the therapist training model, the questions which aim to explore the therapists' core issues like "What is your biggest source of anxiety and/or biggest fear?" or "Is there something about yourself that you would prefer people not to know?" (Zeytinoğlu, 2016, p.16) might be helpful for them to start exploring the wounded part. The trainers help them identify the trainees' own signature themes and thus, create a learning environment for them by realizing how these themes affect themselves in their personal lives and how the similar patterns might occur in their professional relationship with the clients. This learning environment also involves an opportunity to learn from their own group members' experiences and their relationship with their own signature themes. Thus, being heard by other members and the similar experiences, themes appeared within the group might be discussed with the facilitative role of the supervisors/trainers.

Furthermore, trainees are expected to prepare their three generational genogram and their family history that might be related to the evolution of the signature theme in this model (Zeytinoğlu, 2016). Likewise, the current model constructed in this study might be developed by helping trainees prepare their genograms including their partners'. Being aware of the relational signature themes,

how they approach to the relational difficulties, their own ways to cope with them may provide a better understanding of the impact on their own couple relationships and the connection between their professional work. Lastly, the journaling process in the person of the therapist training model from the very beginning, which involves students' weekly reflections regarding their personal and professional selves (Jordal et al., 2016), may be adopted in the couple therapy training and supervision. In addition to the professional notes regarding the sessions, couple therapists might keep a journal about their experiences on how their couple relationship and beliefs helped them relate to the clients, how they used themselves while addressing the problem as well as how their personal, relational, and cultural beliefs and experiences played a role in their therapeutic interventions. Thus, the trainers can have a better understanding of their professional development and improved therapeutic skills by realizing and managing the issues coming with personal parts in their professional work (Aponte, 1992).

Those implications also give rise to think more systemically in that there are only 7 trainers/supervisors received their doctorates in couple and family therapy (Akyıl & Kafescioğlu, 2018). So, considering the reality of Turkey for the implication of person of the therapist work in training and supervisions, it will be necessary to firstly inform clinical psychologist/ counsellor trainers and supervisors regarding the use of self in the session. Preparing workshops and group supervisions open to the therapists working with couples can be helpful to increase awareness on the reciprocal impact between personal and professional selves.

Contrary to the literature which is full of therapeutic outcome based on therapists' years of experience and/or therapeutic orientation (Nissen-Lie et al., 2013), this study conducted with the couple therapists in their experience ranged from 1 to 40 years as well as adopted 19 therapeutic approaches in total. The findings suggest that working on personal self of the therapist during training and supervision sessions prepare the couple therapists to monitor themselves and access their personal self and use it purposefully in the therapy room, which at the end make "the difference between mediocre and excellent therapists" (Timm & Blow, 1999, p. 333).

4.4. LIMITATIONS & DIRECTIONS FOR FURTHER STUDIES

Despite the diligent work throughout the process, it is plausible that a number of limitations could have influenced the findings obtained. Firstly, the majority of the participants identified themselves as women, Turkish, Muslim, and heterosexual. Even though the couple and family therapists in Turkey are predominantly women, experiences of couple therapists identify themselves different from the above characteristics might remain less explored. Nevertheless, the inclusion of couple therapists having different religious affiliation, ethnicity, income, education, theoretical orientation, and experience in couple therapy created an opportunity to constantly compare the data with each other. Thus, limitations should be evaluated based on the methodological process, as well.

Firstly, there is not a consensus regarding the sample size in grounded theory. While Creswell (2012) proposes including 20 to 30 participants, mostly researchers lay emphasis on the saturation of the data (Charmaz 2006; Corbin & Strauss, 2008). Although 17 participants are not considered as a small size, novel questions and broaden viewpoints in terms of coupledom beliefs, couple relationship, social location, and working with couples result in "more complex categories and more sustained inquiry" which delayed the theoretical saturation (Charmaz, 2006, p.114). In spite of the early beginning to theoretical sampling for the saturation, some dimensions remained unsaturated because of the time limitation to submit this dissertation. That may be the reason for less referencing to use of woundedness to connect, assess, and intervene couple clients. Therefore, the dimension for the use of woundedness is needed to elaborate more. Yet, in order to increase trustworthiness of the study, regular expert checking and member-checking were applied.

Another restriction of this study as in all qualitative studies is the findings cannot be representative for all couple therapists in Turkey. The study includes only the ones that have a romantic relationship at the time of conducting therapy with couples. So, it may not correspond to the process of couple therapists who do not have a romantic relationship. On the other hand, variation in the demographic

characteristics and perspectives of the participants broaden the scope of this emergent theory (Corbin & Strauss, 2008).

Since Charmaz's constructivist approach was used in this study, evaluating the methodological process based on the criteria stated by her would be beneficial. Firstly, most of the interviews were conducted in the couple therapists' offices and all observations of the researcher were noted throughout the process. While they can add credibility to the current study, including different sources for comparison (e.g., session notes of a couple client, interviewing with the partner, interviewing with a couple client, and so on) were recommended in conducting grounded theory. Secondly, the topic of this researched challenged the idea that the place of personal self is the therapists' own personal therapy; not the therapy room that s/he conducted therapy. What's more, the created model reflects the social context and fill the gap in theoretical approach for couple therapists in Turkey. Therefore, its originality strengthens the current model. Thirdly, one of the question to evaluate resonance of the study is "Does your analysis offer them deeper insights about their lives and worlds?" Based on the feedbacks received from the participants, the interview questions make them deeply think about their own relationships and their therapeutic styles that they've not thought about before. Finally, it is believed that the findings of this study might be useful for couple therapists' clinical practice (Charmaz, 2006, pp. 182-183).

The grounded theory requires open-ended questions (Bryant & Charmaz, 2007). Some responses given by the participants as follows:

Gizem: "Uh-huh, open-ended questions…I wasn't expecting".

Ekim: "I am concerned whether you could take answers to your questions; because it was like a personal conversation".

Aslı: "Sometimes students come and want to do interviews. To be honest, before the interview, I thought it will be like asking academic questions; but this was like a conversation between colleagues".

However, despite open-ended interviews, there were some limitations regarding the use of questions in the interviews. Firstly, starting from the initial interviews, there were almost 20 questions to be asked for the participants. If I

started to do this research today, I had begun with asking a few questions and then continued to deeply search following concepts that emerged from the data. Furthermore, due to the time limitation of completing the interviews maximum in an hour, all questions were not asked to all participants. In order to elaborate more about emerging categories, whilst some issues were focused more during some interviews, other questions remained unasked. Although categories were emerged based on the major responses, stating number of participants who shared the similar experience for a dimension of the subcategories may not represent the all participants.

Moreover, the fact that using self was considered as biases of the therapist which must be removed in the therapy room in a sense might be influenced by the research questions searching for the "impact of beliefs and experiences". Although the researcher allowed for participants' expressing their beliefs and experiences as "not being impacted", direction in the question might restrain the participants from revealing. Therefore, further qualitative research questions should include more non-directive questions.

Overall, my novice position in conducting a grounded theory study might be influential on the collection and analysis of the study. As researchers differ in their ability to realize gaps among the categories and to ask appropriate questions (Charmaz, 2006), an experienced grounded theorist would probably interpret the data in a different way. Not only novice position in research but also as a therapist also might be effective. In literature, the similarity between interviews in research and the therapy were evaluated and recommended for researchers to be careful about asking personal life questions if the researcher has not been trained (Beitin, 2008). In this process, what was more complex than that is even though the researcher was trained, almost all participants were much more trained than the researcher. At the time of the fact that participants were reluctant to connect with their own vulnerable sides and its possible effect on shaping who they are as a therapist, I as a novice researcher and couple therapist hesitated to how much go deeper in my questions and encourage the participants to look deeply into those unvoiced expressions.

On the other hand, the interviews were really an intense and deep process. Therefore, interview questions were sent to the participants before the meeting. There were some candidate participants who resigned from the study after the e-mail including research package. In this regard, that only the couple therapists who were open to share their inner selves and trusted the researcher by giving the permission for voice recording were participated the study might be considered as another restriction of the study. Nevertheless, since there is still a small number of couple therapists in Turkey, almost all participants especially checked whether their information would be shared with someone else or not. Therefore, the permission from the participants was taken by assuring that only primary researcher will have an access to all data and the supervisor will be able to reach some sections of the data by ensuring pseudonyms. This process resulted in another limitation in that the researcher could not work with a disinterested peer debriefer to increase credibility of the research (Lincoln and Guba, 1985).

Lastly, many ideas emerged for further studies within this research process. For instance, when the participants asked about their partners' experiences, many hesitated to speak for them and added that "we need to ask him/her". This brought to mind that further research might include therapists' partners as well. This may be useful to bring partners' point of view to the study. Furthermore, this study comes up with the conclusion that all concepts searched in this study happen within the process. Therefore, it requires a process research including couple therapists who differ in their years of experience, years of couple relationship, and relationship experiences (e.g., no relationship, marriage, divorce, remarriage etc.) and their impact on the connection, assessment, and intervention while working with couples.

CONCLUSION

The current study aimed to understand the reciprocal impact between couple therapists'personal beliefs about couple relationships, their own couple relationships, and their experices of working with couples. This emergent theoy construction involves more than defining the concepts (Christensen, Russell, Miller, and Peterson, 1998). Therefore, as it was expected in the process of grounded theory, the findings were reached more than what was searched at the beginning of the study (Charmaz, 2006). An in-depth exploration and constant search for the relationships among the categories considering the sociocultural effects provided the current model to achieve a systemic integration. Placing the experiences of couple therapists on a broader context where they live in and understanding how their social location might influence on their use of self are the most fundamental findings emerged from the data.

Overall, to the author's knowledge, this is among the first studies which aim to develop a theoretical model for couple therapists integrating both professional selves and the personal selves. The current study is also the first grounded theory research conducted with couple therapists at the centre of their personal experiences in Turkey. In the sense of discovering the couple therapists' experiences not only in professional context but also in the personal contex, current findings offer considerable courage for exploring the felt but not spoken experiences by the therapists before. Findings suggest that for those who have begun to their journey to heal the relationships, the way to develop the presence not only as a couple therapist but also as a person will be supportive in their own journey since just the true part of the therapist' presence might be healing for clients as Rogers suggested (Baldwin, 2013). The overall findings will contribute the couple therapists' clinical practice as well as the developments of trainings and supervision in Turkey.

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APPENDICES

APPENDIX A- Ethical Approval by the Ethics Committee

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

Başvuru Sahibi / Applicant: Sedef Oral

Proje Başlığı / Project Title: Reciprocal Impact Between Couple Therapists Beliefs About Coupledom, Experiences in Romantic Relationships and Experiences in Couple Therapy: A Qualitative Study
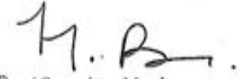
Proje No. / Project Number: 2018-20024-72

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected	
	Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 5 Haziran 2018
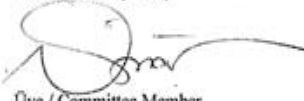
Kurul Başkanı / Committee Chair

Doç. Dr. Itır Erhart

Üye / Committee Member

Prof. Dr. Hale Bolak

Üye / Committee Member

Prof. Dr. Koray Akay

Üye / Committee Member

Prof. Dr. Ayhan Özgür Toy

Üye / Committee Member

Prof. Dr. Aslı Tunç

Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

Üye / Committee Member

Prof. Dr. Ali Demirci

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APPENDIX B- Recruitment Advertisement

Değerli Liste Üyeleri,

İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı, Çift ve Aile Terapisi alt dalı kapsamında bitirme tezim için Dr. Öğr. Üyesi Fehime Senem Zeytinoğlu Saydam ve Dr. Öğr. Üyesi Yudum Söylemez danışmanlığında nitel bir araştırma yapmaktayım.

Araştırmanın amacı, Türkiye'deki çift terapistlerinin çift olmaya dair inançlarının, ilişki deneyimlerinin, sosyal çevrelerinin ve çiftlerle yaptıkları çalışmaların birbirini nasıl etkilediğini anlamaya çalışmaktır.

Çalışmaya katılmak için aktif olarak çiftlerle çalışıyor olmak ve romantik bir ilişki içerisinde (sevgili, nişanlı, evli vb.) olmak gerekmektedir. Yaklaşık 45 dakika sürecek olan görüşmeler uzmanların çalışma alanlarında gerçekleştirilecek olup İstanbul ve İzmir illeri dışındaki katılımcılar ile internet üzerinden görüşmeler yapılacaktır. Görüşmemiz esnasında verdiğiniz cevaplar ses kayıt cihazı ile kaydedilecek ve sadece araştırmacının erişimine açık, şifreli bir bilgisayarda saklanacaktır.

Araştırma hakkında detaylı bilgi almak ve araştırmaya katılmak için benimle sedef.oral@yahoo.com e-posta adresinden doğrudan iletişime geçebilirsiniz.

Desteğiniz ve Türkiye'deki çift terapisi uygulamalarının gelişmesine katkınızdan ötürü şimdiden teşekkür ederim.

Psk. Dan. Sedef Oral

APPENDIX C- Informed Consent Form

<div align="center">

KATILIMCI BİLGİ ve ONAM FORMU

İstanbul Bilgi Üniversitesi Sosyal Bilimler Enstitüsü

Klinik Psikoloji Yüksek Lisans Programı

</div>

Değerli Katılımcı,

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programında, Dr. Öğr. Üyesi Fehime Senem Zeytinoğlu Saydam ve Dr. Öğr. Üyesi Yudum Söylemez danışmanlıklarında, Sedef Oral tarafından yürütülen yüksek lisans tez çalışmasıdır.

Araştırmanın amacı;

Türkiye'deki çift terapistlerinin, çiftlerle çalışırken etkili olan kişisel inançlarını ve ilişki deneyimlerini anlamaktır.

Çalışmaya katılmak İçin;

Aktif olarak çiftlerle çalışıyor olmak ve romantik bir ilişki içerisinde (sevgili, nişanlı, evli vb.) olmak gerekmektedir.

Araştırmaya katılım;

Gönüllülük esasına dayanmakta olup; araştırma boyunca size çift olmaya yönelik inançlarınız, yakın ilişkileriniz, kültürel değerleriniz, mesleki eğitim ve mesleki deneyimlerinize yönelik sorular sorulacaktır. Çalışmanın amacı siz katılımcıların deneyim ve görüşlerini değerlendirmek değil; sizlerin deneyimlerinizi nasıl anlamlandırdığınızı keşfetmektir. Çalışmanın amacına ulaşması için tüm sorulara içtenlikle cevap vermeniz beklenmektedir. Dilediğiniz takdirde, bu araştırma katılım bilgi ve onam formunu doldurmadan araştırmadan çekilebilirsiniz. Aynı şekilde araştırmaya katılmayı kabul ettikten sonra da araştırmanın herhangi bir aşamasında hiçbir sebep göstermeden çalışmayı durdurabilir ve onayınızı geri çekebilirsiniz.

<div align="center">

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</div>

Araştırmaya katılarak;

Çift terapisinde danışanlarla kurulan ilişki, değerlendirme ve müdahale süreçlerinin bulunduğumuz kültürden, bireysel yaşantımızdan ve yakın ilişkilerimizden nasıl beslenerek mesleki pratiğimizde yer edindiğini anlamlandırmamıza yardımcı olacaksınız.

Araştırmaya katılmayı onayladığınız takdirde;

Sizden demografik bilgilerinizi içeren bir form doldurmanız beklenecektir. Sonrasında sizlerle yaklaşık 45 dakika sürmesi planlanan bir görüşme yapılacaktır. Görüşmemiz esnasında sizin seçtiğiniz takma bir isim kullanılacak, verdiğiniz cevaplar ses kayıt cihazı ile kaydedilecek ve sadece araştırmacının erişimine açık olacaktır. Verdiğiniz bilgiler araştırmacının bilgisayarında şifrelenerek araştırma sonuna kadar saklanacak, sadece araştırmacı tarafından çözülecek ve tüm yazılı dokümanlar araştırma sonunda imha edilecektir. Araştırma sonucunda elde edilen bulgular bilimsel yayınlarda kimliğiniz hiçbir şekilde kullanılmadan yayımlanacaktır.

Bu formu imzalayarak;

Araştırmaya katılım için onay vermiş olacaksınız. Araştırma ile ilgili sorularınız varsa lütfen sorunuz. Araştırma hakkında ek bilgi almak istediğiniz veya kendinizi görüşme sonrasında olumsuz bir durum içinde bulduğunuz takdirde; araştırma yöneticileri Dr. Öğr. Üyesi Fehime Senem Zeytinoğlu Saydam, Dr. Öğr. Üyesi Yudum Söylemez ve görüşmeleri gerçekleştiren araştırmacı Psk. Dan. Sedef Oral'a 0546 637 09 96 telefon numarası ile veya sedef.oral@yahoo.com adresinden ulaşabilirsiniz.

Araştırmaya katılarak;

Çift terapisi alanının yalnızca mesleki değil bireysel ve kültürel yaşantılarımızdan da beslenerek gelişmesine öncülük ettiğiniz için şimdiden teşekkür ederiz.

Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstediğim zaman bu araştırmadan çekilebileceğimi biliyorum. Bu araştırmaya katılmayı kabul ediyor ve bu onay belgesini kendi hür irademle imzalıyorum.

☐ Bu formun bir kopyasını aldım.

☐ Bu formun bir kopyasını almak istemiyorum. (Bu durumda form araştırmacı tarafından saklanır).

Katılımcı *Adı Soyadı*	
Tarih ve İmza	
Araştırmacı *Adı Soyadı*	
Tarih ve İmza	

APPENDIX D- Demographic Information Sheet

ID	
Yaşınız	
Cinsiyetiniz	☐ Kadın ☐ Erkek ☐ Diğer.............................. ☐ Belirtmek istemiyorum
Cinsel Yöneliminiz	☐ Heteroseksüel ☐ Eşcinsel ☐ Biseksüel ☐ Diğer.............................. ☐ Belirtmek istemiyorum
Aylık Geliriniz (TL)	☐ 0- 2.500 ☐ 2.500 -5.000 ☐ 5.000-7.500 ☐ 7.500-10.000 ☐ 10.000 -12.500 ☐ 12.500 ve üstü
Doğduğunuz Yer	
Etnik Kökeniniz	

Dini İnancınız	☐ Belirtiniz............................
	    ☐ Dindarım
	    ☐ Dindar değilim
	 ☐ Dini inancım yok
	 ☐ Diğer..............................

Şu ana kadar en uzun süre bulunduğunuz şehir	
Şu an yaşadığınız şehir	
İlişki Durumunuz	☐ İlişkisi yok ☐ İlişkisi var ve ayrı yaşıyor ☐ İlişkisi var ve birlikte yaşıyor ☐ Evli ve birlikte yaşıyor ☐ Evli ve ayrı yaşıyor
Çocuğunuz var ise yaş ve cinsiyetlerini belirtiniz	
Eğitim Durumunuz	☐ Lisans Derecesi ☐ Yüksek Lisans Derecesi ☐ Doktora Derecesi
Kullandığınız Mesleki Unvan	
Meslekteki Çalışma Yılınız	
Çift Terapisi Eğitimini Aldığınız Kurum-Programın/Eğitimin Adı	
Çift Terapisi Alanında Çalışma Yılınız	
Terapide Kullandığınız Yaklaşım (lar)	
Çift Terapisinde Kullandığınız Yaklaşım (lar)	

APPENDIX E- Semi-Structured Interview Questions

1.   Çift terapisti olma yolculuğunuzdan bahsedebilir misiniz?

2.   Çift terapisti olmayı nasıl deneyimliyorsunuz?

3.   Sizi çiftlerle çalışırken neler yönlendiriyor/besliyor?

4.   Sizin için "çift olmak" ne demek?

5.   Çift olmaya dair bu inanışlar zihninizde nasıl şekillendi?

6.   Size göre, "çift" olmaya dair inançlarınız çiftlerle ilişki kurmanızda nasıl rol oynuyor?

7.   Size göre, "çift" olmaya dair inançlarınız çiftlerin durumlarını değerlendirirken nasıl rol oynuyor?

8.   Size göre, "çift" olmaya dair inançlarınız çift terapisindeki müdahalelerinizde nasıl rol oynuyor?

9.   Şu anki romantik ilişki deneyiminizden çift olmakla ilgili neler öğrendiniz?

10.   Çiftlerle çalışırken, kendi romantik ilişkinizdeki olumlu ve olumsuz deneyimlerinizi hatırladığınız oluyor mu? Bunu hatırladığınız bir an varsa anlatabilir misiniz? Örneğin partnerinizle bir tartışma yaşadıktan sonra seansa girdiğinizde bu sizi nasıl etkiliyor?

11.1.   Kendi romantik ilişkinizdeki olumlu ve olumsuz deneyimleriniz çiftlerle ilişki kurmanızı nasıl etkiliyor?

11.2.   Kendi romantik ilişkinizdeki olumlu ve olumsuz deneyimleriniz çiftlerin durumlarını değerlendirirken nasıl rol oynuyor?

11.3.   Kendi romantik ilişkinizdeki olumlu ve olumsuz deneyimleriniz çift terapisindeki müdahalelerinizde nasıl rol oynuyor?

12.   Çift terapisi yaparken şahit olduklarınız "çift olmak" ile ilgili inançlarınızı nasıl etkiledi?

13.   Çift terapisi yaparken şahit olduklarınız kendi romantik ilişkinizi nasıl etkiliyor? (olumlu ve olumsuz olarak) Çalıştığınız bir vakanın sizin ilişkinizi etkilediği bir an hatırlıyor musunuz?

14.   Çift terapisti olmanız partnerinizi olumlu ya da olumsuz anlamda nasıl etkiliyor?

15. Çalıştığınız çiftlerin sosyal çevrelerinin size benzerlik ya da farklılık gösterdiği durumlar oluyor mu? Nasıl?

16. Size göre, sosyal çevrenizde yaşadığınız deneyimler ile çalıştığınız çiftlerin sosyal çevresi arasındaki benzerlik ve farklılıklar çift terapisinde çiftlerle ilişki kurmanızda nasıl rol oynuyor?

17. Size göre, sosyal çevrenizde yaşadığınız deneyimler ile çalıştığınız çiftlerin sosyal çevresi arasındaki benzerlik ve farklılıklar çift terapisinde çiftlerin durumlarını değerlendirirken nasıl rol oynuyor?

18. Size göre, sosyal çevrenizde yaşadığınız deneyimler ile çalıştığınız çiftlerin sosyal çevresi arasındaki benzerlik ve farklılıklar çift terapisindeki müdahalelerinizde nasıl rol oynuyor?

19. Benim sorularımla değinmediğim ancak sizin önemli bulduğunuz ve eklemek istediğiniz herhangi bir şey var mı?

APPENDIX F- Member Checking E-mail Content

Konu: Çiftlerle Çalışma Deneyimi Üzerine Yaptığımız Çalışma Bulgularının Özeti

Merhaba,

Mayıs 2018 tarihinden itibaren çiftlerle çalışan 17 terapist ile gerçekleştirdiğim araştırma görüşmelerinin sonucunda, Türkiye'de çiftlerle çalışan uzmanların seans odası ve seans dışındaki deneyimlerini hem çift terapisti hem de insan olarak anlamlandırma ve profesyonel çalışmalarını geliştirme sürecine dair ulaştığım bilgileri sizlere kısaca özetlemek ve bu sürecin sizin deneyiminizi ne kadar yansıtıp yansıtmadığına dair değerli geri bildirimlerinizi almak adına paylaşmak istiyorum.

Her insanın kişisel ve terapist olma yolculuğunun birbirinden farklı; değerleri, deneyimleri ve profesyonel hayata taşıdıklarının biricik ve özel olduğunu göz önünde bulundurarak, sizlerden en sık duyduğum ortak süreçleri bir araya getirmeye ve farklılıklara da bu süreçler kapsamında yer vermeye çalıştım. Her yolculuk ayrı bir deneyim barındırsa da yolculuğa başlarken herkes içinde bir yerde, ilişkileri onarmaya çalışmasına temas ediyor. Aslında her şey gözlemlediğimiz (Anne babamızın, çevremizdekilerin, mesleki bağlamda karşılaştığımız çift ilişkileri) ya da deneyimlediğimiz (kendi çift ilişkimizde) ilişkileri bir noktada anlamaya çalışmakla başlıyor. Her ne kadar insan olarak içinde bulunduğumuz deneyimde anlamak zor, onarmak güç olsa da; insan olarak kimi zaman kendi bireysel/çift ya da aile terapimiz kimi zamansa öğrendiğimiz yollar, içinde bulunduğumuz ilişkileri onarmak ve yeniden incinmemizi engellemek adına yararlı oluyor. Çift terapistlerinin ilişkileri iyileştirebileceğine olan inancı bazen ilişkide yaşanan kişisel deneyimle (doğum yapmak, çift ilişkisinde zorluk yaşamak gibi), bazen Türkiye bağlamında eğitim fırsatları ya da danışanların talepleri doğrultusunda; bazen de hali hazırda önceki ilişkide bilinen bir rolün profesyonel olarak sürdürülmesiyle (arabuluculuk gibi) gerçekleşebilmekte. Tüm bu süreçlerin katkısıyla modalite olarak çiftlerle çalışmak, benimsenen teorik yaklaşımdan

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bağımsız olarak ailenin ne kadar güçlü bir sistem olduğunu keşfetme süreciyle en etkili yol arayışıyla başlıyor.

Tüm bu deneyimler ışığında, seans odasına girince her terapist etki edebileceği kendi duruşunu yaratmakta. Bireysel olarak çift terapistinin nasıl olması ya da olmaması üzerine terapist olarak edinilen imgeler, danışanların başlangıçta çift terapisine ve çift terapisine aktardığı imgeler (çoğunlukla yargıç/polis/hakem gibi karar mekanizmasına sahip biri) ile ilişkide bulunulan kişilerin çift terapistlerine dair algısı (romantik partnerler, arkadaşlar, aile) çoğunlukla terapist olarak çiftlerle çalışırken hangi rolleri üstlenilip üstlenilmeyeceğini belirlemede önemli rol oynuyor. Sıklıkla belirtilen iyileştiren bir eşlikçi olma rolü teorik yaklaşımlardan bağımsız olarak dile getirilmekte ise de; terapist olarak seans odasında bu rolün nasıl gerçekleştirildiği teorik yaklaşım ve çift terapisti imgesinin entegre edilmesiyle danışana aktarılmakta. Ve sonunda ise, çift terapistleri terapinin başında yüklenen yargıç rolünden, tarafsızlığı sağlayarak ve çiftlere kabul edilip anlaşıldıklarını hissettirerek çıkıp etkili bir terapist duruşu geliştiriyor.

Öyle görünüyor ki süreç içerisinde profesyonel inanç ve öğretilerin etkisiyle oluşan etkili terapist duruşu yerini seans odasında insan olarak da yer alabilen, bireysel olarak taşıdığı inanç ve deneyimleri çift terapisti olarak danışanların yararına dönüştürebilen ve bunu yaparken de kendisini sürekli izleyen, geliştiren bir duruşa bırakıyor. Çiftleri anlamak için tanıdık deneyimlerden yararlanan çift terapistleri kendisine yönelik de seans odasında erişim alanları yaratabilmekte. Demografik özelliklerinin, inançlarının, kök ailesinin, romantik ilişkisinin ve sosyal çevresinin farkında olarak seans odasında oturan ve bu alanlara seans odasında çifte iyi gelebileceğini düşündüğü noktada erişebilen terapistlerin, seans odasında terapist-danışan ilişkisini çalışmak, çiftin yaşadığı probleme yönelik bakış açısı geliştirmek ve müdahale alanı yaratabilmek adına amaçlı kullandığı zamanlar olabilmektedir. Ancak çoğu kez inanç ve deneyimlere ulaşabiliyor olmak önyargı olarak düşünülmekte ve danışana bu inanç ve deneyimlerin yansıtılmasından çekinilmektedir. Bunun için terapistler kendilerini izleme yöntemlerini sürdürürken (bireysel terapi, aynalı odada seans, akran sv gibi), kaçınılmaz olarak odanın

içerisinde kendi duygularıyla karşılaştıkları deneyimler de yaşayabilmektedir. Bu süreç tek taraflı olmayıp, terapistlerin seans odasından dışarıya olumlu deneyimleri taşıma isteğine bağlı olarak; deneyimlerine tanıklık edilen çiftlerin de zaman zaman terapistler için bireysel öğreticiliği ve etkileyiciliği olduğu görülmekte; başkasını aydınlatan ışığın kendisine de döndüğü bir meslek olarak anlamlandırılmaktadır.

Sizlere bir kez daha vermiş olduğunuz oldukça samimi ve şeffaf bilgileriniz için çok teşekkür ederim. İsimleriniz benimle birlikte her daim saklı kalacak olsa da yukarıda belirttiğim benzer ya da ayrışan deneyimler Türkiye'de çiftlerle çalışan terapistlerin de sesi olması ve gelecek terapistlerin anlam süreçlerine destek olması adına çok değerli. Herhangi bir yorumunuz, uyan/uymayan ya da araştırmacı olarak kapsayamadığım noktalar var ise bir kez daha seslerinizi duymaktan memnuniyet duyarım. Eğer sonuçlara dair değişiklik yapmam gereken bir durum var ise 1 Mart 2019 Cuma gününe kadar bana bu mail adresi üzerinden dönüş yapabilirsiniz. Sizden herhangi bir haber alamama durumunda 22 Şubat tarihinde hatırlatıcı bir mail göndereceğim.

Sizlere çalışmalarınızda kolaylıklar diliyorum ve yapılacak olan çift çalışmalarına öncülük ettiğiniz için bir kez daha teşekkür ediyorum.

Çift ve Aile Terapisti Adayı Sedef Oral