

THE EFFECT OF CINEMATHERAPY ON PERFECTIONISM AND RELATED
SCHEMAS

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BAŐAK TÜRKÜLER AKA

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Prof. Dr. Sencer Ayata
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science.

Prof. Dr. Nebi Sümer
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Associate Prof. Faruk Gençöz
Supervisor

Examining Committee Members

Assoc. Prof. Bengi Öner-Özkan	(METU, PSY)	_____
Assoc. Prof. Faruk Gençöz	(METU, PSY)	_____
Dr. Sait Uluç	(HÜ, PSY)	_____

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Name, Last Name: Bařak Trkler Aka

Signature :

ABSTRACT

THE EFFECT OF CINEMATHERAPY ON PERFECTIONISM AND RELATED SCHEMAS

Aka, Bařak Trkler

Department of Psychology

Supervisor: Associate. Prof. Faruk Genoz

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This study aimed to reveal the effect of cinematherapy on perfectionism and related Early Maladaptive Schemas and investigates the contribution of participants' identification with the film and recall of the film on this process. 34 university students from Psychology Department at Middle East Technical University participated in the study. The participants completed a demographic information form, Multidimensional Perfectionism Scale, three Early Maladaptive Schema (Emotional Inhibition, Unrelenting Standards-Hypercriticalness, Approval Seeking-Recognition Seeking) items from Young Schema Questionnaire, Film zdeřleşme leđi (an identification scale developed for this study), and Film Recall Test (specific for the selected film) at pre-, post-, and a 10 days follow-up. There were two groups in this study, the first group only watched the selected film and completed assessment devices. The second group watched the selected film and then got a briefing about perfectionism. ANOVAs were conducted to assess differences on perfectionism and related schemas at different time intervals and between groups. According to results, watching the selected film had an effect on participant's

perfectionism. Moreover, cinematherapy had no effect on perfectionism related schemas when they were analyzed together. However, it was found that watching the selected film had a temporary effect on Emotional Inhibition schema. A regression analysis was conducted to investigate the association between identification, recall of the film and perfectionism. According to regression analysis, identification with the film and recall of the film had no association with the participants' perfectionism. The findings, and their implications with suggestions for future research and practice, were discussed in the light of relevant literature.

Keywords: Cinematherapy, Perfectionism, Identification, Early Maladaptive Schemas

ÖZ

SİNEMATERAPİNİN MÜKEMMELİYETÇİLİK VE MÜKEMMELİYETÇİLİKLE İLGİLİ ŞEMALAR ÜZERİNDEKİ ETKİSİ

Aka, Başak Türküler

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Bu çalışmanın amacı sinematerapinin mükemmeliyetçilik ve mükemmeliyetçilikle ilgili olan erken dönem uyumsuz şemalar üzerindeki etkisini incelemek ve aynı zamanda katılımcıların film ile özdeşleşmelerinin ve filmi hatırlama derecelerinin bu sürece olan etkisini değerlendirmektir. Bu çalışmaya Orta Doğu Teknik Üniversitesi Psikoloji Bölümünden 34 öğrenci katılmıştır. Her katılımcı demografik bilgi formunu, Çok Boyutlu Mükemmeliyetçilik Ölçeğini, Young Şema Ölçeğinden üç alanda erken dönem uyumsuz şemaları (Aşırı Sorumluluk-Duyguları Bastırma, Acımasız Standartlar-Aşırı Eleştirelilik, Onay Arama-Kabul Arama) ölçen soruları, Film Özdeşleşme Ölçeğini (bu çalışma için geliştirilmiştir) ve Film Hatırlama Testini (seçilen film için özel olarak hazırlanmıştır) seçilen filmi izlemeden önce, izledikten hemen sonra ve on gün sonra olmak üzere doldurmuştur. Bu çalışmada iki grup bulunmaktadır. İlk grup sadece seçilen filmi izlemiş ve ölçekleri doldurmuştur. İkinci grubaysa seçilen filmi izledikten sonra mükemmeliyetçilikle ilgili bilgilendirme yapılmıştır. Sinematerapinin mükemmeliyetçilik ve mükemmeliyetçilikle ilgili olan erken dönem uyumsuz şemalar üzerindeki etkisini değerlendirmek amacıyla varyans analizleri uygulanmıştır. Sonuçlara göre seçilen filmi izlemenin katılımcıların

mükemmeliyetçilik değerlerini anlamlı olarak etkilediği ortaya çıkmıştır. Ayrıca sinematerapinin mükemmeliyetçilikle ilgili olan erken dönem uyumsuz şemalar üzerinde anlamlı olarak bir etkisinin olmadığı görülmüştür. Fakat şemalar tek başlarına değerlendirildiklerinde seçilen filmi izlemenin Aşırı Sorumluluk-Duyguları Bastırma şeması üzerinde geçici bir etkisi olduğu gözlenmiştir. Regresyon analiziyle de filmle özdeşleşim kurmanın ve filmi hatırlamanın mükemmeliyetçiliği ne kadar yordadığı araştırılmıştır. Sonuçlara göre filmle özdeşleşme ve filmi hatırlamanın mükemmeliyetçilikle eşleşmediği görülmüştür. Tüm sonuçlar ilgili literatür ışığında tartışılmış, araştırma ve uygulama bağlamında ileride yapılabilecek çalışmalar önerilmiştir.

Anahtar Kelimeler: Sinematerapi, Mükemmeliyetçilik, Özdeşleşme, Erken Dönem Uyumsuz Şemalar

To my roots, my grandparents;

Leman and İsmail Aka &

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CHAPTER 1

INTRODUCTION

1.1 Self-Help in Psychology

Individuals usually do not go to professionals for every difficult situation they encounter; instead they get guidance from their close environment first (Lampropoulos & Spengler, 2005). As Prochaska and DiClemente (1992) pointed out therapies are not the only tools for getting positive outcomes, apart from therapies some other situations help individuals for changing and healing (cited in Lampropoulos & Spengler, 2005). According to Lampropoulos and Spengler (2005), therapeutic changes and healing occur in individuals' daily lives even if they are not aware of them. A conversation with a close friend, reading a book, writing a diary or watching a film can produce a change that traditional therapies aim. These changes occur by gaining insight, experiencing emotional reactions, realizing solutions or making interpretations.

Lampropoulos and Spengler (2005) stated that "Counseling and helping appears to be a common, naturally occurring human interaction" (p.48). It has a spectrum that includes even simple conversations with friends, complex psychotherapy, and self-help (Lampropoulos & Spengler, 2005). Especially, self-help is one of the rising topics in psychology. It was predicted that self-help and self-change will take their places near the clinical interventions of the future (Norcross, Alford & DeMichele, 1992). Self- help materials are various and very rich. They may include activities like reading books, using Internet, viewing films and joining group discussions. Individuals can benefit from self-help without consulting professionals, or they can use self-help materials in accordance with professionals' recommendations. Additionally, self-help may be used by therapists to aid client change and healing in the process of psychotherapy (Campbell & Smith, 2003).

In an article by Scogin (2003), it was asserted that therapists benefit from self-help in their therapies for various reasons. First of all, by using self-help materials as homework or behavioural experiments, clients will have the chance of processing therapy content outside the therapy sessions. Individuals evaluate therapy work after sessions and by the aid of self-help they can work on the issues that are not very clear to them. Secondly, self-help activities create an independent environment for clients to evaluate their problems thereby enhancing problem-solving possibilities. In addition, self-help materials can diversify the topics that are discussed in therapy sessions by providing examples from various sources like films, biographies, and books. Lastly, it was stated that self-help can have a positive effect on treatment outcome.

Interest in using self-help materials is increasing (Lampropoulos, Kazantzis & Deane, 2004). According to a study by Norcross et al. (2000, 2003), psychologists who are in practice recommend self-help books (85%), self-help groups (82%), films (46%), Internet (34%) and autobiographies (24%) (cited in Campbell & Smith, 2003).

According to studies that investigated the therapeutic effectiveness of self-help materials, meta-analytic reviews showed that self-help programs are more effective than placebo and have the same degree of effectiveness with therapies for various psychological problems (Cujipers, 1997; Gould & Clum, 1993; Marrs, 1995; Scogin, 2003b; Scogin, Bynum, Stephens, & Calhoon, 1990).

1.2 The Antecedent of Cinematherapy: Bibliotherapy

Among self-help materials, bibliotherapy may be one of the older methods. The inscription on the door of the library Thebes “The Healing Place of the Soul” can be seen as a proof for using books as a therapeutic method (Pardeck, 1998 cited in Campbell & Smith, 2003). One of the definitions of bibliotherapy is “using books in intervention” (Pardeck, 1994, p. 421). Bibliotherapy is defined by Katz and Watt (1992) as the therapeutic use of books with a planned aim for reading.

In bibliotherapy, the written materials that are assigned to clients may be from fiction literature like poems or science-fiction books. Additionally, non-fiction literature can be used for bibliotherapy including biographies, autobiographies, novels and self-help books. (Pardeck & Pardeck, 1992 cited in Portadin, 2006).

The early known aim to use books for patients was in 1840. At that time Sir Galter Wait made a distinction between written materials as fictional and nonfictional literature. In that time, psychiatrists suggested these books to provide education about religious and moralistic issues to psychiatric patients who stayed in hospitals. It was in 1930s that the practice of prescribing therapeutic readings to patients was named as bibliotherapy by William C. Menninger. According to Menninger, selected materials from the literature can be used for providing education, socialization and entertainment in hospitals. Menninger explained one of the benefits of bibliotherapy as providing instant pleasure to patients and added that written materials in bibliotherapy also function as information sources to patients. In addition, according to Menninger, bibliotherapy directs patients in a way that they can create interest on other issues instead of focusing themselves. By creating connections with their environment bibliotherapy helps patients gain insight for their problems (Menninger, 1936 cited in Calisch, 2001).

For Jackson (2001) bibliotherapy can be used as a tool to reveal the ways of dealing and solving problems by examining the characters in the books. The characters in the books can provide role models to clients and clients can benefit from bibliotherapy by observing these role models' behaviours and attitudes.

According to Pardeck (1994) there are various goals of bibliotherapy. One of them is to provide information about the problems in clients' lives. When individuals have an idea about what they face, gaining insight for their situations is going to be easier. Providing a setting to discuss problems, feelings and thoughts is another goal of bibliotherapy. Individuals can discuss their issues by using characters in the books as examples depicting their situations. Furthermore, bibliotherapy aims to show that other people may also encounter similar problems thereby demonstrating that clients

are not the only ones experiencing problems. Additionally, providing new values and suggesting solutions to problems are other aims of bibliotherapy.

Berg-Cross, Jennings and Baruch (1990) stated the benefit of using literature in therapy as the acquisition of new perspectives by creating new insights into problems. Finding the source of problems may alter the perspectives of individuals and increase their enthusiasm to change. Moreover, bibliotherapy may stimulate clients so that they can express their emotions more. In addition, it may generate immediate therapeutic effect by creating an atmosphere suitable to experience catharsis.

Different writers stated the benefits and goals of bibliotherapy, however if the benefits mentioned above are collected regarding the process of bibliotherapy, there are four stages in this process according to literature:

1. Identification: During identification the person identifies with the character in the written material. From all ages, adults to children, people can easily make connections with a fictional character (Stamps, 2003). In this stage examination of motives and behaviours of the character in the book can be a tool to begin self-exploration (Morawski, 1997).

2. Catharsis: In this stage, the reader follows the character through some challenges, problems or situations and through resolution experience at the end (Stamps, 2003). Emotions and internal conflicts of the reader may reveal by establishing identification with the character. Apart from building identification with the problem or the situation, readers may also establish identification with the feelings of the character (Morawski, 1997). This phase is the stage in which people show their emotions, like crying or laughing (Stamps, 2003).

3. Insight: During this stage, readers may internalize characters' experiences. By that way, they can develop an awareness and understanding of themes or

situations relevant to their life (Morawski, 1997). The important part of this stage is that behaviours and attitudes can change in a positive way (Stamps, 2003).

4. Universalization: In Universalization stage, individuals observe and realize that the characters in the book have experienced similar difficulties like them. Thus, this realization may reduce the feelings of loneliness and isolation that individuals experience. (Jeon, 1992 cited in Sharp et al., 2002).

According to studies about practitioners' use of bibliotherapy, one survey found that annotated, subject-indexed list of books was the most helpful in counseling (Atwater & Smith, 1982). In another survey, Smith and Burkhalter (1987) found that therapists most often use books to treat sexual dysfunction and deficits in child-rearing habits. Furthermore, Starker (1988) revealed that nearly 60 % of the psychologists use self-help books "occasionally", 24 % "often", and 12 % "regularly" and only 4 % of the psychologists who participated in the study stated that they "never" recommended books. Additionally, Starker (1988) asked psychologists whether their patients benefited from prescribed books or not. The results showed that of the 45 % psychologists participated in the survey, 69 % of them reported some of their patients stated being "really helped" by books and 8 % of them reported a patient negatively affected from readings. In addition, 60 % of psychologists who responded to the survey stated that they prescribe books as an addition to therapy. Other research (Marx, Royalty, Gyorky, & Stern, 1992; Norcross et al., 2003; O'Connor & Kratochwill, 1999) also confirmed that most of the clinicians surveyed have prescribed self-help books and are content with the results (cited in Lampropoulos & Spengler, 2005). Lastly, in their study Adams and Pitre (2000) found that therapists who have more experiences in the field have more tendency to use books in order to achieve therapeutic outcomes in their therapies.

There are many studies that depict the effectiveness of bibliotherapy both in single studies and meta-analyses. In different meta-analyses, bibliotherapy has been found effective under various conditions. Marrs (1995) found no significant differences

between effects sizes of bibliotherapy and therapist-administered treatments when they were compared. Another study of Gould and Clum's (1993) revealed that self-help books used with therapy seem to be a more intensive integration than minimal therapist contact situations in the meta-analysis of 40 self-help studies. Moreover, in a study (Scogin, Bynum, Stephens, & Calhoun, 1990) it was found that there was 82 % improvement of average bibliotherapy participants over the no-treatment participants. Cuijpers (1997) who conducted a metaanalysis of seven studies that used bibliotherapy as a treatment method for unipolar depression showed that bibliotherapy was beneficial as group or individual therapy. Furthermore, Miller, Taylor and West (1980) found bibliotherapy as effective as any other treatment strategies, but much more cost effective than them (cited in Lenkowsky, 1987). According to another study, Ackerson et al. (1998) found that adolescents also benefited from cognitive bibliotherapy. However, a different study (Zelenick, 1985) showed that the use of bibliotherapy for changing attitudes toward elderly did not provide significant results. Giles (1986) also did not find significant results for shaping the immediate behavior of clinically disturbed children by using bibliotherapy (cited in Riordan & Wilson, 1989).

1.3 Cinematherapy

Cinematherapy is a new and developing field in psychology and uses commercial films to enhance insight and awareness for psychological problems. The term cinematherapy was firstly used in an article by Berg-Cross, Jennings and Baruch (1990) and defined as "a therapeutic technique that involves having the therapist select commercial films for the client to view alone or with specified other" (p.135). According to Sharp, Smith and Cole (2002) cinematherapy "is a therapeutic technique that involves careful selection and assignment of movies for clients to watch with follow-up processing of their experiences during therapy sessions" (p.270). Moreover; Tyson, Foster and Jones (2000) defined cinematherapy as "a therapeutic intervention allowing clients to visually assess a film's characters interaction with others, the environment, and personal issues, thereby developing a bridge from which positive therapeutic movement may be accomplished" (p.35).

Lastly, Solomon (1995) described cinematherapy as assigning movies for clients to act as helping tools for healing (cited in Portadin, 2006).

Apart from the term “cinematherapy”, some practitioners prefer and use the term of “videowork”. According to Hesley and Hesley (2001), videowork is “a therapeutic process in which clients and therapists discuss themes and characters in popular films that relate to core issues of ongoing therapy” (p.4).

Although there are different definitions and terms to define the use of commercial films in therapy, their common point is to prescribe movies for providing new perspectives about client related issues and enhancing insight about those situations.

The roots of cinematherapy are based on bibliotherapy. According to Sharp et al. (2002), cinematherapy is “an outgrowth of bibliotherapy” (p.270) and for Hesley and Hesley (2001), it is “an extension of bibliotherapy, sharing aims, advantages and limits” (p.7). The four stages of bibliotherapy; identification, catharsis, insight and universalization, function similarly in cinematherapy. Apart from this, both of them are self-help concepts and they have the same goals. They can be used to “educate, normalize, reframe, and expand ideas” (Dermer & Hutchings, 2000, p.164). In addition, Dermer and Hutching (2000) described bibliotherapy and cinematherapy as “creative and inexpensive therapeutic interventions” (p.164). However, despite of their common grounds, cinematherapy seems to have several advantages over bibliotherapy at some issues. First of all, spending only two hours for watching a movie seems much more appealing to clients than spending days to read a book. Furthermore, watching a film either at cinema or home is much more likely to be a part of daily activities than reading books (Sharp et al., 2002). Moreover, Wedding and Boyd (1997) stated that films are the most powerful art forms. Therefore, the effect of films is likely to be greater than the effect of novels or other kinds of books. In addition, contrary to reading materials, cinema is a visual art and it provides real characters which probably makes identification easier for the viewers. Apart from that, for clients who have limited language skills, films can be more suitable than

reading materials. Lastly for couples, watching a movie together can be a more agreeable situation than reading books separately (Calisch, 2001).

1.3.1 The Reasons for Using Films in Therapy

Cinema and psychotherapy were born together and in time they have exchanged many ideas and concepts. When they are administered properly and effectively, both can be therapeutic. In addition, recording and analyzing human behaviour are the main concerns for both of them (Haas, 1995). Movies mostly reflect and portray real life experiences as well as abnormal behaviour, so they are one of the major factors that provide socialization by shaping the appearance, attitudes and behaviours of individuals (Kellner, 1998 cited in Pichardo, 2000). Moreover, Bandura (1969) stated that films and mass media can produce behavioural changes in the viewer and can be used to model human attitudes (cited in Kesler, 1998). According to Pichardo (2000) movies are among the most effective tools of the visual culture, and by providing experiences of human feeling they have been an important component of popular culture. Films have been used in therapies because cinema has an impact on viewers and it depicts human behaviour. Katz (1946) stated:

Motion pictures of different types have been found useful in enlarging the scope of techniques and facilities available to psychiatrists and psychologists in the treatment of mental patients...used primarily as an aid to treatment... (p.204 cited in Portadin, 2006).

Berg-Cross et al. (1990) asserted that films can be used in therapy to have direct therapeutic effect or as a stimulus for other interventions in therapy sessions. Moreover, films are being used in therapies because cinematherapy is capable of going beyond the borders of the therapists' offices. By watching films at home or cinema, client has the chance of reframing problems after therapy sessions (Suarez, 2003). In another article, the aim of using cinematherapy was stated as helping clients view their situations with a new perspective (Hesley, 2001). Heston and Kottman (1997) supported this view by stating that watching a movie "can frequently give clients a new perspective for looking at the 'characters' in their own lives and

give them added clarity into the fundamental complexity of close interpersonal relationships” (p.92)

Furthermore, Calisch (2001) reported the reasons of using cinematherapy as facilitating insight, suggesting alternatives for plans and actions. According to Wedding and Niemiec (2003) one reason for using films is that “films can serve pedagogical purposes and may be a useful way to introduce clients and family members to mental disorders” (p.210). Lastly, Dermer and Hutchings (2000) stated that one of the reasons of applying cinematherapy is its “versatility” (p.164). Films are universal and can be integrated into any kind of therapy. In addition, they can be used in different types of therapies as individual, couple and family therapies.

1.3.2 The Mechanisms of Change in Cinematherapy

Firstly, cinematherapy can aid treatment by providing role models. The viewers can learn new type of behaviours and can be inspired from the characters in the movies (Hesley & Hesley, 2001). According to Sharp et al. (2002), movies can provide a tool “for self-exploration through client identification with characters and ensuing analysis of character behaviours and motives” (p.271). Suarez (2003) also stated that clients can gain insight by observing and identifying themselves with characters in the movies. Individuals can adjust problem-solving techniques that are used by the characters in the movies into their problems. Rizza (1997) supported this view by stating that when clients find similar points with their life in the story of a film, they can reframe their situation in an objective manner and may use that learning in their problems.

Secondly, the use of films in therapy can help identifying and reinforcing internal strengths of clients (Hesley & Hesley, 2001). Berg-Cross, Jennings and Baruch (1990) stated that cinematherapy aids treatment by giving clients “deeper insights” and “deeper understanding of their personalities, their strengths, and their weaknesses” (p.139).

Thirdly, according to Berg-Cross, Jennings and Baruch (1990) therapeutic effect of films also stems from their help to reduce client resistance. Mangin (1999) emphasized that movies have an impact on emotional level rather than intellectual level so they may have a role in reducing defense mechanisms or repression.

Moreover, by the help of films, clients may realize that they are not the only ones who experience problems and other people go through the same or similar problems. Hesley (2001) expressed seeing “others who hurt as we do” as the most valuable aspect of cinematherapy (p.54). Haas (1995) stated that “by observing the resolution of the situations the characters in the film undergo, the viewer may share in the universality of the human struggle” (p.82). In addition, for Berg-Cross, Jennings and Baruch (1990) “feelings of inadequacy, guilt and shame are diluted through universal feelings of the shared human drama” (p.140).

Another factor in cinematherapy that leads to change is giving clients “optimism and hope for their predicament in life” (Berg-Cross, Jennings & Baruch, 1990, p.139). A positive outcome in a film can infuse feelings of hope and encouragement on clients (Haas, 1995), and also may change their negative world view.

Apart from that, films can aid treatment by giving clients a chance to reconsider their values. According to Hesley and Hesley (2001) norms and values of the society are reflected in films and through these films the expectations and the rules of the society transferred to the viewers. The aims of living are defined in films and the values of good and bad life are projected. So if clients can analyze films in an objective manner considering therapy contexts, films can aid them to reevaluate their values and help in coping with ethical problems (Hesley & Hesley, 2001).

Furthermore, Wolz (n.d) stated that observing films help clients to “step back” and give a chance to look at the bigger picture. According to Ulus (“The mind therapy that prescribes movies”, 2003) clients “are more receptive to discussing issues that are somewhat removed from them, played out by characters on a screen, rather than directly confronting those issues from their own lives”. As an example, Ulus pointed

out that clients may be reluctant to speak about their own father-daughter problems but after watching the film “One True Thing” they can easily examine the characters’ father-daughter relationships (cited in Moon, 2003). In addition, Haas (1995) stated that watching other people with similar problems can create a “buffer zone” for clients and discussion of those problems can be made “in a less direct and painful manner” (p.73). Furthermore, Guerin (1976) asserted that movies can be used as a displacement technique (cited in Higgins & Dermer, 2001). According to Nichols and Schwartz (1998) “if the proper aesthetic distance is maintained, people can become emotionally involved with a movie so that it has an impact but at the same time they remain sufficiently removed to be objective” (p.162 cited in Dermer & Hutchings, 2000).

Cinematherapy is a kind of therapeutic metaphor like bibliotherapy and this feature of cinematherapy may also provide change in therapies. The use of metaphors in therapies is considered to be common among practitioners. For instance, Aten (2004) pointed out the use of Rubik’s Cube and Pistole (2003) explained the use of dance as a therapeutic intervention in therapy (cited in Farrell-Bowen, 2006). Oaklander (1997) stated that “it is often easier to respond to a metaphor...than to harsh reality” (p.12 cited in Powell, Newgent & Lee, 2006). Sharp et al. (2002) asserted that a more receptive and less defensive communication with clients can be provided by using metaphors via movies. Fox (1998) stated:

Metaphors provide bold, rich and distinctive windows on the world. They offer dynamic views beyond the surface of things into their deeper significance. In everyday discourse they prompt less visible connections; in therapeutic work they access invaluable associations...They are indispensable sources of information and guidance for both diagnosis and treatment (p.233).

Heston and Kottman (1997) assigned films that include therapeutic metaphors. They believed that metaphoric parts of the films aid clients to realize their feelings and cognitions that are out of awareness. According to Wedding and Niemiec (2003) the use of metaphors in films can be various. For instance, a metaphor can be an object in the film like symbolic briefcase in Pulp Fiction (1994) or it may be a motivational

abstract sentence as “Carpe Diem” in *Dead Poets’ Society* (1989). Additionally, metaphors can be concepts like the concept of “force” in *Star Wars* (1977).

Finally, cinematherapy aid treatment by enhancing therapeutic alliance. Berg-Cross, Jennings and Baruch (1990) stated that using films in therapy supports therapeutic alliance by “creating a common bridge of understanding” (p.138). Movies create a common address for reference and provide a shared language for clients, clients’ families and therapists (Kesler, 1998; Dermer & Hutchings, 2000). Furthermore, watching and discussing films can be a way of engaging clients into therapy. Clients may express their inner life more easily when they think they share the same experience with the therapist (Moon, 2003). Kesler (1998) asserted that “If used properly, both client and therapist have seen or heard the example, and it becomes a solid foundation on which to build greater understanding, better rapport, and more willingness to self-disclosure” (p.154).

1.3.3 The Initial Step in the Process of Cinematherapy: Identification

According to Bandura (2001), social learning usually stems from the models in people’s close environment. In addition, people get much of their information about human interaction, behavior patterns and thinking styles from modeling in the mass media. Some research about media characters showed that viewers assess media characters’ personality traits and get impressions about them as they do for real people in their environment (Hoffner & Cantor, 1991; Reeves & Nass, 1996; Rubin & Rubin, 2001 cited in Hoffner & Buchanan, 2005). The characters in commercial films provide role models to viewers. Identification with these characters is thought to be the first stage in both bibliotherapy and cinematherapy processes (Stamps, 2003; Dole & McMahan, 2005).

In literature, from 1940s to today different identification definitions were made. With respect to Wolheim (1974) identification includes forming images as being another person and thinking as acting like another person (cited in Cohen, 2001). According to van Beneden (1998) identification is “the experience of being able to put oneself

so deeply into a character - feel oneself to be so like the character - that one can feel the same emotions and experience the same events as the character is supposed to be feeling and experiencing” (p.2). In addition for Cohen (2001) “identification is a process that culminates in a cognitive and emotional state in which the audience member is aware not of him-or herself as an audience member, but rather imagines being one of the characters in the text” (p.252). Furthermore, Von Feilitzen and Linné (1975) made two different identification definitions as similarity identification and wishful identification. In similarity identification, identification occurs because the viewer thinks that he/she shares the same traits with the character. However, in wishful identification the viewer desires to become like the character by behaving in similar ways, dressing alike, etc. (cited in Konjin, Nije, Bijvank & Bushman, n. d.).

According to Groves (n.d.) identification depends on “an ability to mentally conceive of the character’s individual traits, particular story circumstances, the character’s emotions, and the motivations for feeling them”. Moreover, resemblance between the viewer and the character may increase the possibility of identification. It was also asserted that when a character depicts more realistic attitudes and behaviours in viewer’s perception, the possibility of identification may increase (Cohen, 2001).

Although there were some studies (Maccoby & Wilson, 1957; Liebes & Katz, 1990; Basil, 1996; Oatley, 1999 cited in Cohen, 2001) that tried to measure identification as a concept, no unique measure for identification has been formed. In a study by Tsao (1996) an eight item scale of identification was used to verify construct validity for other two measurements that were applied in the study. Rosengren, Windahl, Hakansson and Johnsson-Smaragdi (1976) also developed three scales including an identification scale to measure parasocial interaction and interaction for adolescent’s television use (cited in Lewis, 2000). Moreover, Cohen (2001) suggested some items to measure identification.

1.3.4 The Application of Cinematherapy

The application of cinematherapy requires a preparation process. Before using films in therapy, therapists should review the difference between watching films for entertainment and watching films therapeutically (Hesley & Hesley, 2001). Moreover, watching potential movies for a second time will be helpful to evaluate therapeutic benefits of the film. According to Sharp et. al (2002), being able to watch movies in a “metaposition” instead of watching them as a daily activity give the opportunity to focus on the therapeutic value of the film (p.272). Constructing a list of films is another important step. Therapists should watch various type of films and make a list for different clinical themes. In the list, there must be several films addressing the same clinical issue regarding the fact that different client profiles require different kinds of films (Hesley & Hesley, 2001). Hesley and Hesley (2001) stated some points to select films for therapy. One point is that films should include characters who are solving their own problems and suitable as role models. Resolutions can enhance problem-solving oriented thinking and infuse hope to clients (Haas, 1995). Therefore, a film with a positive resolution should be preferred over a film with an open-ended finale. Moreover, choosing films that clients will enjoy and evoke inspirational moods is another strategy (Hesley & Hesley, 2001). While selecting a film, client’s intellectual level and strengths should be considered (Dermer & Hutchings, 2000). In addition, the representation of the problem in the film should be at a level that can client tolerate. Films that have excessive intensities and reflect unresolved ends may lead to despair (Haas, 1995). Furthermore, considering client’s defenses and resistances, films that are high in metaphorical level can be preferred. For instance, while choosing a film for substance abuse, 28 Days (2000), in which the main character deals with substance abuse, firstly can be seen as a good choice. However, directly watching a character dealing with substance abuse can cause clients to react defensively and remain resistant. In this situation, choosing a relatively metaphoric film like Interview With The Vampire (1994), in which need for blood is the metaphor for substance abuse, might be more suitable for clients who have problems with substance abuse (Sharp et al., 2002).

After choosing a film, therapists should decide the timing of the intervention. According to Solomon (1995), therapists should wait for the therapeutic alliance to develop (cited in Portadin, 2006). While assigning the film, therapists should “provide clients with a rationale for assigning a film” (Dermer & Hutchings, 2000, p.166). It is very important for clients to realize watching films for therapy is different from watching films as a two-hour entertainment. In watching films for entertainment, viewers usually focus on film’s plot; however clients should be directed to focus on characters and their relationships (Hesley & Hesley, 2001). Aside from giving clear reasons and expectations as Schulenberg (2003) stated, decisions for the place and time for viewing the film should be made.

After viewing the film, therapists should make a discussion and get the impressions of the clients. In literature, it was proposed that only film viewing is not likely to create sufficient insight for a permanent change (Hesley & Hesley, 2001). As Ulus stated “A good comedy is always nice when I don’t feel good, but it’s not going to have much therapeutic value” (cited in “The mind therapy that prescribes movies”, 2003). Furthermore, according to Portadin (2006) “watching films without follow-up seems pointless and could potentially yield no results, or negative results for a client who misinterprets the message of the assignment or the message of the film” (p.9).

In discussion part, main topics for evaluating the film might be “the client’s reactions to the message of the film, the characters portrayed, the problems depicted and the resolutions arrived” (Haas, 1995, p.115). Positive and negative reactions of clients should be examined carefully to avoid noticing only the interpretations that therapists want to see. In discussion, therapists encourage clients to state their identifications and new perspectives that they find while watching the film (Hesley & Hesley, 2001). During discussion, questions like; “What was the character thinking/feeling? What did the character see as his or her main problem? How did the character resolve his or her issues?” (Sharp et. al, 2002, p.273) or “Which character did you most identify with? In what ways was that character similar to or different from you? Which attributes would you like to take from that character? What aspects of that

character would you avoid?" (Hesley & Hesley, 2001, p.73) might be useful to create insight and evaluate ongoing problems.

Although cinematherapy is suitable for most of the client profiles, there are some exceptions in which using films are inappropriate. Applying cinematherapy with small children can be ineffective because of the child's developmental restrictions. Moreover, clients who have serious psychological problems or difficulty in differentiating reality from fantasy are not suitable for cinematherapy. Couples with backgrounds of violence stories, and clients who had recent traumatic experiences are also not appropriate candidates for cinematherapy (Hesley & Hesley, 2001). The age of clients, clients' intellectual capacity, cultural and disability issues should also be taken into consideration while using films in therapy (Lampropoulos, Kazantzis & Deane, 2004). In addition, the severity of clients' symptoms is another parameter to be considered. If clients feel that watching the film will be emotionally hard for them, it is better not to assign films (Hesley & Hesley, 2001).

Even if suitable client profiles are selected for using films in therapy, risks still exist. As Berg-Cross et al. (1990) stated cinematherapy is not different from other interventions used in therapy and the concerned approach that is shown in other interventions should be taken while applying cinematherapy. Additionally, cinematherapy should not be considered as an intervention that only has positive effects, when it is not used properly, there can be some negative outcomes. A possible negative outcome for cinematherapy may be spending too much time on discussing the film in therapy. Leaving too much time for discussion uses up therapy time that can be spend to go over clients' other issues (Hesley, 2000). Moreover, metaphors in the assigned film can be too indirect for client to understand the parts of the film related to his/her problem (Martiny, 1989 cited in Kesler, 1998). In that case, clients may have difficulty to identify themselves with the characters and think that therapists don't understand their situation. Apart from that, clients can identify themselves with the characters but also think that therapists perceive themselves as having so many problems as the characters have. These cases may lead to problems on therapeutic relationships. To avoid those risks clients should be educated and

prepared well about cinematherapy. In addition, humorous themes in films should be used carefully to avoid feelings of minimization or devaluation for clients (Haas, 1995). Lastly, Schulenberg (2003) stated some points to be careful when applying cinematherapy like managing negative responses to assigned films and considering the limited number of empirical supports for cinematherapy.

Indeed, there are few studies about cinematherapy in literature and most of them include case studies (Hesley, 2001; Hesley, 2000; Wedding & Niemiec, 2003; Sharp et. al, 2002; Suarez, 2003; Haas, 1995). Apart from case studies, there are some studies in which group therapy manuals and models for cinematherapy were formed (Lee, 2005; Farrell-Bowen, 2006). Furthermore, in few studies, cinematherapy used as an intervention together with group therapies. In a study by Duncan, Beck and Granum (1986) twenty-two participants who had been in residential treatment for emotional problems had weekly sessions for one hour during eight weeks. In that time, they watched the film *Ordinary People* (1980). The whole film was shown in parts during first three sessions and than discussions about film characters were made. According to this study, “using the film *Ordinary People* was an effective means of helping clients anticipate and prepare for the challenges associated with reentry”(p.51). Duncan, Beck and Granum (1986) stated that with respect to their evaluation based on “informal data”, satisfaction was reported by participants (p.51). Another study (Powell, Newgent, & Lee, 2006) was conducted to see the effect of using cinematherapy as a therapeutic intervention on the self-esteem of young people who had serious emotional disturbances. Results of this study showed that there were no significant differences among groups for self-esteem. However, according to mean scores it can be indicated that addition of cinematherapy to intervention had a positive effect on self-esteem. A different study by Uçak-Şimşek (2003) was conducted to see the effects of role reversal technique with cognitive-behavioral therapy and film therapy on dysfunctional attitudes and optimism measures of students. According to results, there were significant differences between experimental and control groups. Contrary to control group, experimental group participants’ dysfunctional attitude scores decrease meanwhile measures of optimism increase. Lastly, Bierman, Krieger and Leifer (2003) showed different commercial

films during weekly group therapy sessions to group of fifteen girls who had various diagnoses. The aim is to enhance discussion of relevant group topics. For this study, Bierman et.al (2003) stated that their “findings were consistent with the literature in that the movies...enabled girls to access therapeutic material with less difficulty” (p.11 cited in Portadin, 2006).

1.3.5 A Case Illustration for Cinematherapy

Richard, a 51-year old father, was worried about his sexual performance and his relationship with his wife of 23 years. He believed that she avoided him by watching TV each night while doing paperwork. He said he went to bed early and expected her to notice that he was staying awake, waiting for her to join him. When she didn't, he became grumpy and demanding, and told her he resented her evening habit (Hesley, 2000, p.56).

The therapist (Hesley, 2000) recommended *Bridges of Madison County* (1995) to the client for watching it together with his wife. According to the therapist, this film depicts men how to treat women intimately. In this film, main male character values female character's experiences and show interest in her thoughts, dreams and life.

On the way home from work that day John rented the movie, and his wife was pleased that he asked her to watch it with him. After both enjoyed the film, she commented that he had been nicer to her than usual that evening. She asked him to join her another night in watching an old romantic movie that she particularly enjoyed. At his next visit, John happily reported that he and his wife were spending more time together, that he had helped her with her paperwork and that their intimate time together had improved. John asked for other movie suggestions (Hesley, 2000, p.56)

1.4 Perfectionism

Perfectionism was originally described as a single concept. According to Hollander (1978), in perfectionism people demand higher standards than required by the situation either from themselves or others. Burns (1980a) made a broader definition of perfectionism as “network of cognitions”, which includes perfectionist view in

person's all expectations, evaluations and interpretations (cited in Shafran & Mansell, 2001). Similarly, Hamachek (1978) define perfectionists as people "whose efforts -even their best ones- never seem quite good enough, at least in their own eyes. It always seems to these persons that they could – and should – do better..." (p.27 cited in Shafran, Cooper, & Fairburn, 2002). In addition, Hamachek (1978) made a distinction between neurotic perfectionists and normal perfectionists (cited in Rice, Ashby & Slaney, 1998) Neurotic perfectionists who demand a higher level of performance from themselves have maladaptive evaluative concerns that lead to experience of negative self-referent feelings (Rice, Ashby & Slaney, 1998). Neurotic perfectionism is an intense need to avoid failure (Flett & Hewitt, 1995). In neurotic perfectionism, individuals are unable to get satisfaction from even a well-done job. In normal perfectionism, individuals set their goals by taking account their limitations and strengths. These individuals are likely to experience positive feelings about themselves regardless of their performance (Rice, Ashby & Slaney, 1998). With respect to these views, a two-type definition of perfectionism can be made by separating adaptive and maladaptive functions of perfectionism, indicating that perfectionism is a complex phenomenon that is linked with normal functioning as well as with psychological disturbance (Parker, 1995 as cited in Flett & Hewitt, 1995). Slade and Owens (1998) defined these adaptive and maladaptive perfectionism functions as positive and negative perfectionism. According to them, positive perfectionism is the healthy form of perfectionism. In positive perfectionism, people determine high standards and try to attain their goals. However, opposite to negative perfectionism, in positive perfectionism people feel satisfied when they reach their goals. In addition, healthy perfectionism is suggested to relate with positive reinforcement. After achieving high standards, rewards for success may prevent psychological stress (cited in Flett & Hewitt, 2006; Shafran & Mansell, 2001; Bieling, 2004). Although perfectionism was defined as a two-type model in various studies as mentioned, there are few studies and opposing arguments for two-model of perfectionism (Flett & Hewitt, 2006).

Apart from those definitions of perfectionism, Shafran et al. (2002) brought the concept of clinical perfectionism. According to Shafran et al. (2002), clinically

relevant perfectionism from a cognitive-behavioural perspective is “the overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed, standards in at least one highly salient domain, despite adverse consequences” (p.778). One of the highlighted point in this definition is people with perfectionism critically evaluate themselves on at least one area of their life and when standards on this area are not met, they experience self-criticism and negative self-evaluation. Furthermore, the experience of self-criticism and negative self-evaluation may still occur despite of its unfavourable consequences in emotional, social, physical, behavioural and cognitive domains (Shafran, Cooper, & Fairburn, 2002).

Moreover, perfectionism was also conceptualized as a multidimensional construct. Frost, Marten, Lahart, Rosenblate (1990) and Hewitt, Flett (1991a) proposed that perfectionism has various dimensions and they independently developed multidimensional scales both called ‘Multidimensional Perfectionism Scale’ (MPS). According to Frost et.al (1990), there are six dimensions of perfectionism; concern over mistakes, personal standards, parental expectations, parental criticism, doubting of actions, and organization. Among these dimensions, personal standards, need for order and organization are linked with good work habits, striving and positive achievement. Other dimensions are related to a broad range of clinical disorders including procrastination (Frost et al. 1990).

On the other hand, Hewitt and Flett (1991a) differentiated three types of perfectionism as; self-oriented perfectionism, others-oriented perfectionism and socially prescribed perfectionism. In self-oriented perfectionism, individuals have excessively high, self-imposed, and unrealistic standards. Self-scrutiny and criticism are commonly observed in these individuals. They are unable to accept their mistakes or deficiencies across various fields and they always try to be faultless in their lives. Self-oriented perfectionism reflects intrapersonal aspect of perfectionism whereas socially prescribed perfectionism reflects interpersonal dimension of perfectionism. In socially prescribed perfectionism, individuals believe that other people have very high standards and to be able to get approval and acceptance from those people, they

must meet these standards. Fear of negative social evaluation and learned helplessness are also among the features of socially prescribed perfectionism. Other-oriented perfectionism is the second interpersonal dimension of perfectionism. The core point of other-oriented perfectionism is the unrealistic expectations from significant others. Individuals set unrealistic high standards, expect others to meet these standards and strictly evaluate the performance of others according to these high standards (Hewitt & Flett, 1991a, 1991b).

1.4.1 Roots of Perfectionism

Interactions with perfectionist parents and their too high demanding standards are thought to be responsible from the development of perfectionism (Shafran & Mansell, 2001). A various different parenting styles were found to be related with perfectionism (Hamachek, 1978; Burns, 1980 cited in Shafran & Mansell, 2001). According to Frost et al. (1990) parental expectations and parental criticism are significant components of perfectionism. Furthermore, Barrow and Moore (1983) defined four types of parenting approaches that are linked with perfectionism as:

1. Perfectionist parents who constitute models for perfectionism with their attitudes and behaviours.
2. Parents who have high expectations and standards with indirect criticism.
3. Parents whose approval is conditional or not consistent
4. Parents who openly criticize and demand (cited in Shafran & Mansell, 2001).

In two studies, Frost et al (1991) and Vieth, Trull (1999) found that there is a significant correlation between mothers and daughters but not between fathers and daughters for perfectionism (cited in Shafran & Mansell, 2001). Although, this gender-specific relationship needs further research, these studies can be considered as first steps to investigate the effect of parenting approaches on perfectionism.

The interactions with perfectionist parents and their conditional or nonexistent approvals may lead to the development of Early Maladaptive Schemas (EMS). According to Young, Klosko and Weishaar (2003) “Early Maladaptive Schemas are self-defeating emotional and cognitive patterns that begin early in our development and repeat throughout life” (p.7). It was stated that maladaptive behaviours occur as responses to schemas and schemas are not formed with individuals’ behaviours. Additionally, the view that schemas are originated from the unsatisfied basic emotional needs during childhood was also proposed. With respect to Young et al. (2003), there are 5 schema domains consisting 18 schemas. These are, *Abandonment-Instability*, *Mistrust-Abuse*, *Emotional Deprivation*, *Defectiveness-Shame*, *Social Isolation-Alienation* under the domain of **Disconnection and Rejection**; *Dependence-Incompetence*, *Vulnerability to Harm or Illness*, *Enmeshment-Undeveloped Self*, *Failure* under the domain of **Impaired Autonomy and Performance**; *Entitlement-Grandiosity*, *Insufficient Self Control-Self Discipline*, under the domain of **Impaired Limits**; *Subjugation*, *Self-Sacrifice*, *Approval Seeking-Recognition Seeking* under the domain of **Other-Directedness**, and *Negativity/Pessimism*, *Emotional Inhibition*, *Unrelenting Standards-Hypercriticalness*, *Punitiveness* under the domain of **Overvigilance and Inhibition**.

Among these schemas, especially *Unrelenting Standards-Hypercriticalness* is proposed to be including perfectionism as underestimating one’s performance, showing excessive attention to details, having rigid rules and extensive criticalness for both oneself and others (Young, Klosko & Weishaar, 2003). Apart from that, the schema *Emotional Inhibition* can also relate to perfectionism considering the features of perfectionism such as avoidance from intimate relationships and risk of failure. Additionally, regarding different dimensions of perfectionism it was thought that the schema *Approval Seeking-Recognition Seeking* may relate to the perfectionism.

1.4.2 Maintaining Mechanisms of Perfectionism

In literature, some features of personality are thought to be responsible for perpetuating perfectionism. The first feature is dichotomous or categorical thinking.

In this style of thinking, individuals make her/his decisions in a categorical manner, everything seems in black or white. The results of decisions are evaluated as a complete achievement or a complete failure (Egan, Piek, Dyck, & Rees, 2007). In literature, some of the studies supported this view. For instance, Riley and Shafran (2005) found that most of the individuals with clinical perfectionism have categorical thinking. Additionally, Egan et al. (2007) found that dichotomous thinking is strongly related to negative perfectionism.

Another feature that is likely to play a role in maintaining perfectionism is rigidity. Rigidity is defined as the resistance to "...the acquisition of new behaviour patterns by holding onto previous and non-adaptive styles of performance" (Schaie & Parham, 1975, p.1 cited in Egan et al., 2007). According to Burns et al. (2000), perfectionist people may try to reduce ambiguity and get some sense of control over their life by behaving in a rigid manner and resisting to change (cited in Burns & Fedewa, 2005). Despite of its importance, the role of rigidity in perfectionism was investigated in few studies. Ferrari and Mautz (1997) found that individuals who have rigid thinking styles are more perfectionistic. Additionally, Egan et al. (2007) investigated the role of rigidity in perfectionism with a clinical sample, the results showed no significant difference between negative and positive perfectionism. However, Egan et al. (2007) suggested that these results may be due to lack of a clinical relevant measure of rigidity.

Fear of failure and continuous search for success are other features of perfectionism. When perfectionist individuals perceive any kind of failure in their work, they begin to evaluate themselves negatively and this results in harsh self-criticism (Shafran et al, 2002). Moreover, fear of failure may trigger the behavioral components of perfectionism like careful checking the works done, correcting other people's mistakes, and spending too much time for evaluating a decision. By that way, individual assumes that he/she may avoid failure and reach her/his high standards (Antony & Swinson, 1998 cited in Shafran & Mansell, 2001).

Evaluation of performance is important in maintenance of perfectionism. For perfectionists, performance is not only evaluated in the context of achieving a goal, but also evaluated in the context of striving. This evaluation of performance brings the need for self-control. Maintaining self-control for a desired goal is quite important for perfectionist individuals. For this reason, individuals usually try to stay away from any form of interruptions and show no tolerance. They may also limit pleasurable activities even if these activities have no direct relation to their goal (Shafran et al, 2002).

Cognitive biases also maintain perfectionism (Riley & Shafran, 2005). Selective attention is one of these biases whereby individuals always look for mistakes and rarely perceive their success (Hollander, 1965, 1978 cited in Shafran et al., 2002). Discounting success and overgeneralizing mistakes are also among these cognitive biases (Shafran, Lee & Fairburn, 2004). Apart from that, sometimes individuals reach their goals. In those situations, individuals either temporarily evaluate themselves in a positive manner or check the levels of standards and raise them (Burns, 1980). With respect to these individuals, if they can reach their goals, this shows their standards are too low and re-appraisal is required.

Avoiding challenging tasks is another maintaining factor for perfectionism. Perfectionist individuals with the fear of failure may avoid challenging tasks, leave them midway or delay beginning those tasks which is procrastination (Shafran et al., 2002). In procrastination, people usually postpone starting a new task because the need to complete that task perfectly makes the beginning process unpleasant or difficult (Frost et al., 1990). Moreover, with respect to Riley and Shafran (2005) procrastination also aids to protect person's self-evaluation and self-worth by creating an excuse for the failure like "it was only because I had to do it at the last minute" (p.373).

1.4.3 The Relationship between Perfectionism and Psychological Problems

In literature, several studies have demonstrated that there is a relationship between perfectionism and various forms of psychopathology. First of all, it was found that perfectionism is one of the risk factors for depression (e.g; Hewitt & Flett, 1991a; Enns & Cox, 1999; Hewitt, Flett, Ediger, Norton & Flynn, 1998). Negative evaluation, low levels of satisfaction or no satisfaction, and equating one's performance with self-worth are thought to be the related parts of perfectionism with depression (Hirsch & Hayward, 1998). Additionally, with respect to dimensions of perfectionism, self-oriented and socially prescribed perfectionism is proposed to be related more with depression than others-oriented perfectionism (Hewitt & Flett, 1991a, 1991b). Studies also showed that there is a significant relationship between perfectionism and suicidal ideation (Hamilton & Schweitzer, 2000; Hewitt, Flett, & Weber, 1994 cited in Shafran & Mansell, 2001). Furthermore, perfectionism is considered as a vulnerability factor for eating disorders (e.g; Fairburn, Cooper, Doll & Welch, 1999), anxiety disorders (e.g.; Flett, Hewitt, & Dyck, 1989), obsessive-compulsive disorder and borderline personality disorder (Frost & Steketee, 1997; Hewitt, Flett, & Turnbull, 1994 cited in Saboonchi & Lundh, 1999).

Other than those problems, it is also proposed that perfectionism is linked with problems in establishing and maintaining intimacy (Haring, Hewitt, & Flett, 2003). It is suggested that perfectionist individuals have a fear of intimacy and they avoid intimate relationships (Beck, 1976 cited in Martin & Ashby, 2004). By Dandeneau and Johnson (1994) intimacy is defined as "a relational event in which trusting self-disclosure is responded to with communicated empathy" (p.18, cited in Martin & Ashby, 2004). Establishing healthy relationships and intimacy requires self-disclosure to other people, showing both strong and weak characteristics. However, perfectionists are in need of satisfying their high standards they set for themselves, and self-disclosure to others carries the risk of revealing their inadequacies. As a result, fear of intimacy cause problems in significant relationships of perfectionists (Martin & Ashby, 2004). Additionally, not only fear of self-disclosure but also the workaholic behaviour to fulfill the high standards can create problems in

relationships (Flett & Hewitt, 2006). Apart from relationship difficulties, perfectionist individuals can also experience problems in academic and professional work (Martin & Ashby, 2004).

1.4.4 Treatment for Perfectionism

According to Shafran et al. (2002), treatment of perfectionism should have four components based on the cognitive-behavioural strategies. Firstly, it is important to aid client to see perfectionism as a problem. The features of perfectionism as narrowness of self-evaluation scheme or possible maintaining processes should be placed into the formulation that describes the client's problem. Secondly, the goal of the treatment should be determined. Investigating the client's self-evaluating strategy should be the main goal. Furthermore, therapists should try to expand that scheme by creating alternative ways of behaving and thinking. The third component involves using behavioural experiments to help client test ongoing assumptions. Lastly, the fourth component includes using cognitive-behavioural methods to address cognitive biases, categorical thinking and client's personal standards. In literature, few studies were done to assess the effectiveness of cognitive-behavioural treatment for perfectionism. According to a study by Ferguson and Rodway (1994), cognitive-behavioural treatment focusing on self-criticism, procrastination, high standards and problems with feedback was found successful for eight clients out of nine (cited in Shafran & Mansell, 2001). In another study (Shafran, Lee, & Fairburn, 2004) a case of 26-year old woman with binge eating disorder was described. With respect to results, it was stated that using CBT was successful in reducing both clinical perfectionism that contributes to the maintenance of eating disorder and eating disorder symptoms.

Antony and Swinson (1998) also proposed several strategies for the treatment of perfectionism. Some of these strategies include using perfectionism diaries and thought records to identify problem areas. Measuring the severity of the problem and determining advantages and disadvantages of loosening perfectionist standards by perfectionism diary records are other proposed strategies. After screening the

situation by recording, behavioural experiments to test the validity of perfectionist thoughts, graded exposure, response prevention and activity prioritizing can be used to change perfectionist behaviour (cited in Shafran & Mansell, 2001). The effectiveness of these strategies was investigated in a study by Pleva and Wade (2006). According to results, the cognitive-behavioural strategies suggested in the self-help book “When Perfect Isn’t Good Enough” (Antony & Swinson, 1998) were effective in decreasing perfectionism and related depressive and obsessive compulsive symptoms.

1.5 Aim of the Study

Cinematherapy is a new field in psychology, and few studies were conducted to investigate the effects of commercial films on specific domains of psychology. This study aims to examine the effects of a selected film and a 20 minute briefing on two different levels of perfectionism at different time intervals. The first level includes perfectionist tendencies and the second level includes perfectionism related schemas. Moreover, this study aims to determine whether identification with film characters and recall of the film enhance effect of the film or not. The participants divided into two groups named Group 1 and Group 2. Group 1 consists of participants who only watched the film “The Remains of the Day”. Group 2 consists of participants who watched the same film and got a briefing about perfectionism afterwards.

The study hypotheses are as follows:

1. There will be a significant difference on perfectionism scores between Group 1 and Group 2 at different time intervals as T2 and T3.
2. There will be no significant difference on the measure of schemas related with perfectionism between Group 1 and Group 2 at different time intervals as T2 and T3.
3. According to identification with film features, there will be a significant difference on perfectionism scores between participants who have strong identification and participants who have weak identification.

4. According to identification with film features, there will be no significant difference on the measure of schemas related with perfectionism for participants who have strong identification and participants who have weak identification.
5. According to recall results of the film, there will be a significant difference on perfectionism scores between participants who remember the film more and participants who remember the film less.
6. According to recall results of the film, there will be no significant difference on the measure of schemas related with perfectionism for participants who remember the film more and participants who remember the film less.
7. Identification with the film and recall of the film will be associated with perfectionism scores of participants.

CHAPTER 2

METHOD

2.1 Participants

Participants of the study were 59 students from Psychology Department at Middle East Technical University (METU). There were 51 female and 8 male participants. Of this initial sample, only 34 participants completed all of the measures at all time points, at T1 before watching the film, at T2 after watching the film and at T3 10 days later. There were 32 female and 2 male participants in this sample. The analyses are based on the responses from 34 participants. The mean age of the participants was 21.8 years ($SD = 1.06$) and the ages ranged from 20 to 24 years.

In this study there were two groups named as Group 1 who only watched the film “The Remains of the Day” and Group 2 who watched the same film and got a briefing about perfectionism afterwards. In both Group 1 and Group 2 there were 17 participants. In each group there were 16 female and 1 male participants.

2.2 Materials

In this study the film “The Remains of the Day” (1993), Multidimensional Perfectionism Scale (MPS) (See Appendix A), three EMS measures from Young Schema Questionnaire (YSQ) (See Appendix B), Film Özdeşleşme Ölçeği (See Appendix C) and Film Recall Test (See Appendix D) were used.

2.2.1 The Remains of the Day (1993)

“The Remains of the Day” is based on a novel by Kazuo Ishiguro and directed by James Ivory. Two main characters; Mr. Stevens and Miss Kenton are played by Anthony Hopkins and Emma Thompson. The duration of the film is 129 minutes.

The film begins in 1950s England, Lord Darlington has passed on and the new owner of the Darlington Hall is a retired American Congressman, Mr. Lewis. Mr. Stevens has been the butler of Darlington Hall for long years and he continues his job under the service of new owner. On these days, Mr. Stevens receives a letter from Miss Kenton who worked with him as housekeeper twenty years ago. Miss Kenton mentions in her letter that her marriage did not go well, and she misses the good old days of Darlington Hall. Thereupon Mr. Stevens decides to visit Miss Kenton and persuade her to resume her old job as housekeeper. Afterwards, the film depicts both Mr. Stevens’ journey to visit Miss Kenton and his past by reviewing important events of that time, right before Second World War in flashbacks.

Through these series of flashbacks it is revealed that Mr. Stevens is not just any butler, but he devoted himself completely to his job. He is perfectionist and while doing his job he shuts himself off to all events in his environment. Even though his employer, Lord Darlington naively becomes the supporter of Nazi regime and important events of that era took place in Darlington Hall, Mr. Stevens stayed insensible by saying “To listen to the gentlemen’s conversations would distract me from my work”. He also avoids all form of emotional contacts. When his father-who works at Darlington Hall as an under-butler and apparently constitutes a role model for Mr. Stevens-died, Mr. Stevens is unable to express his feelings and continue his job as nothing happened. Likewise, Mr. Stevens can not explain his love to Miss Kenton.

Through the film, Mr. Stevens realizes all the chances he had missed, especially for his love Miss Kenton, and the empty years spend for being a perfect butler. At the end of the film, Mr. Stevens reaches the town that Miss Kenton lives and asks Miss

Kenton to restart her old job. However, Miss Kenton refuses him because her daughter is expecting a baby and she wants to stay near her. Despite of the insight that Mr. Stevens gains about his life during his journey to Miss Kenton's town, unable to express his love to her, Mr. Stevens goes back to Darlington Hall and continues his job.

2.2.2 Multidimensional Perfectionism Scale (MPS)

Multidimensional Perfectionism Scale has 45 items and it was developed to assess individual differences in perfectionism through three dimensions as Self-Oriented Perfectionism, Other-Oriented Perfectionism and Socially-Prescribed Perfectionism (Hewitt, & Flett, 1991a, 1991b). Self-Oriented Perfectionism Subscale measures the perfectionistic tendencies for the self, Other-Oriented Perfectionism Subscale measures the unrealistic high standards set for others and Socially-Prescribed Perfectionism Subscale measures the belief that others hold high standards for oneself (Hewitt, & Flett, 1991b).

MPS uses a 7-point Likert scale in which responses range from 1 (strongly disagree) to 7 (strongly agree). Each dimension in MPS is measured on a subscale and each subscale consists of 15 items. Higher scores on each subscale show greater perfectionism.

The scale was initially developed with college student population, but afterwards it was found to be a valid and reliable measure for both clinical and normal samples (Hewitt & Flett, 1991b; Flett et al., 1991). For university students, self-oriented perfectionism alpha reliability was .86, other oriented perfectionism alpha reliability was .82 and socially prescribed perfectionism alpha reliability was .87. Item to subscale score correlations ranged between .51 to .73 for self-oriented perfectionism items, .43 to .64 for other-oriented perfectionism items and .45 to .71 for socially prescribed perfectionism items. For the factor structure of the MPS, it was found that the items of self-oriented perfectionism were converged under the first factor with item loadings between .45 and .66, the items of socially prescribed perfectionism

were converged under the second factor with the item loadings between .39 and .69, and lastly the items of other-oriented perfectionism were converged under the third factor with the item loadings between .38 and .63. In the following studies with psychiatric patients alpha reliabilities were found as .88 for self-oriented perfectionism, .74 for other oriented perfectionism and for .81 for socially prescribed perfectionism (Hewitt, & Flett, 1991b). According to factor analyses of the original scale, factor structures of student and patient samples were found to be quite similar except few items for other-oriented perfectionism.

MPS's Turkish translation and its reliability and validity studies were conducted by Oral (1999). In the reliability analysis, alpha reliability for the overall scale was .91 and for self-oriented perfectionism alpha reliability was .91, for socially prescribed perfectionism alpha reliability was .80 and for other-oriented perfectionism alpha reliability was .73. Furthermore, item total subscale correlations were ranged from .20 to .75 for self-oriented perfectionism, .22 to .60 for socially prescribed perfectionism and .31 to .52 for other-oriented perfectionism.

In other studies (Dinç, 2001; Yorulmaz, 2002) similar factor structures and reliability results were found according to both original version of MPS (Hewitt, & Flett, 1991b) and Turkish version of MPS (Oral, 1999). In Dinç's study (2001) the alpha reliability of the full scale was .82 and .90, .83, .74 were the alpha reliabilities for self-oriented, socially prescribed and other-oriented perfectionism. Similarly, the full scale alpha reliability was .70 and .88, .78, .71 were the alpha reliabilities of self-oriented, socially prescribed and other-oriented perfectionism subscales in Yorulmaz's study (2002).

2.2.3 The Young Schema Questionnaire (YSQ)

In this study measures of three EMSs (Emotional Inhibition, Unrelenting Standards-Hypercriticalness, Approval Seeking-Recognition Seeking) from 90-item short form of the original Young Schema Questionnaire (YSQ-13) (Young & Brown 2001 cited

in Sarıtaş, 2007) was used. These are items 12, 13, 16, 30, 31, 48, 49, 52, 66, 67, 70, 84, 85, and 88 from the questionnaire.

The Original Young Schema Questionnaire includes 205 items and uses 6-point Likert scale in which responses range from 1 (not true at all) to 6 (this describes me perfectly). According to psychometric properties of this measure, alpha reliabilities ranged from .83 (Enmeshment-Undeveloped Self) to .96 (Defectiveness-Shame). Additionally, EMSs' test-retest reliability coefficients ranged between .50 and .82 (Schmidt et al., 1995). Furthermore, according to factor analysis results Lee et al. (1999) found that YSQ had 15 EMSs as stated originally.

Young and Brown (1994) developed a 75-item short form of the original YSQ for research purposes (cited in Sarıtaş, 2007). The factor structure of the questionnaire and alpha reliabilities for 15 subscales were found to be similar with hypothesized internal structure of the questionnaire (Welburn, Coristine, Pontefract & Jordan, 2002 cited in Sarıtaş, 2007).

The Turkish translation and adaptation were done by Karaosmanoğlu et al. (2005). According to this study, alpha reliabilities were .93 for Failure, .89 for Emotional Deprivation, .87 for Abandonment, .86 for Emotional Inhibition, .84 for Self-Sacrifice, .83 for Vulnerability, .83 for High Standards, .84 for Enmeshment, .88 for Defectiveness, .85 for Subjugation, .83 for Mistrust, .79 for Entitlement, .84 Dependence, .83 for Social Isolation, and .75 for Insufficient Self Discipline (Karaosmanoğlu et al, 2005).

2.2.4 Film Özdeşleşme Ölçeği (FÖÖ)

Film Özdeşleşme Ölçeği (FÖÖ) was formed to assess viewer identification after watching a film. Firstly, a pilot study was conducted to investigate the psychometric properties of the first version of the scale. The first version of the scale has 11 items and uses 5-point Likert scale in which responses range from 1 (strongly disagree) to 5 (strongly agree). Items 2, 5 and 9 are reverse coded. In the pilot study, there were

28 participants (9 female and 19 male) and they are students from different departments of METU. The mean age of the participants was 26 years (SD = 2.28) and the ages ranged from 21 to 31 years. The participants watched the film “The Remains of the Day” and afterwards they filled out the scale. According to analysis results, the alpha reliability of the scale was .83. Furthermore, factor analysis with an eigenvalue criterion of 1.00, yielded 2 factors, explaining 56 % of the variance. One factor was agreed upon with an examination of the scree plot. After reevaluating the scale it was decided to add two more items and change phrasing. In this new version of the scale, there are 13 items and none of them are reverse coded (See Appendix C). The present study investigated internal consistency reliability and factor structure of FÖÖ (See the result section for details).

2.2.5 Film Recall Test (FRT)

This test was developed to assess participants’ recollection of the film. It has 10 items and each item has four choices and only one of them is true. The items are unique to the film “The Remains of the Day”.

2.3 Procedure

All participants were invited to watch the film “The Remains of the Day” in the cinema hall of the university. Before watching the film at T1 all participants completed MPS and measures of three EMSs from YSQ. After watching the film at T2, Group 1 participants completed MPS, measures of three EMSs, FÖÖ and FRT. Whereas after watching the film Group 2 get briefing about perfectionism. This briefing includes the definition and the features of perfectionism, maintaining mechanisms of perfectionism and the ways to cope with it. All the topics were explained by giving examples from the film (For briefing text see Appendix E). After the briefing at T2, Group 2 participants completed MPS, measures of three EMSs, FÖÖ and FRT. Additionally, the briefing text was given to Group 2 participants. At T3, after 10 days all participants again completed MPS and measures of three EMSs from YSQ.

2.4 Analysis

Initially, descriptive statistics were used for the data analysis to investigate the general characteristics of the sample. Moreover, psychometric properties of FÖÖ investigated. Details about the alpha coefficient and factor analysis of FÖÖ can be found in the Results section.

Afterwards, ANOVAs were applied to find out if there are significant differences between perfectionism and EMSs related with perfectionism of participants on Group 1 who only watched the film and Group 2 who watched the film and after get a briefing. Lastly, a regression analysis was conducted to investigate the association between identification, the recall of the film and perfectionism measured by MPS.

CHAPTER 3

RESULTS

3.1 Descriptive Statistics of the Variables

Before conducting analyses, descriptive characteristics of the sample were investigated. Descriptive statistics for the population (N = 34) of the current study are presented in Table 1. Additionally, the frequencies and percentages of total responses for Film Özdeşleşme Ölçeği were given in Table 2. Moreover, the number of correct answers and percentages of these responses for Film Recall Test were given in Table 3. Lastly, the information on the demographic form (See Appendix F) showed that only one participant watched the movie before the experiment day.

Table 1. Descriptive Statistics of the Variables

	Variable	GROUP 1			GROUP 2		
		M	SD	Range	M	SD	Range
T 1	Perfectionism	169.7	29.6	105-220	169.8	21	138-196
	Related EMSs	39.8	9.8	22-56	41.2	9.1	27-52
T 2	Perfectionism	161.5	37.1	73-235	159.8	24.7	123-200
	Related EMSs	36.1	9.2	23-50	41.6	10	123-200
	Identification	31.9	11	19-49	31.5	11.6	13-49
	Recall	8.7	1	7-10	8.7	.9	6-10
T 3	Perfectionism	161.4	33.4	65-212	153.6	23.8	112-205
	Related EMSs	39.5	9.1	18-55	42.6	8,9	26-56

Table 2. Frequencies and Percentages for Film Özdeşleşme Ölçeği

Response	Total Frequencies	Percentage
5 (Strongly Agree)	18	3.91 %
4 (Agree)	94	20.43 %
3 (Neutral)	84	18.26 %
2 (Disagree)	131	28.48 %
1 (Strongly Disagree)	133	28.92 %

Table 3. Number of Correct Answers and Their percentages for Film Recall Test

Number of correct answers	Number of participants	Percentage
10	7	20.59 %
9	15	44.12 %
8	8	23.53 %
7	3	8.82 %
6	1	2.94 %

3.2 Psychometric Properties of Film Özdeşleşme Ölçeği (FÖÖ)

Internal consistency of FÖÖ assessed for the initial sample with 59 participants. According to results alpha reliability of the scale was .94 for 13 items. Item-total correlations range between .20 and .84. Afterwards, FÖÖ responses were analyzed using principal-components extraction to estimate the number of factors. The analysis revealed that with an eigenvalue criterion of 1.00, there is only one factor explaining 59 % of the variance. The factor loadings of the items are presented in Table 4.

Table 4. Factor Loadings and the Items of Film Özdeşleşme Ölçeği

Item No	Variance explained = 59 % Cronbach's alpha = .94	Factor Loadings
1	Seyrettiğim filmde yer alan karakterlerden en az birisinde kendime benzeyen yönler buldum.	.86
2	Günlük hayatımda kendime yakın bulduğum karakterin yaşadığı sorunlarla karşılaştım.	.84
3	Kendime yakın bulduğum karakterin karşılaştığı sorunlara maruz kalsaydım, ben de aynı şekilde davranırdım.	.76
4	Kendime yakın bulduğum karakterin yaşadığı duyguları ben de daha önce hissetmişim.	.87
5	Kendime yakın bulduğum karakterin karşılaştığı sorunlar üzerinde daha önce ben de düşünmüştüm.	.89
6	Filmde kendime yakın bulduğum karakterin yerinde olsam ben de aynı şekilde hissederdim.	.65
7	Genel olarak filmde kendime yakın bulduğum karakterin düşünce yapısına sahibim.	.87
8	Filmi seyrederken, kendime yakın bulduğum karakterin ne yaptığına odaklandım.	.60
9	Filmde kendi hayatımdaki insanlara benzer yönleri olan karakterler vardı.	.61
10	Filmde kendime yakın bulduğum karakterin etrafındaki karakterlerle olan ilişkileri, benim kendi hayatımdaki insanlarla olan ilişkilerime benziyordu	.84
11	Filmi seyrederken, sanki filmin içinde, karakterlerden biriymişim gibi hissettim.	.77
12	Filmde meydana gelen olaylardan en az birisini kendi hayatımdaki olaylara yakın buldum.	.81
13	Filmde meydana gelen olayın/olayların işleniş şekli bana farklı bir bakış açısı kazandırdı.	.42

3.3 Psychometric Properties of Three Early Maladaptive Schemas from Young Schema Questionnaire

Internal consistency coefficients of the whole scale and three subscales “Emotional Inhibition”, “Unrelenting Standards-Hypercriticalness” and “Approval Seeking-Recognition Seeking” were calculated. Alpha coefficient for the scale was .80. For “Emotional Inhibition” alpha reliability was .77 and item-total correlations range between .10 and .76. Alpha reliability for “Unrelenting Standards-Hypercriticalness” was .77 and item-total correlations range between .30 and .59. For “Approval Seeking-Recognition Seeking” alpha reliability was .82 and item-total correlations

range between .32 and .64. Apart from that, the Pearson-correlation coefficient between Multidimensional Perfectionism Scale and EMSs as a whole scale was calculated. The correlation was .67 and it was significant at the 0.01 level.

3.4 Group and Time Differences for Perfectionism and Related Early Maladaptive Schemas

In order to assess if there are significant differences in measures of perfectionism between participants who only watched the film and participants who watched the film and get briefing afterwards on different time intervals a 2 (Group) X 3 (Time) mixed design ANOVA with repeated measures on the last factor was conducted.

3.4.1 Group and Time Differences for Perfectionism

Results indicated that the main effect for Time was significant $F(2, 64) = 11.63, p < .05$ (in Table 5), ($\eta^2 = .3$). According to post-hoc analysis conducted by Least Significant Difference (LSD), (see table 6), participants' perfectionism scores at T1 were significantly different from T2 and T3 measurements. However, there is no significant difference between T2 and T3 measurements. No other significant statistical effect was observed for this analysis.

Table 5. Analysis of Variance for Perfectionism

Source	df	SS	MS	F
Source Within				
Time	2	2767.23	1383.61	11.63*
Time x Group	2	292.72	146.36	1.23
Error	64	7612.03	118.94	
Source Between				
Group	1	244.74	244.74	.10
Error	32	77252.54	2257.89	

* $p < .05$

Table 6. Perfectionism Mean Scores for Different Time Intervals

Time Intervals	T1	T2	T3
Means	169.79	160.62	157.53

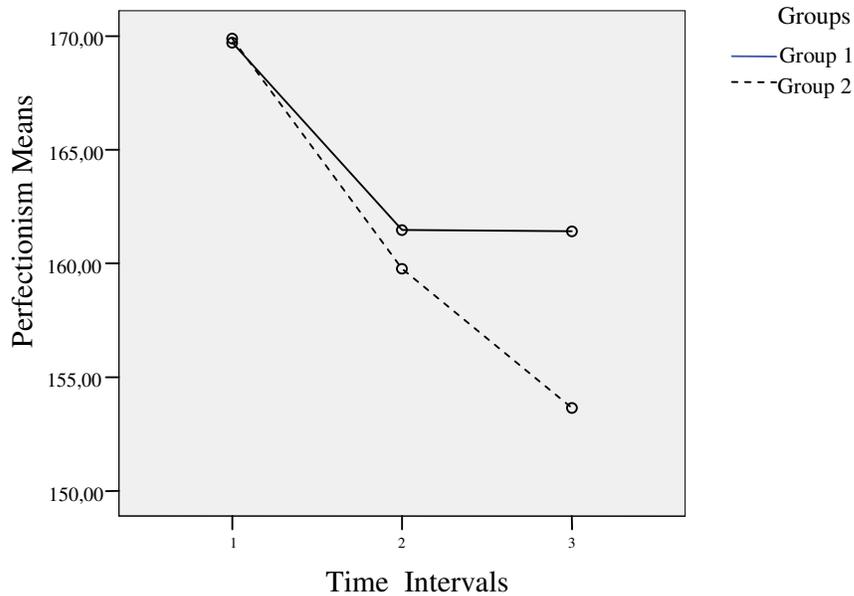


Figure 1. Perfectionism Mean Scores for Group 1 and Group 2 at T1, T2 & T3

3.4.2 Group and Time Differences for Perfectionism Related Early Maladaptive Schemas

For perfectionism related EMSs on the whole results did not yield and significant main or interaction effect (in Table 7). However, when scores for EMSs were calculated separately for each schema, a significant main effect for “Emotional Inhibition” is found, $F(2, 64) = 5.6, p < .05$ (in Table 8), ($\eta^2 = .1$). According to post-hoc analysis conducted by Least Significant Difference (LSD), (see table 9), Emotional Inhibition at T2 was significantly different from T1 and T3; however

there is no significant difference between T1 and T3. As can be seen on Table 10 and Table 11 no other significant effects were observed for other schemas.

Table 7. Analysis of Variance for Perfectionism Related EMSs

Source	df	SS	MS	F
Source Within				
Time	2	91.29	45.64	2.16
Time x Group	2	68.70	34.35	1.63
Error	64	1348.66	21.07	
Source Between				
Group	1	286.67	286.67	1.29
Error	32	7061.45	220.670	

Table 8. Analysis of Variance for Emotional Inhibition Schema

Source	df	SS	MS	F
Source Within				
Time	2	29.17	14.58	5.6*
Time x Group	2	1.02	.51	.19
Error	64	166.47	2.6	
Source Between				
Group	1	21.65	21.65	.55
Error	32	1248.82	39.02	

* $p < .05$

Table 9. Emotional Inhibition Mean Scores for Different Time Intervals

Time Intervals	T1	T2	T3
Means	9.68	8.85	10.14

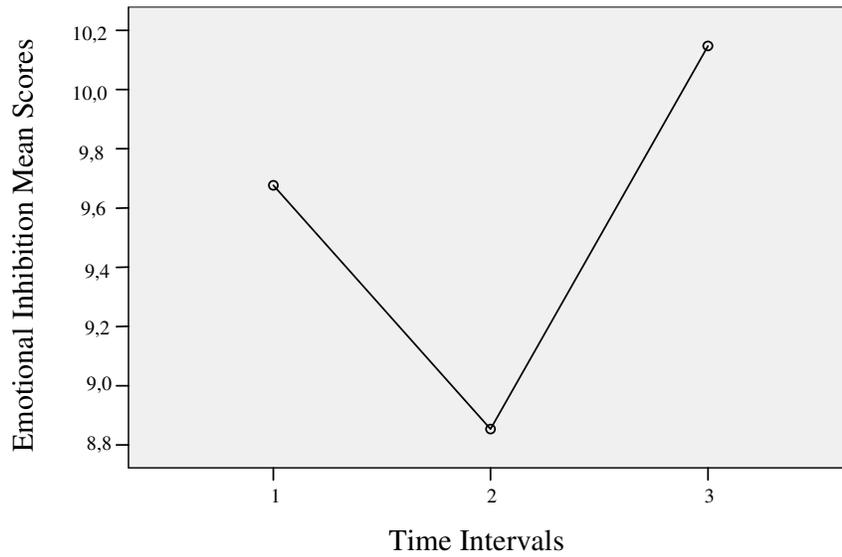


Figure 2. Emotional Inhibition Mean Scores at T1, T2 and T3

Table 10. Analysis of Variance for Unrelenting Standards-Hypercriticalness Schema

Source	df	SS	MS	F
Within				
Time	2	.60	.30	.07
Time x Group	2	21.31	10.65	2.51
Error	64	271.41	4.24	
Between				
Group	1	14.15	14.15	.21
Error	32	2079.89	65	

Table 11. Analysis of Variance for Approval Seeking-Recognition Seeking Schema

Source	df	SS	MS	F
Source Within				
Time	2	4.25	2.12	.37
Time x Group	2	13.31	6.65	1.17
Error	64	363.09	5.67	
Source Between				
Group	1	75.92	75.92	1.64
Error	32	1479.37	46.23	

3.5 Regression Analyses for Perfectionism

A hierarchical regression was run to find out what extent identification with film and recall of the film associated with perfectionism. Identification was entered in the first block and recall was entered in the second block. As a result none of the factors significantly associated with perfectionism, $F(1, 32) = 1.6$ and $F(2, 31) = 2.6$, $p > .05$ ($p = .07$).

CHAPTER 4

DISCUSSION

Perfectionism was selected to examine the effects of cinematherapy on the participants as it is proven to be a vulnerability factor for various psychological disorders. The in-depth analyses of the results of the study are discussed on Chapter 3, and several possible outcomes are discussed below.

In this chapter, firstly, findings of this study will be discussed. Then the clinical implications of the study will be stated. This will be followed by a discussion on the limitations of the study and suggestions for future research.

4.1 Perfectionism

The specific results related to perfectionism which was measured by Multidimensional Perfectionism Scale (MPS) are discussed below.

According to the results of the study, participants' perfectionism scores, which were measured with MPS, before watching the film (T1) ($\underline{M} = 169.79$) were significantly different from the scores after watching the film (T2) ($\underline{M} = 160.62$) and the scores after 10 days (T3) ($\underline{M} = 157.53$). Moreover, T2 and T3 scores were not significantly different from each other indicating that participants' perfectionism scores remained relatively stable after T2. This result showed that the change in perfectionism scores was permanent for at least 10 days.

Apart from that, the findings revealed that there is no significant difference between Group 1 and Group 2 at different time intervals as T2 and T3. This result did not support the hypothesis of this study that there will be a significant difference on perfectionism scores at different points of time between the participants who only

watch the film and the participants who watch the film and get briefing. In addition, Group 1 and Group 2 did not significantly differ from each other when time intervals were not taken into consideration. Although these findings pointed that the effect of the film is sufficient to create a change on perfectionism scores, when the means of both groups at different time intervals are closely investigated a different scene appears. Mean scores of Group 1 remained almost the same at T2 (\underline{M} = 161.5) and T3 (\underline{M} = 161.4), whereas mean scores of Group 2 has a tendency to decrease from T2 (\underline{M} = 159.8) to T3 (\underline{M} = 153.6) even though it is not significant (see Figure 1). This meaningful difference may indicate that the briefing about perfectionism may help decrease participants' perfectionism. Besides the effect of the film, getting information about the meaning of clinical perfectionism, its possible negative effects on the lives of individuals and the ways to cope with it may alter the thoughts of participants in time. Furthermore, it can be proposed that the enhancement in briefing's contents and techniques can bring a more powerful change on psychological problems. Moreover, increasing briefing time and adding a discussion part to provide active participation may also enhance the power of the briefing. By that way, highlighting the connection between film characters and participants will be much easier.

The decrease on participants' perfectionism scores after watching the film and its stability for at least 10 days underlines the effect of films on viewers. In literature, it was already stated that films have an effect on viewers' behaviour and emotions (Worchel, 1972). Furthermore, it was also proposed that films make history and establish societal norms and values due to their tremendous capacity of engagement (Cape, 2003). In addition, it was known that movies affect individuals' emotions and behaviours on various topics as adolescent smoking behaviour, societal violence or sexual behavior (Shapiro & Rucker, 2004). Considering the power of movies' effect, it is appropriate to expect change in traits or even in schemas with a long term cinematherapy.

In this study, one of the measures used for perfectionism was Multidimensional Perfectionism Scale and in literature, Multidimensional Perfectionism Scale was

used as a measure for trait perfectionism (e.g., Saboonchi & Lundh, 1999). Another important point of note is that this study consists only one session of film viewing. In the light of these facts, the significant change on the scores of participants in this study can be explained by the effectiveness of films. The fact that they even affect trait measures that are not expected to change as fast as symptoms or state measures with one session of film viewing may prove this. However, to be able to strongly support this explanation, the features of the measure should be investigated carefully. In this study, the correlation of MPS with EMSs was found as .67. This amount of correlation was enough to state that both scales measure perfectionism but a higher correlation can be expected if both of them are measuring perfectionism as strong traits. Additionally, considering the change in scores of MPS and the stability of EMS' scores in this study, it can be proposed that some of the MPS items may target state perfectionism. As a result, the effect of the film may be on state perfectionism but not on trait perfectionism.

In conclusion, this study revealed that a film related with perfectionism had an effect on individuals' perfectionism measures and this effect may be enhanced with a more powerful briefing afterwards.

4.2 Early Maladaptive Schemas Related with Perfectionism

The specific results related to perfectionism schemas which were measured by three Early Maladaptive Schema Scales from Young Schema Questionnaire are discussed below.

Results of this study showed that no significant change was present in the whole scale measure of three EMSs, at different time intervals as T1, T2 and T3. Additionally, there was no significant difference between Group 1 and Group 2 on different time intervals. Moreover, results did not yield any significant main effect for Group differences. The findings supported present study's hypothesis that there will be no significant difference on the measure of schemas related with perfectionism for Group 1 and Group 2 at T2 and T3. According to Young et. al.

(2003), although EMSs can cause problems in individual's life, at same time they are "comfortable and familiar" (p.8). Individuals consider these schemas as definite realities so these schemas affect the evaluation of later experiences and this is why they are so hard to alter. In this study, in line with the literature, it was hypothesized that three EMSs will not change with one session of film viewing together with a briefing and this hypothesis was supported by the findings.

However, according to results, when three EMSs are investigated one by one, a significant change was found for Emotional Inhibition at different time intervals. Emotional Inhibition scores of the participants significantly decrease from T1 (\underline{M} = 9.68) to T2 (\underline{M} = 8.85) and after 10 days significantly increase at T3 (\underline{M} = 10.14) (see Figure 2). This finding indicates that at T1, participants gave responses showing that they thought items of the questionnaire were closer to describing them. However, at T2 participants gave responses indicating that they did not think the items of the questionnaire described them as well as before. Lastly, at T3 their responses showed that they thought the items were closer to describing them again. This significant change in Emotional Inhibition may be due to emotional effect of the film on participants. The depiction of a perfectionist man, the negative consequences of being a perfectionist and the portrayal of the chances Mr. Stevens missed throughout his life might have created an emotional reaction on participants. This reaction might have triggered defense mechanisms of participants about perfectionism. Therefore, difficulty in accepting emotional inhibition and avoidance might have been occurred as a consequence of watching the film. However, the change of the Emotional Inhibition responses at T2 did not remain stable. In other words, the effect of the film on schemas was not permanent as expected and the effect of the film extinguished at T3.

As a conclusion, the film had no effect on EMSs as a whole and the change in Emotional Inhibition was temporary and it is possibly due to emotional reaction of participants.

4.3 Identification with the Film

The specific results related to identification with the film that was measured by Film Özdeşleşme Ölçeği are discussed below.

According to results of Film Özdeşleşme Ölçeği, nearly 57 % of the participants stated that they either strongly disagree or disagree with the items of the questionnaire. When the neutral responses are taken into consideration, it can be proposed that for 76 % of the participants effective identification was not established. In other words, more than half of the participants did not strongly identify themselves with the characters or the events of the film (see Table 2). Therefore, an analysis based on strong or weak identification with the film can not be done for perfectionism and its related EMSs. Furthermore, on the regression analysis identification did not associate with perfectionism.

There can be two explanations for these findings. The first explanation is that participants really could not identify with the characters or events in the film. The second explanation is that moderate or strong identification occurred however the scale used in this study were not able to measure it.

When the first explanation is evaluated, the possible reasons for not having strong identification with the film should be investigated. One possible reason may be gender differences. Although the main characters in the film are both female and male, the character who reflects a perfectionist personality is male and the majority of the participants in this study are female. Therefore, it might have been difficult for female participants to identify with the male character.

Another reason for not having strong identification with film characters may be the features of the film. The events of the film take place on 1930s and 1950s. The environment, the style of characters' relationships and the political events in that time may make identification harder for the youth of the present-day. Moreover, the age differences between the participants and the main characters of the film might

have affected identification in a negative way. Additionally, the environment in which the film was viewed could affect identification. Many studies were conducted to investigate the role of different factors like image size and visual quality on the sense of presence (feelings of being present in the film or in the TV program) while watching a television program or a movie. The assumption in those studies is that larger images will likely to elicit feelings of presence more while large images are proposed to cover bigger parts of the viewer's vision (Lombard, Reich, Grabe, Bracken, & Ditton, 2000). Considering this fact, the film was presented in a hall suitable for movies in the university campus. However, the screen was not identical with the ones in theatres therefore it might not have supported loss of self-awareness that is thought to be an essential feature for establishing identification. Apart from these, participants knew the fact they were in a study. All these factors might have affected identification.

If identification did not occur strongly in this study, the effect of the film on perfectionism is surprising because identification is considered as the first step for creating a change in bibliotherapy and cinematherapy (Sharp et al., 2002). Moreover, identification is considered a core mechanism for explaining the social effects of the media on society (Cohen, 2001). However, cinematherapy is a new field in psychology, and its mechanisms for creating a change are not clear yet. Therefore, identification may not be as essential as it was proposed to create a change on attitudes and behaviours. Apart from that, other factors may accompany identification like parasocial interaction regarding cinematherapy. Parasocial interaction was defined as the one-way imaginative relationship between the viewer and the characters on the screen accompanied with the feelings of intimacy or friendship (Tsao, 1996; Sood, 2002). According to Schiappa et al., (2005) the concept of parasocial interaction was used to represent "disparate responses of affinity, interest, friendship, identification, similarity, liking, or imitation" (p.96). In literature, it was proposed that parasocial interaction has three dimensions as cognitively oriented, affectively oriented and behaviourally oriented parasocial interaction (Sood, 2002). Cognitively oriented parasocial interaction represents the degree that the viewer shows interest to a specific character and evaluates his/her

actions. In affectively oriented parasocial interaction, the viewer identifies with the specific character and thinks that they have common interests. Behaviourally oriented parasocial interaction represents overt reactions of the viewers to media characters like talking about them in their social environment (Papa et al., 2000). According to Papa et al. (2000), experiencing different dimensions of parasocial interaction can affect viewers' thinking styles and parasocial interaction with the characters may lead to a behaviour change. Although, identification and parasocial interaction seems to have similar characteristics, they are different concepts (Kawamura, 2006). Therefore, parasocial interaction might have played a role in the process of change that was found in this study.

The possible second explanation for the results is that the identification scale developed in this study was not able to measure all aspects of identification. Although different identification dimensions as feelings, thoughts, behaviours of the character and the events in the film were included in the scale, some points about identification may be missed out. As Cohen (2001) stated, "Because identification is an imaginative process that is characterized by an altered state of awareness, it is difficult to measure" (p.255).

4.4 Recall of the Film

The specific results related to recall of the film that was measured Film Recall Test are discussed below.

The results of the Film Recall Test showed that most of the participants remembered the film well. Among participants, 30 participants had 8 or above correct items out of 10 and only one participant had 6 correct items which was the least number of correct answers (see Table 3). Therefore, an analysis based on recall rates can not be conducted for perfectionism and its related EMSs. Moreover, regression analysis for perfectionism with identification and recall of the film did not yield any significant results. However, when these results are investigated the significance value for the interaction of identification and recall of the film was found to be .07. Although this

value is not significant, it is close to significance level. This result may indicate that identification with the film and recall of the film may have an association with perfectionism scores. If individuals identify themselves more with the characters or identification is measured more precisely, an association is bound to occur.

4.5 Therapeutic Implications

This study attempted to gain a perspective on the effects of a film together with a related briefing, on perfectionism of the participants. Furthermore, the role of identification and recall of the film were also investigated. In the light of the findings, it was revealed that films can be very beneficial. Films, especially when accompanied with briefings or effective therapies are likely to create a desired change on individuals. Specifically in group therapies, the use of films could be very helpful. Films can be used both to educate individuals on specific topics and to create a discussion platform. Education about psychological problems gives ideas to individuals about what they face. Besides, viewing people that have the same problems as they have will likely decrease their feelings of loneliness (Jeon, 1992 cited in Sharp et al., 2002). Moreover, in the discussion platform formed after watching films, individuals have the possibility to go over their problems via the characters in the film. Even if participants are not able to identify with the characters or events in the film, talking about film and discussing related issues with group members will likely to aid socialization of clients. Besides socialization, sharing a common experience while watching a film and expressing feelings afterwards may also enhance therapeutic relationship among clients and the therapist.

Individuals already go to cinema and watch movies at home or at theatres in their daily life, so using films in therapies will create a familiar atmosphere for them. Apart from that, giving films as homework both in therapies and in psychoeducation is likely to increase compliance to homework. Additionally, considering the findings about Emotional Inhibition schema, films can be used to overcome defense mechanisms of individuals. Avoidance issues can be discussed via thoughts and feelings of individuals that come up while watching the film. Later, these thoughts

and feelings can be carried into therapy sessions and evaluated in the light of problems that clients experience.

Moreover, if therapeutic viewing for the films is expressed well in therapies or psychoeducation, individuals benefit from that in their life as a self-help method. Using films may also help individuals to maintain the desired change after termination of the therapies. Individuals who practice cinematherapy in their therapy sessions will likely to learn how to watch films therapeutically and after terminating therapies, they can use listed films to increase their insight or to go over their problems.

4.6 Limitations of the Study and Directions for Future Research

The findings of this study provided evidence that watching a film about perfectionism had an effect on individuals' perfectionism and it could be supported with a briefing. It is possible that with a more in-depth briefing the effect will be stronger. Cinematherapy is a novel area in psychology and current study is among the few studies that are conducted to investigate the influence of films on psychological problems. Nevertheless, there are some limitations of the study.

First of all, the participants of the study are university students and do not represent a clinical sample. Therefore, the findings can be generalized only to the samples that have similar characteristics. In the future research, it would be important and useful to include clinical samples. Furthermore, for future research, depending on the issue that is going to be studied, some points in film selection should be considered carefully. For a population with high intellectual level it can be offensive to watch a film directly dealing with targeted problem in therapy. Instead of choosing a film with directly highlighting the problematic issue, selecting a film high in metaphors that depict problems in an undirect way may be more suitable. The same strategy in choosing films should also be used in clinical samples.

Moreover, although the sample size in the current study compared favorably with other studies of cinematherapy, a larger size would have revealed greater power to highlight the importance of cinematherapy. By increasing the number of participants, the effect of briefing and other techniques should appear more precisely.

Another limitation of this study is that we had to show the movie with Turkish subtitle because there was no Turkish overdub. As the participants were students in a university that teaches in English, all participants were assumed to be at least intermediate level English speakers. For future research, selecting films with Turkish overdub instead of using Turkish subtitle will be more appropriate.

Apart from sample size, for the future research controlling gender differences in the sample would enhance identification. Selecting films that include main characters depicting targeted problem from both genders, or adjusting the number of participants according to their gender and the selected film's features can be suitable strategies to apply.

Furthermore, the identification scale that was developed in this study seems to have a really good reliability; however there are some shortcomings about its validity as a limitation of this study. In future research, to be able to assess identification more precisely, the scale should be reviewed once more. In addition, for future research besides investigating the role of identification in cinematherapy, the possible contribution of parasocial interaction to the process of cinematherapy should also be investigated.

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APPENDICES

APPENDIX A

Multidimensional Perfectionism Scale (MPS)

Aşağıda kişilik özellik ve davranışlarına ilişkin bir dizi ifade bulunmaktadır. Her ifadeyi okuduktan sonra o maddede belirtilen fikre katılma derecenizi 7 (Tamamen Katılıyorum) ve 1 (Hiç Katılmıyorum) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. (**1 Hiç Katılmıyorum, 2 Katılmıyorum, 3 Biraz katılmıyorum, 4 Kararsızım, 5 Biraz katılıyorum, 6 Katılıyorum, 7 Tamamen Katılıyorum**). Bu ölçek kişisel görüşlerinizle ilgilidir, bunun için “doğru” ya da “yanlış” cevap vermek söz konusu değildir.Önemli olan işaretlediğiniz rakamın sizin gerçek düşüncenizi yansıtmasıdır.

	Hiç Katılmıyorum	Tamamen Katılıyorum
1) Bir iş üzerinde çalıştığımda kusursuz olana kadar rahatlayamam.	1 2 3 4 5 6 7	
2) Genelde kişileri, kolay pes ettikleri için eleştirmem.	1 2 3 4 5 6 7	
3) Yakınlarımla başarılı olmaları gerekmez	1 2 3 4 5 6 7	
4) En iyisinden aşağısına razı oldukları için arkadaşlarımı nadiren eleştiririm.	1 2 3 4 5 6 7	
5) Başkalarının benden beklentilerini karşılamakta güçlük çekerim.	1 2 3 4 5 6 7	

6) Amaçlarımdan bir tanesi yaptığım her işte mükemmel olmaktır.	1 2 3 4 5 6 7
7) Başkalarının yaptığı her şey en iyi kalitede olmalıdır.	1 2 3 4 5 6 7
8) İşlerimde asla mükemmeliği hedeflemem.	1 2 3 4 5 6 7
9) Çevremdekiler benim de hata yapabileceğimi kolaylıkla kabullenirler.	1 2 3 4 5 6 7
10) Bir yakınımın yapabileceğinin en iyisini yapmamış olmasını önemli görmem.	1 2 3 4 5 6 7
11) Bir işi ne kadar iyi yaparsam çevremdekiler daha da iyisini yapmamı beklerler.	1 2 3 4 5 6 7
12) Nadiren mükemmel olma ihtiyacı duyarım.	1 2 3 4 5 6 7
13) Yaptığım bir şey kusursuz değilse çevremdekiler tarafından yetersiz bulunur.	1 2 3 4 5 6 7
14) Olabildiğim kadar mükemmel olmaya çalışırım.	1 2 3 4 5 6 7
15) Giriştiğim her işte mükemmel olmam çok önemlidir.	1 2 3 4 5 6 7
16) Benim için önemli olan insanlardan beklentilerim yüksektir.	1 2 3 4 5 6 7
17) Yaptığım her işte en iyi olmaya çalışırım.	1 2 3 4 5 6 7
18) Çevremdekiler yaptığım her şeyde başarılı olmamı beklerler.	1 2 3 4 5 6 7
19) Çevremdeki insanlar için çok yüksek standartlarım yoktur.	1 2 3 4 5 6 7
20) Kendim için mükemmelden daha azını kabul edemem.	1 2 3 4 5 6 7
21) Her konuda üstün başarı göstermesem de başkaları benden hoşlanacaktır.	1 2 3 4 5 6 7
22) Kendilerini geliştirmek için uğraşmayan kişilerle ilgilenmem.	1 2 3 4 5 6 7
23) Yaptığım işte hata bulmak beni huzursuz eder.	1 2 3 4 5 6 7
24) Arkadaşlarımdan çok şey beklemem.	1 2 3 4 5 6 7
25) Başarı, başkalarını memnun etmek için daha da çok çalışmam gerektiği anlamına gelir.	1 2 3 4 5 6 7
26) Birisinden bir şey yapmasını istersem, işin yapılmasını beklerim.	1 2 3 4 5 6 7

27) Yakınlarımla hata yapmasını görmeye tahammül edemem.	1 2 3 4 5 6 7
28) Hedeflerimi belirlemede mükemmeliyetçiyimdir.	1 2 3 4 5 6 7
29) Değer verdiğim insanlar beni hiç bir zaman hayal kırıklığına uğratmamalıdır	1 2 3 4 5 6 7
30) Başarısız olduğum zaman bile başkaları yeterli olduğumu düşünürler.	1 2 3 4 5 6 7
31) Başkalarının benden çok şey beklediğini düşünüyorum.	1 2 3 4 5 6 7
32) Her zaman yapabileceğim en iyisini yapmaya çalışmalıyım.	1 2 3 4 5 6 7
33) Bana göstermeseler bile, hata yaptığım zaman diğer insanlar çok bozulurlar.	1 2 3 4 5 6 7
34) Yaptığım her şeyde en iyi olmak zorunda değilim.	1 2 3 4 5 6 7
35) Ailem benden mükemmel olmamı bekler.	1 2 3 4 5 6 7
36) Kendim için yüksek hedeflerim yoktur.	1 2 3 4 5 6 7
37) Annem ve babam nadiren hayatımın her alanında en başarılı olmamı beklerler.	1 2 3 4 5 6 7
38) Sıradan insanlara saygı duyarım.	1 2 3 4 5 6 7
39) İnsanlar benden mükemmelden aşağısını kabul etmezler.	1 2 3 4 5 6 7
40) Kendim için yüksek standartlar koyarım.	1 2 3 4 5 6 7
41) İnsanlar benden verebileceğimden fazlasını beklerler.	1 2 3 4 5 6 7
42) Okulda veya işte her zaman başarılı olmalıyım.	1 2 3 4 5 6 7
43) Bir arkadaşımın elinden gelenin en iyisini yapmaya çalışmaması benim için önemli değildir.	1 2 3 4 5 6 7
44) Hata yapsam bile, etrafımdaki insanlar yeterli ve becerikli olduğumu düşünürler.	1 2 3 4 5 6 7
45) Başkalarının yaptığı her şeyde üstün başarı göstermelerini nadiren beklerim	1 2 3 4 5 6 7

Çeviren / Uyarlayan: Oral, M. (1999). The Relationship between Dimensions of Perfectionism, Stressful Life Events and Depressive Symptoms in University Students: A Test of Diathesis-Stress Model of Depression. Unpublished Master's Thesis, Middle East Technical University, Ankara.

APPENDIX B

EMS Items from Young Schema Questionnaire (YSQ)

Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olamadığınız sorularda neyin doğru olabileceğinden çok, sizin **duygusal olarak** ne hissettiğinize dayanarak cevap verin.

1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek her sorudan önce yer alan boşluğa yazın.

Derecelendirme

- | | |
|---|-----------------------------|
| 1- Benim için tamamıyla yanlış doğru | 4- Benim için orta derecede |
| 2- Benim için büyük ölçüde yanlış doğru | 5- Benim için çoğunlukla |
| 3- Bana uyan tarafı uymayan tarafından biraz fazla tanımlıyor | 6- Beni mükemmel şekilde |

1. _____ Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemseddiğimi göstermek gibi).
2. _____ Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.
3. _____ Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.
4. _____ Duygularımı diğerlerine açmayı utanç verici bulurum.
5. _____ En iyisini yapmalıyım, “yeterince iyi” ile yetinemem

6. _____ Başkalarının da farkında olduđu başarılar benim için en değerlisidir.
7. _____ İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.
8. _____ Tüm sorumluluklarımı yerine getirmek zorundayım.
9. _____ Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissedirim.
10. _____ Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.
11. _____ Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.
12. _____ Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.
13. _____ Diğerleri beni duygusal olarak soğuk bulurlar.
14. _____ Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.
15. _____ Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.

Çeviren / Uyarlayan: Karaosmanođlu ve Soygüt, 2004. Telif hakları yazarlara aittir. Yazarların izni olmadan çoğaltılamaz, kullanılamaz.

APPENDIX C

Film Özdeşleşme Ölçeği (FÖÖ)

Aşağıda seyrettiğiniz filmle ilgili ifadeler bulunmaktadır. Verilen her ifadeyi okuduktan sonra, bu ifadeye katılma derecenizi, (**1 Hiç Katılmıyorum, 2 Katılmıyorum, 3 Kararsızım, 4 Katılıyorum, 5 Tamamen Katılıyorum**) maddelerin yanında yer alan rakamlardan size uygun olanını yuvarlak içine alarak belirtiniz.

	Hiç Katılmıyorum	Tamamen Katılıyorum
1. Seyrettiğim filmde yer alan karakterlerden en az birisinde kendime benzeyen yönler buldum.	1 2 3 4 5 6 7	
2. Günlük hayatımda kendime yakın bulduğum karakterin yaşadığı sorunlarla karşılaştım.	1 2 3 4 5 6 7	
3. Kendime yakın bulduğum karakterin karşılaştığı sorunlara maruz kalsaydım, ben de aynı şekilde davranırdım.	1 2 3 4 5 6 7	
4. Kendime yakın bulduğum karakterin yaşadığı duyguları ben de daha önce hissetmişim.	1 2 3 4 5 6 7	
5. Kendime yakın bulduğum karakterin karşılaştığı sorunlar üzerinde daha önce ben de düşünmüştüm.	1 2 3 4 5 6 7	
6. Filmde kendime yakın bulduğum karakterin yerinde olsam ben de aynı şekilde hissedirdim.	1 2 3 4 5 6 7	

7. Genel olarak filmde kendime yakın bulduğum karakterin düşünce yapısına sahibim.	1 2 3 4 5 6 7
8. Filmi seyrederken, kendime yakın bulduğum karakterin ne yaptığına odaklandım.	1 2 3 4 5 6 7
9. Filmde kendi hayatımdaki insanlara benzer yönleri olan karakterler vardı.	1 2 3 4 5 6 7
10. Filmde kendime yakın bulduğum karakterin etrafındaki karakterlerle olan ilişkileri, benim kendi hayatımdaki insanlarla olan ilişkilerime benziyordu.	1 2 3 4 5 6 7
11. Filmi seyrederken, sanki filmin içinde, karakterlerden biriymişim gibi hissettim.	1 2 3 4 5 6 7
12. Filmde meydana gelen olaylardan en az birisini kendi hayatımdaki olaylara yakın buldum.	1 2 3 4 5 6 7
13. Filmde meydana gelen olayın/olayların işleniş şekli bana farklı bir bakış açısı kazandırdı.	1 2 3 4 5 6 7

APPENDIX D

Film Recall Test

Aşağıda, seyretmiş olduğunuz *The Remains of the Day* (Günden Kalanlar, 1993) adlı filmdeki olaylar ve kişiler hakkında sorular bulunmaktadır. Her soruda dört seçenek vardır. Uygun olduğunu düşündüğünüz seçeneği yuvarlak içine alarak işaretleyiniz. Lütfen hiçbir soruyu boş bırakmayınız.

1. Bayan Kenton (Benn)'in ve Bay Stevens'in yıllar sonra tekrar iletişime geçmesini sağlayan olay neydi?
 - a) Bayan Kenton'ın hastalanması
 - b) Bay Stevens'in Bayan Kenton'a mektup yazması
 - c) Lord Darlington'ın ölmesi üzerine, evin satılığa çıkarılması
 - d) Bay Stevens'in Bayan Kenton'la tekrar çalışmak istediğini bildirmesi

2. Bayan Kenton ve Bay Stevens'in ilk tartışmaları hangi konu yüzünden olmuştu?
 - a) Bayan Kenton'ın salondaki eşyaları farklı yerlere koymasından dolayı
 - b) Bayan Kenton'ın Bay Stevens'in babasına ilk ismiyle hitap etmesinden dolayı
 - c) Bayan Kenton'ın temizliği iyi yapmamasından dolayı
 - d) Bay Stevens'in duygularını belli etmemesinden dolayı

3. Lord Darlington'ın malikanesinde haftalar önce başlayan hazırlıklar ne içindi?
 - a) Lord Darlington'ın vaftiz oğlunun düğünü için
 - b) Lord Darlington'ın düzenlediği av partisi için
 - c) Lord Darlington'ın ev sahipliğinde gerçekleşecek bir konferans için
 - d) Lord Darlington'ın yeni yaş günü kutlaması için

4. Bay Stevens'in babasının yeni görevi neydi?

- a) Mutfakta diğer çalışanlara yardımcı olmak
- b) Bayan Kenton'a yardım etmek
- c) Bahçe işlerine yardımcı olmak
- d) Toz almak ve cila işlerini yapmak

5. Bay Stevens Bayan Kenton'ın mektubunu almak için uğradığı markette çalıştığı yerle ilgili soruya ne cevap verdi?

- a) Eskiden Lord Darlington'ın yanında çalıştığını ve kendisinin çok iyi ve dürüst bir insan olduğunu söyledi
- b) Şu anda Bay Lewis adında birinin yanında çalıştığını ve Lord Darlington'ı tanımadığını söyledi
- c) Artık emekli olduğunu ve ülke gezisine çıktığını söyledi
- d) Bu soruya cevap vermeyi lüzumsuz gördüğünü söyledi

6. Bay Stevens Bayan Kenton'ı görmeye giderken neden yolda bir geceliğine mola verdi?

- a) Araba kullanırken yorulduğu için
- b) Dr. Carlisle'ye uğramak için
- c) Mr. Lewis mola verdiği yeri tavsiye ettiği için
- d) Arabasının benzini bittiği için

7. Bay Stevens bir geceliğine mola verdiği yerde politikayla ilgili sorulara ne cevap verdi?

- a) Savaştan önce dış politikayla gayriresmi bir şekilde ilgilendiğini
- b) Politikayla ilgisi olmadığını
- c) Çalıştığı malikanede kahya olması dolayısıyla dönemin bir çok ünlü politikacısıyla tanıştığını
- d) Politikayla her zaman ilgilenmek istediğini ama bir türlü ayırarak vakti bulamadığını

8. Bay Stevens'in okuduđu ve Bayan Kenton'a gstermek istemediđi kitap ne tdr bir kitaptı?

- a) Romantik
- b) Mstehcen
- c) Macera
- d) Dram

9. Bayan Kenton neden malikaneden ayrıldı?

- a) Eve alınan iki kız işten çıkarıldıđı için
- b) Başka bir yerden daha iyi bir iş teklifi aldıđı için
- c) Bay Stevens'la kavga ettikleri için
- d) Evleneceđi için

10. Bayan Kenton tekrar işe dnmek konusunda Bay Stevens'a neler söyledi?

- a) Kızı hamile olduđu için tekrar işe geri dnmeyi düşünmediđini
- b) Tekrar Darlington malikanesinde çalışabileceđini
- c) İşe geri dönerse řu anda yaşadığı yere yakın bir yerde çalışabileceđini
- d) Bu konudaki kararını henüz vermediđini ve daha sonra Bay Stevens'a ileteneđini

APPENDIX E

Briefing Text

“Mükemmel” bir kahyanın hayatını izledik filmde. Ama sanki tekdüze, durağan ve biraz da soğuk bir hayattı Bay Stevens’in hayatı, dönemin çok önemli olaylarının geçtiği bir yerde bu olaylara bizzat tanıklık etmiş olmasına rağmen. Fakat onun için önemli olan işinde “mükemmel” olmaktı. Bu mükemmel lafını günümüzde de sıkça duyuyoruz. “Mükemmel” vücut ölçüleri, mükemmel maskaralar, mükemmel çamaşır makineleri, mükemmel ilişkiler, mükemmel sevgililer, vs. Medyada da oldukça rastladığımız, mükemmelle başlayan bu tamlamaları çoğaltmak mümkün. Küçükken ailede ve okulda başlayan, arzulanan desteklenen, “mükemmel öğrenci”, “mükemmel evlat” daha sonra iş yaşamında filmde de izlediğimiz üzere Bay Stevens gibi mükemmel kahya ya da mükemmel çalışan, mükemmel psikolog olarak devam ediyor. Mükemmellik kavramına buralardan da oldukça aşınayız. Peki mükemmellik, hatasız ve kusursuz olmak ne demek? Gerçekten olunabilir mi? Bu mükemmel tariflerle yola çıkan insanlar en iyiye ulaşırlarsa hayatlarının olumlu bir şekilde değişeceğini düşünüyorlar. Bir süre sonra aslında “mükemmel” diye bir şey olmadığını ve “mükemmel” performans denen şeyin aslında mutluluğu garantilemediğini fark ediyorlar.

Belki de çoğumuz aslında “mükemmel” olmaya çalışmakla, elimizden geleni yapıp, kendimizi geliştirmeye çalışmayı birbiriyle karıştırıyoruz. Aslında ikisi arasında oldukça büyük farklar var. Nedir bu farklar?

Mükemmelliyeçiliğin tanımı

Mükemmelliyeçilik açısından bakacak olursak, mükemmelliyeçilik, “-meli,-malı’ların hakimiyeti” ya da “kendinden veya başkalarından durumun gerektiğinden daha yüksek performans beklemek” olarak tanımlanmakta. Kusursuz olma isteğiyle, mükemmel olmayan durumlara, kendinizdeki ve başkalarındaki eksikliklere ya da hatalara karşın her an tetikte olma durumu.

Mükemmelliyeçiliğin günlük yaşantımızdaki yeri

Mükemmelliyeçilik günlük yaşantımızda nasıl yer alabilir sorusuna bir kaç örnekle bakalım:

Aldığınız derslerin bir tanesinde bir sunum yaptınız, ve sonrasında herkes gelip sunumunuzun çok güzel olduğunu söyledi. Fakat bu sırada sizin aklınızdan söylemeyi unuttuğunuz kısımlar geçiyordu. Konuşmanızın iyi geçmesine sevinmekten çok, kusursuz olmayışına üzüldünüz.

İkinci bir örnek; ertesine ödev tesliminiz var, neredeyse herşey tamam, ama bazı bölümler istediğiniz gibi mükemmel değil, ödevi teslim etmek yerine incomplete olarak, o kısımlar mükemmel olana kadar çalışmayı tercih ediyorsunuz ya da içinize sinmediği için ödevi hiç vermiyorsunuz.

Başka bir örnek, topluluklardan birindesiniz, sevdiğiniz bir konu hakkında konuşuluyor. Siz de birşeyler eklemek istediniz, ama siz konuştuktan sonraki yorumlarda eksik bilgiye sahip olduğunuz ortaya çıktı. Bunun üzerine toplulukta herhangi bir konu hakkında bir daha söz almıyorsunuz.

Son olarak da, internette bir forumda yazı yazacaksınız, yazıyı yollamadan önce, çeşitli kereler kontrol ediyorsunuz, yazım yanlış var mı, virgüller doğru yerde mi, kullanmak istediğim sözcükler bunlar mı? Bu düşünce acaba doğru mu? Tıpkı filmde Bay Stevens’in cetvelle çatal bıçak uzaklıklarını ölçmesi gibi yazınızı ölçüp

biçiyorsunuz. Sonuçta bir paragraflık yazıyı yollamanız epey bir vaktinizi ve enerjinizi alıyor.

Örneklere de görüldüğü üzere, mükemmeliyetçilik bir çok alanda günlük yaşantımızda etkili olabilir. Yüksek standartları sadece kendimizden beklemeden, etrafımızdaki insanların da bu yüksek standartlara uymasını bekliyor olabilirsiniz. Aynen Bay Stevens'in etrafındakilerden mükemmel bir kahya olmalarını beklemesi gibi, bunun için masanın altında görülen kaplanın etraftakilere farkettilmeden öldürülmesi gerekse de. Ya da hayatımızdaki diğer insanların sizden yüksek standartlar beklediğini ve daha mutlu olmak için o standartlara ulaşmanız gerektiğini düşünüyor olabilirsiniz. Aile, okul veya iş hayatında bu olduğunu düşündüğünüz beklentiler size hayatınızın kontrolü sanki sizin ellerinizde değilmiş gibi hissettirebilir. Seyrettiğimiz filmde Bay Stevens babasının ölümünü haber aldıktan sonra "Şu an çok meşgulüm, belki biraz sonra" diyerek babasının yanına gitmemiş ve "Babam devam etmemi isterdi, onu düşkünlüğüne uğratamam" diye de eklemiştir. Babasının ondan beklediğini düşündüğü "mükemmel" kahya kavramıyla beraber, babasının ölümüne bile duygusal bir tepki vermekten kaçınarak bir şey olmamış gibi işine devam etti.

Mükemmeliyetçiliği devam ettiren düşünce sisteminin öğeleri

Yaşantımızda mükemmeliyetçiliğin devam etmesini sağlayan düşünce sisteminin öğeleri olarak çeşitli varsayımlar, inançlar ve kurallar bulunmaktadır. Bunlara daha yakından bakacak olursak ilk olarak, bir takım katı inanç ve kurallar yaşantınızı yönlendiriyor olabilir. Bu esnek olmayan kurallar sonucunda farkında olmadan yaşantımızdaki belirsizlikleri en aza indirerek kontrol sizin elinizdeymiş gibi hissediyor olabilirsiniz. Böylece geçerli olan düşünce sistemi korunmuş olur. En basit örneği olarak, seyrettiğimiz filmde Bay Stevens Bayan Kenton'ın getirdiği çiçekleri, çiçeklerin dikkatini dağıttığını söyleyerek ve "herşeyi olduğu gibi tutmayı tercih ederim" diyerek istemediğini belirtmiştir. Böylece o ana kadar gitmekte olan sistemi, kendisine yarattığı kurallar dünyasını, hem somut anlamda odasının düzenini

koruyarak hem de soyut anlamda Bayan Kenton'ı dünyasına sokmayarak korumaya çalışmıştır.

İkinci olarak, ya hep ya hiç şeklinde düşünüyor olabilirsiniz. Kendinize veya başkalarına mutlak başarı ya da mutlak başarısızlık dışında bir seçenek bırakmayıp, “Bir iş ya iyi yapılmalı ya da hiç yapılmamalı” gibi düşünerek aradaki öğrenme sürecini atlayabilirsiniz. Bu ikili düşünce sistemi aynı zamanda yaptığınız işten keyif almanızı engelleyerek, süreç içerisinde isteyerek yapmaya başladığınız bir işi görev haline getirmenize sebep olabilir.

Üçüncü olarak, bir olaydaki sonuçları genele yayarak kendiniz veya diğer insanlar hakkında önyargılar oluşturabilirsiniz.

Bir diğer özellik de olayları bir teleskop kullanarak değerlendirmek. Olayın olumlu kısımlarına teleskopun küçülten tarafından bakmak, olumsuzlar da ise büyüten tarafıyla bakmak. Sadece olumsuzlara odaklanmak, olumluları görmezden gelmek ya da olumsuzlar kadar dikkate almamak.

Son olarak da, olayın geçmiş yönlerine takılıp kalıyor olabilirsiniz. “Niye yapamadım”, “Keşke şunu da yapsaydım”, “Biraz daha erken başlasaydım böyle olmazdı” gibi düşüncelere odaklanıp kalmak, durumu sağlıklı bir biçimde değerlendirerek, bir sonra atılması gereken adımı atmanızı engeller.

Mükemmeliyetçiliğin neden olduğu olumsuzluklar

Tüm bu düşünce hataları ve katı kurallar sonucunda hayatın bir çok alanında olumsuzluklar yaşanabilir. Bunlar neler olabilir?

Sosyal ilişkilerinizde sorunlar yaşıyor olabilirsiniz. Bay Stevens'ın Bayan Kenton'la ilişki kurmakta zorlanması gibi. Bunun sebebi de, duygularınızı ifade etmekten ve kendinizle ilgili bilgileri paylaşmaktan kaçınmanız olabilir. Çünkü duyguların ifade edilmesi, paylaşım, insanlarla yakınlaşmak demek kişilerin sizce mükemmel olmayan taraflarınızı görmesi anlamına gelebilir, bu da risk almak demektir. Sorun

yaşamamak için filmde Bay Stevens’ın yaptığı gibi kendinizi tamamıyla işinize/dersinize vererek, olabilecek bütün sosyal ve yakın ilişkilerden kaçınabilirsiniz. Ulaşmaya çalıştığınız hedefleri ve bunun için yaptıklarınızı kimseye söylemeyerek, hedefe ulaşamazsanız eğer, diğer insanların size karşı olası “olumsuz” düşüncelerinden kaçınmış olursunuz.

Bunların dışında, mükemmelliyetçilik duygusal dünyaya taşınıp, yaşanan ilişkilerin de mükemmel olması beklenebilir. Bir ilişkinin her anında yüzde yüz mutlu olunmuyorsa, o ilişkinin iyi olmadığı gibi bir inanç oluşmuş olabilir. Ya da etrafınızdaki insanların da sizin standartlarınıza uymalarını beklediğiniz için, “umarım sana bunu söylememi dert etmiyorsun” cümlesi “senden böyle bir insan olmanı bekliyorum” a dönüşebilir. Bir başka ortamda, bir çalışma ekibindeki arkadaşlarınızın işleri sizin kadar iyi ve doğru yapmayacaklarını düşündüğünüz için onlara sorumluluk vermekten kaçınabilir, ya da ekipteki her işi kendiniz yapmaya kalkarak başarısızlık yaşayabilirsiniz.

Mükemmelliyetçiliğin neden olabileceği bir diğer zorluk da erteleme davranışıdır. Öncelikli ve önemli işler kusursuz olmaz korkusuyla sürekli ertelenebilir, kaçınma davranışı gösterilebilir. Ya da bu işlere başlayıp en ufak bir sorunla karşılaşıldığında bırakılabilir. Diyelim ki yarın sınavınız ve sonraki güne de ödeviniz var, daha çalışmaya yeni başladınız ve doğal olarak istediğiniz kadar verimli geçmiyor. Sonuç olarak sınavda da, ödevde de arzu ettiğiniz mükemmelliğe ulaşamadınız ve bu yüzden kendinizi kötü hissediyorsunuz. Aradan bir süre geçiyor ve yine yapmanız gereken bir ödev olduğunda bir önceki seferde hissettiğiniz “mükemmel olmama” durumunu hatırlıyorsunuz ve “yine mükemmel olmazsa” diye erteleyerek bir kısır döngüye girmiş oluyorsunuz.

Bütün bunların dışında yapılan çalışmalar gösteriyor ki, mükemmelliyetçilik depresyon, kaygı bozukluğu, yeme bozuklukları ve obsesif kompulsif bozukluk gibi sorunların ortaya çıkmasında yatkınlık faktörleri arasında bulunuyor.

Mükemmelliyetçilikle başa çıkma yolları

Dört dörtlük olmaya, kusursuz işler yapmaya, mükemmele ulaşmaya çabalamaktan vazgeçmek için yaşıntınızda gözönünde bulundurabileceğiniz bir kaç öneri:

◆ Mükemmelliyetçilik konusunda bilgilenmek, size verebileceği zararları farkederek, değişme konusunda istekli olmak bir başlangıç olabilir.

◆ Bir işi yaparken, varmak istediğiniz noktayı ilgi, ihtiyaç ve yeteneklerinize göre belirleyip ulaşabileceğiniz hedefler koymak da ikinci bir aşama olabilir. Bir işe başlamadan önce, işle ilgili konulan hedefi “Bu hedef benim durumuma ne kadar uygun?” diyerek sorgulamak.

◆ Sonrasında, hedeflerinizi belirledikten sonra, her bir hedefi daha küçük parçalara bölüp, sondaki genel hedefinize aşama aşama, her bir küçük parçayı tamamladıktan sonra ulaşmayı deneyebilirsiniz. Geçtiğiniz her aşama için de kendinizi ödüllendirebilirsiniz.

◆ Bütün bunları yaparken kendinize hata yapma izni vermek en temel noktalardan biridir.

◆ Hatalarımızın korkulması gereken değil, bizi geliştiren, öğrenme sürecinin parçası olan deneyimler olduğu çoğu zaman aklımızdan çıkar. Bunu bir işi yaparken gözönünde bulundurmaya çalışmak diğer bir önemli adımdır.

◆ Bir işi yaparken, o işin başlangıç ve sondan, başarı/başarısızlıktan ibaret olmadığını, aradaki basamaklarda da bir çok kazanımlarınız olduğunu göz önünde bulundurmaya çalışabilirsiniz. Durumu değerlendirirken hatalarınızın yanında başarılarınıza da hatalarınız kadar odaklanmayı deneyebilirsiniz.

◆ Bütün bu önerileri uygulamayı denerken, kendinize zaman verin. Bu önerilerin hepsini başlangıçta mükemmel bir şekilde yerine getiremeyebileceğiniz düşüncesini de göz önünde bulundurmaya çalışın.

Mükemmelliyetçiliğimiz Bay Stevens’inki gibi bütün hayatımızı kapsamak zorunda değil. Mükemmelliyetçilik hayatımızın sadece bir bölümünü, sadece işimizi, akademik başarılarımızı ya da sosyal ilişkilerimizi etkiliyor olabilir. Yine Bay Stevens gibi bir şeylerin değişmesi gerektiğini seneler geçtikten sonra farketmek durumunda değiliz. Eğer siz de hayatınızın o veya bu şekilde kusursuz olma isteğinden etkilendiğini düşünüyorsanız, bugün burada konuşulanları ve mükemmelliyetçiliğin size ne ifade ettiğini düşünerek, bir şeyleri değiştirmeye başlayabilirsiniz. Devamında ise davranışsal olarak değişim için aşağıdaki önerileri uygulayabilirsiniz.

◆ Sadece mükemmelliyetçilikle ilgili çalışmalarınızın yer alacağı bir defter edinin. Bu deftere ilk olarak mükemmel olmaya çalışmanın avantajlarını ve dezavantajlarını yazın. “Mükemmel olmaya çalışmak beni hangi alanlarda nasıl etkiliyor/etkiledi ?” sorusunun cevabını yazmaya çalışın. Belirli sürelerle bu yaptığımız listeyi gözden geçirin.

◆ “Mükemmelliyetçi kişilere özgü düşünce hatalarından hangilerine sahibim?” “Bu düşünce ve inançlar benim değişmeye olan motivasyonumu nasıl etkiliyor?” sorularının cevabını defterinize yazın.

◆ Başarı için olan standartlarınızı gözden geçirin. Yapmanız gereken üç tane aktivite seçin ve bunları defterinize yazarak, bu aktiviteler için % 100 başarı hedeflemek yerine, sırayla % 90, % 80 ve % 70 başarı hedefleyin. Ve her aktivitenin sonunda ne kadar başarılı olduğunuzu düşündüğünüzü ve nasıl hissettiğinizi yazın. Bu yeni standartları uygulamakta zorlanırsanız, “En kötü ne olabilir?” sorusunu cevaplamaya çalışın ve bunun “dünyanın sonu” olmadığını gözönünde bulundurun.

◆ Mükemmelliyetçilikten kaynaklanan erteleme davranışını azaltmak içinse, yapacağınız her iş için kesin zaman aralıkları belirleyin. Bir gün içinde yapmanız gerekenleri planlayın. Defterinize yazın. Herbirine tahmini süreler verin (makale okumak için 2 saat, sınava çalışmak için 3 saat gibi). Ve herbirinin süresi

dolduğunda diğerine geçin. Günün sonunda yapmanız gerekenlerden ne kadarını yapabildiğinizi kaydedin.

◆ Gün içinde bir işi yaparken aklınızdan o işin mükemmel olmasına dair geçen düşünceleri durdurmayı deneyebilirsiniz. Öncelikle bu istemediğiniz düşünceleri 30 dakika boyunca düşünün ve 30 dakikanın sonunda düşünmekten vazgeçmek için sesli olarak “dur” demeyi deneyin. Düşüncenin geri geldiğini farkettiğinizde bir süre daha düşünün ve tekrar sesli olarak “dur” deyin. Bunu bir kaç gün boyunca her gece tekrarladıktan sonra, aynı şeyi bu sefer fısıldayarak “dur” diyerek yapmayı deneyin. Bunu da bir kaç gün boyunca tekrarladıktan sonra, mükemmelliyetçilikle ilgili düşünceleri yine 30 dakika boyunca düşünün ve bu sefer içinizden “dur” dediğinizi düşünerek engellemeyi deneyin. Buna, “dur” dediğinizi düşünmek, mükemmelliyetçilikle ilgili düşüncelerinizi tamamıyla durduruna kadar devam edin. Sonrasında da günlük hayatınız da mükemmelliyetçilikle ilgili yakaladığınız düşünceler üzerinde bu tekniği kullanın.

Metni hazırlarken yararlanılan kaynaklar:

<http://www.coping.org/growth/perfect.htm>

<http://www.utexas.edu/student/cmhc/booklets/perfection/perfect.html>

<http://www.apa.org/monitor/nov03/manyfaces.html>

<http://www.couns.uiuc.edu/Brochures/perfecti.htm>

<http://www.talentdevelop.com/articles/OverPerf.html>

<http://www.utoronto.ca/psychservices/perfectionist.htm>

Adderholdt, M., & Goldberg, J. (1999). What's Bad about Being too Good. Minneapolis: Free Spirit Pub.

Martin, J.L., & Ashby, J.S. (2004). Perfectionism and Fear of Intimacy: Implications for Relationships. *The Family Journal: Counseling and Therapy for Couples and Families*, 12(4), 2004.

Shafran, R., & Mansell, W. (2001). Perfectionism and Psychopathology: A Review of Research and Treatment. *Clinical Psychology Review*, 21(6), 879-906.

APPENDIX F

Demographic Data Form

Bu araştırma, Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü, Klinik Psikoloji Yüksek Lisans Programı kapsamında yürütülen bir tez çalışmasıdır. Araştırmanın amacı, sinema filmlerinde işlenen belli bir konunun ve sonrasında yapılan uygulamanın kişilere sağladığı kazanç hakkında bilgi toplamaktır.

Vereceğiniz yanıtlar bu araştırma için çok büyük değer ve önem taşımaktadır. Bu nedenle değerlendirmelerinizi sizi yansıtacak şekilde dürüstçe ve titizlikle yapmanız, cevaplandırılmamış soru bırakmamanız, geçerli ve güvenilir sonuçlar elde etmek açısından son derece önemlidir.

Bu araştırmaya katılım gönüllülük esasına dayanmaktadır. Araştırmadaki cevaplar gruplar halinde değerlendirileceği için isim belirtilmesine gerek yoktur. Ancak araştırma üç basamaklı olduğundan, formda bulunan “takma isim” kısmına daha sonraki aşamalarda da kullanacağımız, size özel bir isim yazmanız gerekmektedir. Cevaplarımız kesinlikle gizli tutulacak ve yalnızca araştırma amacına yönelik kullanılacaktır.

Katılımınız için teşekkür ederim.

Başak Türküler Aka
ODTÜ Psikoloji Bölümü
Y.Lisans Öğrencisi Tez Danışmanı:

Tez Danışmanı:
Doç.Dr.Faruk Gençöz
ODTÜ Psikoloji Bölümü

Takma İsim :

Cinsiyetiniz: () Kadın () Erkek

Yaşınız :

Bu filmi daha önce izlememişim ()

Bu filmi daha önce———— kere izlemiştim