

ASSOCIATION AND DIFFERENTIATION BETWEEN  
ALLIANCE AND PSYCHOTHERAPY RELATIONSHIP:  
A PHENOMENOLOGICAL ANALYSIS  
BASED ON THE PERSPECTIVE OF PSYCHOTHERAPISTS

A THESIS SUBMITTED TO  
THE GRADUATE SCHOOL OF SOCIAL SCIENCES  
OF  
MIDDLE EAST TECHNICAL UNIVERSITY

BY

ŞEBNEM ŞAHİNÖZ

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR  
THE DEGREE OF MASTER OF SCIENCE  
IN  
THE DEPARTMENT OF PSYCHOLOGY

SEPTEMBER 2017



Approval of the Graduate School of Social Sciences

---

Prof. Dr. Tülin Gençöz  
Director

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

---

Prof. Dr. H. Canan 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.

---

Prof. Dr. Tülin Gençöz  
Supervisor

**Examining Committee Members**

Prof. Dr. H. Gülsen Erden (Ankara Üni, PSİ) \_\_\_\_\_

Prof. Dr. Tülin Gençöz (METU., PSY) \_\_\_\_\_

Assoc. Prof. A. Bikem Hacıömeroğlu (Gazi Üni., PSİ) \_\_\_\_\_



**I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.**

Name, Last name: Şebnem Şahinöz

Signature :

## **ABSTRACT**

**ASSOCIATION AND DIFFERENTIATION BETWEEN  
ALLIANCE AND PSYCHOTHERAPY RELATIONSHIP:  
A PHENOMENOLOGICAL ANALYSIS  
BASED ON THE PERSPECTIVE OF PSYCHOTHERAPISTS**

Şahinöz, Şebnem

M.S., Department of Psychology

Supervisor: Prof. Dr. Tülin Gençöz

September 2017, 164 pages

The purpose of the current study is to explore psychotherapy relationships from the perspectives of psychotherapists. Alliance, interpersonal styles of the psychotherapists and manifestations of the psychotherapists' interpersonal styles in psychotherapy setting was investigated in order to unfold the mechanisms and components of the psychotherapy relationship.

In order to comprehend the subjective experiences of psychotherapists, three psychotherapists who continued to their doctoral education in clinical psychology were recruited for the present study. Semi-structured, in-depth, face to face interviews were conducted in line with the aim. Interpretative Phenomenological Analysis (IPA) was utilized in order to analyze the transcripts of the psychotherapists.

Main and subthemes related with goals and tasks; psychotherapists' affective bonds to their clients; the psychotherapists' interpersonal styles with their significant others and manifestations of the psychotherapists' interpersonal styles in the psychotherapy

settings were presented in the analysis part of the study. Eight emergent main themes were as follows; *adopted psychotherapy approaches; therapy goals and agreement on goals; therapy tasks and agreement on tasks; emotional experiences; interpersonal styles in general; interpersonal styles in family of origin; interpersonal styles in non-familial context; and psychotherapist-client interactions.* Phenomenological associations and differentiations of the concepts reflecting psychotherapy relationship were discussed based on the theories and approaches aiming to explain the psychotherapy relationship.

**Keywords:** Psychotherapist, Alliance, Interpersonal Style, Psychotherapy Relationship

## ÖZ

### İTTİFAK VE PSİKOTERAPİ İLİŞKİSİ ARASINDAKİ BAĞLANTI VE FARKLILIKLAR: PSİKOTERAPİSTLERİN BAKIŞ AÇISINDAN BİR FENOMENOLOJİK ANALİZ

Şahinöz, Şebnem

Yüksek Lisans, Psikoloji Bölümü

Tez Danışmanı: Prof. Dr. Tülin Gençöz

Eylül 2017, 164 pages

Bu çalışmanın amacı, psikoterapistlerin bakış açısından psikoterapi ilişkisini incelemektir. Psikoterapi ilişkisindeki mekanizmaları ve bileşenleri ortaya çıkarmak için ittifak, psikoterapistlerin kişilerarası ilişki tarzları ve bu tarzların psikoterapi ortamında ortaya çıkışı derinlemesine araştırılmıştır.

Psikoterapistlerin öznel deneyimlerini ayrıntılarıyla kavrayabilmek için klinik psikoloji alanında doktora eğitimine devam eden üç psikoterapist katılımıyla görüşülmüştür. Çalışmanın amacı doğrultusunda yarı-yapılandırılmış, derinlemesine ve yüz yüze mülakatlar düzenlenmiştir. Mülakatların deşifre edilmiş metinleri, Yorumlayıcı Fenomenolojik Analiz (YFA) kullanılarak analiz edilmiştir.

Psikoterapi amaçları ve görevleri, psikoterapistlerin danışanlarına karşı duygusal bağları, psikoterapistlerin kişilerarası ilişki tarzları ve kişilerarası tarzların psikoterapi ortamında ortaya çıkışıyla ilgili ana ve alt temalar, araştırmanın analiz kısmında sunulmuştur. Ortaya çıkan sekiz ana tema şu şekildedir; *benimsenen psikoterapi yaklaşımları, terapi amaçları ve amaçlarda fikir birliği, terapi görevleri*



*ve görevlerde fikir birliđi, duygusal deneyimler, genel olarak kişilerarası tarzlar, köken ailede kişilerarası tarzlar, ailesel olmayan bağlamda kişilerarası tarzlar ve psikoterapist-danışan etkileşimi. Psikoterapi ilişkisini yansıtan kavramların fenomenolojik bağlantıları ve farklılıkları, psikoterapi ilişkisini açıklamayı hedefleyen teori ve yaklaşımlara dayanarak tartışılmıştır.*

**Anahtar Kelimeler:** Psikoterapist, İttifak, Kişilerarası Tarzlar, Psikoterapi İlişkisi

To My Sister

## ACKNOWLEDGEMENTS

I would like to express my deepest thanks to my advisor, Prof. Dr. Tülin Gençöz. Without her help and support, I would not be able to become such a clinical psychologist. With the help of her valuable feedback, I found the opportunity to discover my potential. I know that she is there to guide me in my academic and psychotherapy practices. She has established a secure base for me to disclose my shortcomings. The most important lesson that I learned from her is how crucial the communication is for a genuine and fulfilling relationship.

I would like to express my thanks to the head of my jury, Prof. Dr. Hatice Gülsen Erden. I sincerely appreciate her enriching contributions to my thesis. I also thank to my jury member, Assoc. Prof. Ayşe Bikem Hacıömeroğlu for her valuable comments about my thesis. With the help of their supportive feedback, my research became more comprehensive.

I would like to thank to Yağmur Ar for being a friendly mentor about qualitative methodology. Her guidance helped me learn and understand better. Moreover, I would like to express my appreciation to Assoc. Prof. Kürşad Demirutku because I always felt that he believes in my abilities to overcome impediments during writing process of my thesis.

I am deeply thankful to Melis Sedef Kahraman as she always believes in my potential more than me. She is family to me even though there are hundreds of miles between us now. She always appreciates my skills and encourages me to use my abilities in every area of life. She surely knows how to give supportive feedback. I am grateful for having such an irreplaceable friend.

Another friend that makes me feel grateful is Deniz Solak. Her emotional support is essential for me to move forward during hard times. Her unconditional love and acceptance toward me makes our relationship very special and unique. I also thank to Ahmet Evran because he prepared liters and liters of delicious coffee for me while I

was writing my thesis. His calmness is one of a kind and I know he is always there to listen issues with every little detail.

I would like to express my appreciation to my valuable colleagues and friends. I thank to Elis Gngr because her understanding helped me overcome challenges in better ways. I also thank to Kbra Gkhan because she is always there to help me. She is a very generous friend. Besides, I would like to thank to Simla Ktz. Fortunately, she joined us and our fun times have become funnier. Without their support it would be very hard to see that I attain my goal.

I would like to thank to Selin Akkol Solakođlu for being a trustworthy friend so that we can share difficulties and help each other to move forward. I also would like to express my appreciations for Bilgesu Kaçan for sharing special moments to remember. Moreover, I thank to Zehra Oluz for being an understanding housemate who encouraged me to write my thesis.

I would like to express my thanks to my parents for their love, support, acceptance and encouragement. Their appreciation about my achievements always encourages me to attain my goals. They always trust my academic decisions and set me free to choose which direction to go. I thank to them for standing by me. Last but not the least; I would like to express my appreciation to my sister especially for the inception behind my thesis at the first place. Having her in my life encourages me to become a better person. I also thank her for her support and trust.

I am grateful for having such valuable people in my life.

## TABLE OF CONTENTS

PLAGARISM.....	iii
ABSTRACT.....	iv
ÖZ.....	vi
DEDICATION.....	viii
ACKNOWLEDGEMENTS.....	ix
TABLE OF CONTENTS.....	xi
CHAPTER	
1.INTRODUCTION.....	1
1.1. Psychotherapy Relationship.....	1
1.1.1. Transference and counter-transference.....	1
1.1.2. Alliance.....	3
1.1.3. Real relationship.....	6
1.1.4. Interpersonal theory.....	8
1.2. Aim of the Study and Research Questions.....	9
2.METHOD.....	11
2.1. Methodological Background.....	11
2.2. Participants and Sampling Method.....	11
2.3. Interviews.....	12
2.4. Procedure.....	14
2.5. Qualitative Research: Basic Terms for Further Understanding.....	15
2.6. Phenomenology and Interpretative Phenomenological Analysis (IPA)..	16
2.7. Trustworthiness of Qualitative Analysis.....	17
3.ANALYSIS AND DISCUSSION.....	22
3.1. Part 1: The Psychotherapy Approaches.....	22
3.1.1. Theme 1: Adopted psychotherapy approaches.....	23
3.1.2. Discussion for part 1: Psychotherapy approaches.....	26
3.2. Part 2: Alliance.....	27
3.2.1. Theme 2: Therapy goals and agreement on goals.....	28
3.2.2. Theme 3: Therapy tasks and agreement on tasks.....	36

3.2.3. Theme 4: Emotional experiences.....	42
3.2.4. Discussion for part 2: Alliance. ....	45
3.3. Part 3: The Psychotherapists’ Interpersonal Styles .....	49
3.3.1. Theme 5: Psychotherapists’ interpersonal styles in general. ....	49
3.3.2. Theme 6: Interpersonal styles in family of origin. ....	59
3.3.3. Theme 7: Interpersonal styles in non-familial context. ....	70
3.3.4. Discussion for part 3: The psychotherapists’ interpersonal styles. ....	84
3.4. Part 4: Manifestation of the Psychotherapists’ Interpersonal Styles in Psychotherapy Setting .....	91
3.4.1. Theme 8: Psychotherapist-client interactions.....	92
3.4.2. Discussion for Part 4: Manifestation of the psychotherapists’ interpersonal styles in psychotherapy setting. ....	108
4.GENERAL DISCUSSION.....	116
4.1. Putting Together Major Findings .....	116
4.2. Limitations, Strengths, and Suggestions for Future Studies.....	125
REFERENCES.....	129
APPENDICES	
A. INFORM CONSENT .....	145
B. DEBRIEFING FORM .....	146
C. SAMPLE QUESTIONS FOR SEMI-STRUCTURED INTERVIEW ....	147
D. TURKISH SUMMARY/TÜRKÇE ÖZET .....	148
E. TEZ FOTOKOPİSİ İZİN FORMU .....	164

## CHAPTER 1

### INTRODUCTION

#### 1.1. Psychotherapy Relationship

From the early era of the psychological treatment, relationship within psychoanalysis and psychotherapy has been the issue of concern in the field of psychology. Transference and counter-transference configuration along with alliance and real relationship presents certain theories and models that attempt to explain the relationship between “psychoanalyst/psychotherapist” and “patient/client.” Theories and researches largely focus on the clients’ perspectives. Psychotherapists’ experiences are important as well as clients’ experiences since the therapy relationship between psychotherapists and clients are interdependent with what the other perceives. From these theoretical perspectives, psychotherapists’ experiences of psychotherapy relationship are introduced as follows.

##### 1.1.1. Transference and counter-transference.

Psychotherapist’s relationship with the client throughout the analysis has been a crucial subject of practices and researches of psychoanalysis since 1900s. However, initial theories on psychotherapy relationship in the course of the psychoanalysis largely focused on the patients’ perspectives. The history of therapy relationship was rooted in Freud’s initial works clarifying transference and transference-resistance later on transformed into effective transference (the attachment of patient to the doctor in the treatment) that facilitates patients’ disclosures during treatment (Freud, 1913). Afterwards, Sterba (1934) conceptualized transference or transference-resistance as material that must be interpreted by the means of reality. Szasz (1981) summarized transference as “an illusion, delusion and fantasy” which are the terms used when there is a disconnection from the reality. Briefly, analysis relationship was

firstly outlined by psychoanalysts as a concept embedded in the patients' psychopathology.

The roots of counter-transference can also be traced back to Sigmund Freud's early works. He asserted that patient's influences on the unconscious feelings of analyst result in counter-transference (Freud, 1910). Furthermore, he suggested that analysts' own complexes and internal resistances should be overcome with analysts' self-analysis, in order to achieve improvements in their psycho-analysis practices. Moreover, keeping counter-transference in control ensures the neutrality of the analyst (Freud, 1915). Moreover, Carl Gustav Jung conceptualized analysis on the base of relationship in which both analyst and patient are present with their own conscious and unconscious materials in the analysis, stating that analyst's identification with the patient endanger the analysis (as cited in Samuels, 2006).

In contrast with the idea of counter-transference as a source of understanding the pathology of the patients (*see*; Heimann, 1960; Racker, 1953), Melanie Klein reported that for the analyst, counter-transference is a source of understanding oneself because it indicates the analysts' state of mind such as experienced feelings towards the patient (Macedo, & Dias, 2010). Klein (1957) also stated that analyst's identification with the patient's wishes instead of working through the infantile roots of them boosts counter-transference and disrupts the analysis. Additionally, Reich (1951) asserted that in counter-transference configuration, patient becomes an object projecting past feelings and wishes for the analyst. Furthermore, Winnicott (1960) defined the counter-transference as "neurotic features which spoil the professional attitude and disturb the course of the analytic process as determined by the patient." (p. 19). More recently, Gabbard (2004) conceptualized counter-transference as mutually constructed responses elicited in the therapist's mind. That is, counter-transference can be utilized so as to understand the impact of the patient on others, as well as counter-transference being the therapist's present reactions related to his/her own past relationships.



Regarding its definition, there are four types of counter-transference which are classical (the unresolved childhood conflicts of therapist), totalistic (therapist's reactions to the patient), complementary (therapist's complementary reactions to the patient's way of interacting), and relational (counter-transference stemmed from both patient's and therapist's unresolved childhood conflicts) (Hayes, Gelso, & Hummel, 2011; Gelso & Hayes, 2007). From the interpersonal framework, Kiesler (1996) suggested another point of view for counter-transference. While two people communicate with each other, they respond not only to verbal reactions but also to the non-verbal cues such as postures, silences or glances. Thus, Kiesler (1996) defined transference and counter-transference configuration as a non-verbal exchange of the communication between psychotherapists and clients.

To sum up, counter-transference is a phenomenon which describes an important part of the psychotherapy relationship from the perspective of psychotherapists. In the next sub-section, alliance was presented as another component of the psychotherapy relationship.

### **1.1.2. Alliance.**

Literature review on alliance showed that therapeutic relationship, therapeutic alliance, working alliance, and helping alliance are interchangeably used in the literature although the definitions and components of each can differentiate from each other. Similarly, Horvath and Luborsky (1993) stated that therapeutic alliance, working alliance, and helping alliance are generally used as substitutes of each other. The broadest definition of the alliance is "collaboration between participants" (Howarth, Del Re & Symonds, 2002, p. 27). Nevertheless, it is important to understand the alliance within its historical context rather than with a single definition, since definitions are influenced by the modality of psychotherapy within its historical context.

Sterba (1934) and Bibring (1937) coined the term alliance, which they described as the relationship between analyst and patient as a concept different from transference

(as cited in Zetzel, 1977). Furthermore Zetzel (1956) contributed to the definition of the concept by explaining the difference between transference and alliance, in which transference indicates resistance while alliance is essential for psychoanalytic progress. Additionally, Greenson (1965) emphasized that (when it is necessary) working on transference and establishing a reliable working alliance were equally important for making progress in psychoanalysis. In his early works, he offered the term of working alliance when defining a functional alliance because of its emphasis on the term “working”. Therefore, it can be stated that subsequent psychoanalytic theories conceptualized alliance based on its functional aspect rather than as a form of neurosis that happens in the transference.

Luborsky (1976) formulized the helping alliance by clarifying its indicators in sessions as; type I: the client’s perception of therapist’s potential of help and support; and type II: sense of collaboration when working on client’s impediments (as cited in Luborsky 1994, pp. 38-39). On the other hand, Marmar, Weiss, and Gaston (1989) examined the California Therapeutic Alliance Rating System and found five dimensions; therapist understanding and involvement, patient hostile resistance, patient commitment, therapist negative contribution, and patient working capacity, which were the components contributed to the alliance between therapists and patients. Theory propounded by Edward Bordin (1979) proposed the generalizability of working alliance for all kinds of psychotherapies despite the fact that origin of therapeutic alliance is rooted in psychoanalytic approach. Bordin (1979) claimed that working alliance can develop between any individual who quests for change and the one who provides the change. Mainly, he conceptualized that working alliance consists of “agreement on goals, an assignment of a task or a series of tasks, and the development of bonds” (Bordin 1979).

However, there is no consensus on a single definition for alliance. Frieswyk and colleagues (1986) proposed a definition for the term alliance as “collaboration in the tasks of psychotherapy” (p.32) since it is necessary to differentiate alliance from the psychotherapy experiences of patient and technical subjects of the treatment. Relatively new perspectives on the alliance underline the relational aspect of it. For

example, Henry and Strupp (1994) defined therapeutic alliance as an interpersonal process, suggesting that it influences patients' psychopathology in a therapeutic way. Grasko and Davis (2000) reviewed the alliance literature and reported that therapeutic alliance has a moderate effect on the outcome, and from the client's perspective, a well-established relationship with the therapist can be directly or indirectly therapeutic. Moreover, it was proposed that therapists and clients should agree on the priority of a cooperative relationship (Horvath, Del Re, Flückiger, & Symonds, 2011).

Establishing a relationship or rapport has been a critical issue for several psychotherapy modalities. For instance, Rogers (1957) stated some therapy specific conditions for the psychotherapy relationship, in which it is suggested that awareness of both sides being in reciprocal contact of each other facilitates therapeutic change. On the other hand, while techniques should override therapist-client relationship according to earlier behavior therapists; more recent cognitive behavioral therapists pay considerable attention to the therapeutic relationship considering its contributions to change process (Horvath, 2000). Besides, schema therapy supports the therapeutic alliance especially with the healthy adult mode of the clients (Rafaeli, Bernstein & Young, 2010, p. 67; Young, Klosko & Weishaar, 2003, p. 178). Briefly, many researchers and theoreticians underlined the importance of therapeutic alliance and/or relationship in accordance with the professional approaches that they adopted.

In historical respect regarding the research on alliance, Barret-Lennard (1962) is quoted to be the first researcher who invented the first instrument to measure the relationship between psychotherapists and patients (as cited in Luborsky 1994; Shlien & Zimring 1966). Moreover, Lambert and Bergin (1994) showed that specific factors explained 15% of the variance of outcome while non-specific factors explained 45% of the variance of therapeutic outcome. Furthermore, Orlinsky and Howard (1986) reported that 80% of the researches showed the predictive value of the therapeutic alliance.

Overall, it is revealed that therapeutic alliance is an important part of the psychotherapy relationship and has a significant role on the process and the outcome of psychotherapy. However, mechanisms explaining how alliance displays its role on the process and the outcome remain complicated. For example, Hatcher (1999) argued that agreement on goals were positively associated with improvements in cognitive therapy where explicit goals are essentially welcomed, whereas for dynamic therapy, disagreement on goals were positively associated with improvements since disagreement may be seen as an essential component of the process. In that sense, examining the underlying mechanisms and components of the alliance are crucial topics for fully functioning psychotherapy as well as for the professional development of psychotherapists.

In addition to counter-transference and alliance, real relationship which is another theory that aims to explain the therapy relationship, is presented in the following topic.

### **1.1.3. Real relationship.**

Greenson (1965; 1967) proposed that in addition to transference configuration and working alliance; humanness, genuine care and respect also play important roles on the relationship within psychoanalysis. This part of the relationship is called 'personal' or 'real' relationship. Following his theory, Gelso and Carter (1985; 1994) proposed that real relationship includes realism and genuineness which interact with each other. Subject of discussion of real relationship is one's perceptions about the other's behaviors and reactions as real; and feelings are to be genuine rather than one's misinterpretations and misattributions about the other's behaviors, reactions, and feelings (Gelso & Carter, 2002). For example, transference is also genuine but it encompasses distorted reality by means of misinterpretation and misattribution (Gelso, 1985). Although Horvath (2009) asserted that since we cannot get rid of our transferred experiences and emotions, real relationship is an erroneous theoretical approach, Gelso and his colleagues have studied the concept over the years, as discussed below.

Gelso and Carter (1994) proposed that a strong real relationship brings about a strong working alliance, which in turn, facilitates realistic and genuine expression of feelings toward each other. In fact, positive association between working alliance and real relationship was found (Fuertes, et. al., 2007; Gelso, et al., 2005) whereas any meaningful associations between real relationship and either positive or negative transference were not found (Gelso, et al., 2005). However, Horvath (2009) stated that variance explaining a concept should not be overlapped by other concepts. On the other hand, Gelso and his colleagues (2012) reported that in accordance with the developments in working alliance and transference, clients perceive a robust real relationship in the early phases of treatment and it gets further increased in the following phases. Better, at least short term, therapy outcomes were predicted if such patterns of the clients' perception about real relationship were consistent with the psychotherapists' perceptions. They found real relationship patterns were different from the patterns of transference and working alliance. For example, ruptures in working alliance may be more responsive to repair and besides, transference is supposed to be configured and resolved during treatment. Thus, Gelso and his colleagues (2012) proposed that unresolved ruptures in the real relationship have potential to predict the overall failure of the treatment. However, there is a risk of this "real relationship" between the patient and the therapist to be an imagery relationship; which would be quite vulnerable to be ruined when frustrations are experienced. On the other hand, a healthy therapeutic relationship encompasses some negative exchanges (like frustration and anger) as well, which should be handled in that particular relationship for the therapeutic gains to be informative and long lasting.

To sum up, transference, counter-transference, alliance, and real relationship are the leading theoretical perspectives that aim to understand and explain psychotherapy relationship. Interpersonal theory, on the other hand, is the foremost theory explaining interpersonal relationships. The next topic presents interpersonal theory and therapy relationship from the perspective of interpersonal theory.

#### **1.1.4. Interpersonal theory.**

Harry Stack Sullivan (1953) is the pioneer theoretician who articulated personality within interpersonal context. In fact, he defined personality as “relatively enduring pattern of recurrent interpersonal situations which characterize a human life” (p. 110-111). He further stated that people have two basic motivations in their interpersonal interaction: trust and self-respect (Sullivan, 1953). On the other hand, Leary (1957) named those motivations as affiliation and dominance. Contemporary interpersonal theories have been studied by several other researchers (e.g., Alden, Wiggins, & Pincus, 1990; Kiesler, 1996; Leary, 1957; Wiggins, 1991). Those researchers also asserted that two motivations lie behind one’s interpersonal constructs in the presence of other, those of which are “agency (or dominance/power)” and “communion (or affiliation/love)” Basically, communion involves sharing thoughts and feelings while agency includes faculty of exerting, acting, and power (Blackburn & Renwick, 1996). Wiggins (1979) proposed that “interpersonal events may be defined as dyadic interactions that have relatively clear-cut social (status) and emotional (love) consequences for both participants (self and other)” (p. 398).

In line with the theories, the first measurement of interpersonal behaviors supported two dimensions: The first one was hostile-friendly dimension whereas the second one is submissive-dominant (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988). Similarly, Alden, Wiggins and Pincus (1990) introduced two dimensions, stating that the first represents dominance-submission whereas the second reflects nurturance-coldness. Thereby, interpersonal circumplex (a circumplex based on interactions of two basic interpersonal motivations) was proved to have statistical power to determine common interpersonal problems. Furthermore, Kiesler (1983; 1996) proposed a diagnostic method for psychological disorders depending on interpersonal circumplex, stating that distinct behaviors depending on interpersonal motivations were determinant for disorders.

When psychotherapists’ interpersonal styles are in the question, there are inconsistent results and assumptions in the literature. For example, Washton and Stone-Washton

(1990) reported that therapist dominance had a negative influence on the outcome whereas Henry, Schacht, and Strupp (1990) showed the positive influences of affiliation. Furthermore, Miller, Benefield, and Tonigan (1993) found that confronting and unfriendly therapists are more successful while working with alcohol dependent patients. One of the most recent studies showed that patient dominance and therapeutic alliance predicted the outcome of the therapy whereas patient affiliation did not influence the outcome (Dinger, Strack, Leichsenring and Shauenburg, 2007). In their study, therapists' interpersonal dimensions did not directly influence the therapy outcome. They did not find an interaction effect of therapist's and patient's interpersonal dimensions. That is, therapist-patient similarity, complementarity or deviations on the two dimensions did not have any significant influence on the outcome (Dinger, et. al., 2007). Briefly, inconsistent results were reported in the literature.

Based on the aforementioned theories and approaches, it is considered that interpersonal styles must be related with certain constructs within the psychotherapy relationship. Safran (2008) stated that in order to understand therapeutic relationship we should understand the manifestation of the clients' and therapists' individual backgrounds, conflicts and the way they connect to their surroundings, which in turn creates an interactional dynamic. Moreover, Wampold (2002) stated that patient contribution is the foremost component of the psychotherapy in terms of the treatment outcome, Norcross and Lambert (2011) highlighted that psychological treatment cannot not be considered as independent of the relationship. In that sense, in the present study alliance and the manifestations of interpersonal styles of psychotherapists in the psychotherapy setting were selected as a research topic. Alliance was included since it has goal and task components which cannot be captured by the interpersonal styles.

## **1.2. Aim of the Study and Research Questions**

The aim of the present study was to comprehend certain mechanisms that operate the psychotherapy relationship. Complexity of therapy relationship led us to conduct a

qualitative analysis. In line with this aim, the main concern of the present study was to discover and understand the answers for the following questions.

1. How do psychotherapists experience therapy relationship?

1.1. How do psychotherapists experience the alliance?

1.2. What does alliance include?

1.3. How does the psychotherapists experience the interpersonal relationships with their significant others?

1.4. How do the interpersonal styles of psychotherapists display in the relationships with their significant others?

1.5. How do psychotherapists experience the interpersonal relationship with their clients?

1.6. How and to what extent do psychotherapists' interpersonal styles manifest in psychotherapy setting?

1.7. How is alliance related with the interpersonal relationship of the psychotherapists?

1.8. How does alliance differentiate from the interpersonal relationship in regards to the perspective of the psychotherapists?

In line with those questions given above, psychotherapists' experiences of alliance, components of alliance, their interpersonal styles displayed in their relationship with certain significant others, and manifestations of their interpersonal styles in the psychotherapy settings were queried via semi-structured, face-face, and in-depth interviews.



## **CHAPTER 2**

### **METHOD**

#### **2.1. Methodological Background**

A qualitative research was designed in order to understand the psychotherapists' psychotherapy experiences and manifestation of their interpersonal styles in psychotherapy settings. As a qualitative method, Interpretative Phenomenological Analysis (IPA) was employed considering that it allows understanding the psychotherapists' relationship experiences in a comprehensive way. In the following parts of the method section, logic behind conducting a qualitative research and using IPA were explained in detail. Since reflexivity is encouraged in the qualitative research literature, I (Şahinöz) put my effort to write the method and analysis sections in a reflexive manner.

#### **2.2. Participants and Sampling Method**

Participants were three psychotherapists who were graduate students continuing their education in Clinical Psychology, Department of Psychology, Middle East Technical University (METU). They have conducted psychotherapy under supervision as a requirement of the program. Since my research interest was to understand the components of the psychotherapy relationship, I preferred purposive sampling as a recruitment method. For this selection process, researcher should decide who to recruit in accordance with his/her research interest (Bernard, 2002). Although purposive sampling does not guarantee the representativeness of sample, qualitative studies evaluate the person in his/her own context rather than central tendency of a population (Payls, 2008). In this regard, I choose the participants from the program. Additionally, in purposive sampling, researcher should gather most relevant information by recruiting participants who have most insightful standpoints (Lewis & Sheppard 2006). I thought that the participants' education and experience

in psychotherapy practices would provide me the most relevant information in accordance with my research interests. Moreover, justification of the sampling method is one of the components of trustworthiness (which was discussed in detail in the method section) of qualitative study (Inui & Frankel, 1991). I tried to justify my sampling method by choosing psychotherapists who had considerable experience in psychotherapy. Regarding sampling, we (I and my advisor professor) set a criterion which is conducting at least 20 sessions with same client, in order to ensure that participants are relevant informants with sufficient experience. Therefore, this participant selection was conceptualized as ‘purposive criterion sampling’ in which researchers aim to do research with people who have specific experience (Payls, 2008). Moreover, sample size of this research is small, since in qualitative studies, small samples are widely preferred.

I contacted with six psychotherapists and invited them for my research. All psychotherapists were familiar, since I have come across with them in the department, in meetings or in lectures. However, none of them was as close friend. I informed them about my research; the aim, the inclusion criteria, the outline of the interview, the duration and so on. Fortunately, three of them agreed to participate. Finally, we set the appointments for the interviews.

Psychotherapists were single females in their early adulthood stages. Similarly, their clients were also young adults. They practiced psychotherapy throughout their clinical psychology education, approximately 2 and half years. They were doing their internship at Ayna Clinical Psychology Support Unit at METU during the interviews. They were all under supervision of the professors at the Clinical Psychology Department, at METU. In the analysis part, I used nicknames for psychotherapists in order to ensure their anonymity.

### **2.3. Interviews**

Interviews (see Appendix C) were face-to-face, semi-structured, in-depth interviews examining psychotherapist-client relationship and the manifestation of

psychotherapists' interpersonal style in psychotherapy setting. The interviews held in Turkish which is the participants' and my native language. The total length of time spent for each pair of interview was 153 minutes, 179 minutes and 136 minutes, respectively. When the time was convenient for participants, the interviews were conducted. The interviews took two weeks since two separate interviews were conducted for each participant. I met each psychotherapist twice at an available interview room at Ayna Clinical Psychology Unit.

The interview consisted of four main sections. After collecting socio-demographics information about psychotherapists, information about psychotherapist-client relationship and alliance, psychotherapists' interpersonal styles, and manifestation of psychotherapists' interpersonal styles in psychotherapy setting were questioned. Lastly, participants were asked to give feedback about the interview and the research.

Some researchers use bracketing method in order to diminish the possible detrimental influence of unrecognized assumptions about research, which in turn contributes to the rigor of the study (Tufford & Newman, 2012). In accordance with the research questions, existential bracketing (Gearing, 2004) was adopted during formation of the interview questions and interview sessions. For the sake of existential bracketing, we (I, my advisor professor and research team) put effort to suspend our presumptions about the research topic. I portrayed my clinical orientation and research interest and utilized most profound and prominent theories about the investigated relationship experiences. I utilized the theory of alliance and interpersonal theory in order to deeply understand and cover all aspects of the psychotherapy relationship (not to prove the theories). I adopted a non-directive manner considering the inductiveness. After conducting all interviews, we (I and my advisor professor) unbracketed our clinical and theoretical knowledge in order to interpret the psychotherapists' relationship experiences in psychotherapy settings.

## **2.4. Procedure**

Firstly, after I decided to conduct a qualitative study, I constructed the interview questions and consult my research team. The research team members were graduate students and my advisor professor. 4 or 5 PhD students who participated in the meetings were experienced in psychotherapy and preparing a thesis. The team met for 5 consecutive weeks to discuss the interview questions. The aims were to assess the feasibility of the research and construct the questions considering the bracketing method. The research team reflected on their ideas about the research and interview questions in particular. They greatly contributed to the process of forming semi-structural interviews. A more assumption-free standpoint was achieved with the help of the research team. Since the nature of the research supports flexibility for asking questions, I also changed and modified the questions in accordance with the answers of the participants during interviews. When it was necessary, new questions in the same format were added into the interview in order to comprehend the insight, knowledge, experience, and personal context of the participants. Feedback was received from participants during and at the end of interviews (twice or three times).

To examine the relationship experiences in detail, I encouraged the psychotherapists' to self-disclose their unique experiences in psychotherapy relationship. Besides, by considering bracketing method, I benefited from the most relevant theories in the literature (alliance and interpersonal styles) in order to cover the all possible aspects of the relationship under investigation. By being non-directive in the interview, an inductive manner was adopted. It was also taken into account by my research team during revision of the interview questions. I also tried to be aware of my subjective experiences and used it as a tool to understand the psychotherapists' experiences. In order to carefully follow these procedures, I got feedback from my advisor and my research partner/supervisor, Yağmur Ar who is a researcher experienced in qualitative study.

Ethical approval for this thesis was obtained from Middle East Technical University Human Ethics Committee. Potential psychotherapist participants were invited for the

research considering their experience in psychotherapy. Psychotherapists were contacted by phone for invitation. Informed consent forms were provided for each participant (see Appendix A) at the beginning of the first interview session. Through informed consent forms, they were informed about the aims, duration and content of the research. Moreover, I provided information about the process of the interviews and the rationale behind voice recording by ensuring their confidentiality in an ethical manner.

Interviews were arranged based on participants' availability. Data collection lasted between April 2016 and June 2016. Two face-to-face sessions were conducted with each participant. At the end of the interviews debriefing form was given to each of participant (see Appendix B). Information gathered via voice recorder was transcribed by the researcher in accordance with the principles of Interpretative Phenomenological Analysis. Identification of the themes was supervised by a research team member, Yağmur Ar, who was a PhD. student experienced in qualitative research.

## **2.5. Qualitative Research: Basic Terms for Further Understanding**

Qualitative phenomenon can be conceptualized as school of thought in practices of social sciences. Learning qualitative paradigms can help and guide researchers for further understanding. Paradigm is defined as "... a set of assumptions and perceptual orientations shared by members of research community" (Given, 2008, p. 591). In qualitative research area, there has been a debate among inquiry paradigms in ontological, methodological and epistemological respect. Epistemologically, paradigms can be classified as objectivism, constructivism and subjectivism, while the theoretical approaches vary such as positivism, interpretivism, critical inquiry, feminism and so forth (Gray, 2014). Additionally, Guba and Lincoln (1994) divided inquiry paradigms into four categories as positivism, post-positivism, critical theory and constructivism based on their ontological, epistemological and methodological differences. The terms, constructivist and interpretivist, generally are used when describing the same paradigm in the literature. Specifically, positivist and post-

positivist paradigms emphasized that the aim of science has to be to explain a phenomenon via verifiable or falsifiable assumptions which can be expressed with numerical formulations (Guba & Lincoln, 1994). However, the interpretivist approach encourages people to disclose and explain themselves in their own words and styles (Upadhyay, 2012). Interpretivism focuses on how people understand, make sense of and/or interpret their experiences and the world around them. In other words, objectivity of science is the main concern for positivist paradigm, while interpretivism claims that science cannot remain objective since it is inseparable from the personal context of scientists and human participants. On the other hand, critical theory benefits from self-understanding and self-reflection in order to achieve its aims (Hoffman, 1989, p. 61). In this respect, it can be expressed that critical theory has some shared points with interpretivist paradigm.

Qualitative research is defined as "... meaning, concepts, definitions, characteristics, metaphors, symbols, and description of things" (Berg, 1998, p. 3). Researchers can cover the essence of anything with the help of qualitative research. The potency of qualitative study underlies its capacity to bring about in-depth and detailed information about a phenomenon and an experience in which a person engaged (Bowen, 2005). Although ethnography, grounded theory and phenomenology are the commonly-discussed qualitative methodologies in the literature (Goulding, 2005), qualitative research was classified into five qualitative case study, phenomenology, narrative analysis, ethnography and grounded theory by Merriam and Tisdell (2015, p.42). In this respect, phenomenology and Interpretative Phenomenological Analysis (IPA) were discussed below.

## **2.6. Phenomenology and Interpretative Phenomenological Analysis (IPA)**

Phenomenology was firstly introduced by Edmund Husserl (1970). It is an interpretivist theoretical perspective that strives for understanding of phenomena within people's own contexts. Namely, grasping how people see, hear, experience, understand, perceive and interpret the world and their lived experiences are the main concerns of the theory. This thesis is a phenomenological study in which affective

measures (i.e., social/emotional standpoints of participants) were taken during the research. Furthermore, phenomenology is interested in how people relate to any phenomena which takes place in their consciousness as they experience life within concrete boundaries (Willing, 2008, p. 52). Particularly, psychotherapy experience of the participants was explored in this thesis using Interpretative Phenomenological Analysis (IPA).

IPA was introduced by Smith (1991). IPA attempts to cover informants' cognition by understanding their thoughts and beliefs about the investigated phenomenon (Smith, Jarman, Osborn, 1999). Unlike many other research methods, IPA support researchers' engagement by means of interpretation. In the literature, in fact, it is named as "two-stage interpretation" or "double hermeneutics" in which participants strive for understanding their life, while researchers strive for understanding of the participants' striving for understanding their life (Smith & Osborn, 2003, p.53). Interpretative phenomenology puts forward that understanding is a process in which we assume meaning and test it; and then we interpret what we understood (Willing, 2006, p.56).

Smith (2004) presented three characteristics of IPA which are "idiographic, inductive and interrogative". Idiographic refers to comprehensive exploration of cases; inductive means inference of themes and topics from data; and interrogative is used for detailed query (Smith, 2004). Accordingly, the stages that should be followed by researchers when they are conducting IPA were articulated by Willing (2008): as i) re-reading transcripts and taking notes ii) specifying themes iii) generating clusters that include themes and; iv) preparing a summary table. Sticking to these steps in the present study, IPA was conducted for detailed exploration of alliance and interpersonal styles displayed in the psychotherapy setting.

## **2.7. Trustworthiness of Qualitative Analysis**

Trustworthiness is a concept that covers the terms like validity and reliability in qualitative research. For establishing trustworthiness in qualitative research, Elo and

her colleagues (2014) state that each step of the method and the procedure including preparation, organization and reporting of the data should be provided for readers. On the other hand, Guba (1981) first articulated four aspects of trustworthiness as credibility, transferability, dependability, and confirmability for qualitative research. However, specifically for IPA, Smith (2011) suggested high quality criteria of IPA research which are; *i*) clear focus of a paper, *ii*) strong data; *iii*) rigorous paper; *iv*) adequate space for theme elaboration; *v*) interpretative manner over descriptive one; *vi*) pointing out the convergence and divergence and; *vii*) careful writing. If a qualitative study meets these criteria, then it is evaluated as trustworthy. Based on Smith's recommendations, I followed these principles:

*i) Clear focus of a paper.* Rather than large exploration of whole psychotherapy process, I focused on the psychotherapists' experiences related to alliance and psychotherapy relationship. This criterion was met by detailed examination of the relationship experiences of psychotherapists.

*ii) Strong data.* In order to achieve comprehensive knowledge on relationship experiences, I, my advisor professor and my research team considered all possible aspects of the relationship experiences. I carefully prepared the interview questions with the help of my research team's feedback. Besides, I have experience in interviewing thanks to my education on clinical psychology and the exercises that I did during the research team meetings. This criterion was met by carefully preparing the interview questions and probes beforehand.

*iii) Rigorous paper.* All participants' extracts were represented since small samples were preferred in this research. I carefully chose excerpts in order to represent the strength and relevance of the themes. I tried to provide a strong and clear scope of themes for the readers. In this way, the criterion of rigorous paper aimed to be met.

*iv) Adequate space for theme elaboration.* Each extract of emergent themes was elaborated in the analysis part. They were quoted in detail for better representation. By doing so, this criterion was aimed to be met.



v) *Interpretative manner over descriptive one.* After each excerpt was quoted, interpretative commentary was put forward in order to show the extracts' contribution to the particular major theme. I put effort to engage the participants' and my own experiences and interpreted the themes in accordance with these experiences. The interpretative manner was followed in order to ensure this criterion of trustworthiness.

vi) *Pointing out the convergence and divergence.* Regarding themes, similarity embedded in patterns in experiences was exhibited, while uniqueness of the experiences was emphasized during the analysis process. Therefore, both convergent and divergent points were provided.

vii) *Careful writing.* In order to meet this criterion, I put effort for a detailed and careful writing were provided with the fruitful feedback of my advisor professor. I also got support from Academic Writing Center at METU, especially in the translation of the excerpts from Turkish to English. Original articles, thesis and dissertations that have used IPA were examined before and during the writing phase of my analysis.

Other than Smith's recommendations, reflexivity is encouraged in the qualitative research (e.g: Fischer, 2009) and considered as a strong component of trustworthiness (e.g.; Morrow 2005). To be subjective, I, Şahinöz, as a 26 years old woman living in Turkey, was in the Clinical Psychology Master of Science Program at METU. I have been conducting psychotherapy since the second year of my graduate education. My psychotherapy orientation is eclectic, same with the participants. Thus, regarding these features of mine, I can be considered as an insider to my participants. However, I had no experience in being supervised by the academic staff by whom the participants were supervised. Instead, I was supervised by doctorate students who got their proficiency, so I had the experience of being supervised. Therefore, being an insider would help me understand the relationship experiences in psychotherapy. In fact, my research team consisted of members who had experience in psychotherapy and supervision. With this awareness, we discussed

questions in order to have an interview supporting participants for engaging in their own experiences. Results supported this inductive manner. For example, ‘ambivalence in psychotherapist-client interaction’ emerged as a theme, even though I did not deliberately question it in the interview. In addition, issues about ‘need for expressing themselves’ were common in both psychotherapists’ relationships with their father and with authority figures, although our interview did not include questions about this kind of resemblance.

For my feelings arose during the interview and transcription process, I kept a diary. Related with psychotherapy relationship, the most salient emotion was curiosity. I had limited experience in psychotherapy (3 clients); thus, I wondered about their clients, their interactions and their therapy experiences since I was enthusiastic about different clients. Besides, when they were talking about their relationships, they discovered something about their interpersonal patterns such as roots of their experiences. They made sense of their experiences as they talked. It was satisfying to witness their interpretations about themselves and it made me feel enthusiastic. It was most probably due to my profession. It was the same feeling that I experience during psychotherapy that I conducted, when my clients discover something about themselves. In addition, I felt sadness when they were talking about their problematic relationships, especially with the sibling relationship. Two of the psychotherapists cried when they were talking about their older siblings. I realized that I shared the same feelings, except I have a younger sister. It was stunning to hear the sibling relationship from the younger sister’s perspective. When they cried, I wanted to stop the interview but we (I and the participants) could move on with the questions. Lastly, throughout the interviews, I felt thankful for their participation and wanted to soothe them when they were talking about their problems. My interviewing skills helped me to support their engagement in their experiences. Moreover, I consulted my research partner, Ar, for her feedback about my interview experiences and interpretations. She was very supportive and encouraging both emotionally and professionally. To sum up, we (my thesis advisor, research partner and I) think that my transparent manner contributed to the trustworthiness of my study.

At the following part, qualitative analysis of the interviews and discussion was presented.

## CHAPTER 3

### ANALYSIS AND DISCUSSION

In this part of the research, psychotherapists' transcripts were analyzed based on the principles of Interpretative Phenomenological Analysis (IPA). This part of the present study involves four main sections. These sections are psychotherapy approaches, therapeutic alliance, interpersonal styles of the psychotherapists, and manifestation of their interpersonal styles in the psychotherapy setting, respectively. Firstly, together with the socio-demographic information psychotherapy approaches followed by the participants were questioned which could be analyzed with IPA. The second sub-section of this chapter includes therapeutic alliance with its components. Thirdly, interpersonal styles of the psychotherapists were analyzed and discussed. The aim of this sub-section was to gain a comprehensive understanding for the manifestation of the interpersonal styles in the psychotherapy setting. Therefore, the themes within this sub-section belonged to the interpersonal styles of the psychotherapists in their relationships with all possible significant others. Lastly, manifestation of the interpersonal styles in the psychotherapy setting was analyzed and discussed in the fourth sub-section of the analysis. Throughout this chapter main themes and subthemes were analyzed in detail. General discussion was also presented at the end of this chapter. Nicknames were used for the psychotherapists. Excerpts were presented in Turkish in order to prevent any meaning loss. Participants' language use was not fluent. The experiences they stated were sensitive, which could be the reasons of incomplete sentences and hesitations they felt during interviews.

#### **3.1. Part 1: The Psychotherapy Approaches**

The interview includes questions related with psychotherapists' socio-demographic information (such as age, gender and professional experience as stated in the method section). Additionally, psychotherapists' professional approaches were questioned in

the early parts of the interviews as well. I applied IPA in order to evaluate their psychotherapy experiences in a detailed way. Regarding their psychotherapy approaches, one theme named *adopted psychotherapy approaches* emerged from the transcripts, which was analyzed in the following part.

### **3.1.1. Theme 1: Adopted psychotherapy approaches.**

Psychotherapists' adopted psychotherapy approaches were influenced by their education, theoretical backgrounds, school of thoughts followed by their universities and clinical activities such as supervisions and internships. In this regard, two subthemes were named as *combination of approaches* and *influence of education*, and were analyzed in more detail.

#### **3.1.1.1. Subtheme 1.1: Combination of approaches.**

In the field of clinical psychology, psychotherapists can either specialize in one psychotherapy approach or combine more than one approach. For instance, in integrative and eclectic psychotherapies, professionals blend techniques and/or theories of specialized approaches. In the present study, the participants described their approach regarding their theoretical backgrounds, school of thought that they influenced by and style they adopted. All the psychotherapists reported that they combine more than one psychotherapy approach in their practices. They all benefit from relational psychotherapy, which underlines the importance of meaningful relationships in presence, disclosing client's experiences, their roots in the past and the value of psychotherapist-client relationships. In addition to relational therapy; schema therapy, psychoanalytic theory, cognitive behavioral therapy (CBT) and humanistic approach were mentioned by the psychotherapists.

Firstly, Seda described which psychotherapy approach she adopted:

“İlişkileri göz önünde bulundurduğum bir terapi yaklaşımım var. Ama, sadece “şimdi ve burada’dan ziyade de, geçmişte kişinin yaşantısını araştırıyorum, gibi bir şeyler oluyor. Yani hani eklektik gibi görünüyor

aslında sanki. Öyle düşünüyorum. [...] Psikanalitik kuramı, hani henüz okuma anlamında ilişkiyim onunla da diyebilirim. Ama teknik anlamında soruyorsan, daha çok ilişkiyel psikanaliz gibi oluyor galiba bu. Ama dediğim gibi. Hani, tam oturtamadım.”

As in the excerpt above, Seda’s psychotherapy description included different but combined psychotherapy perspectives. Connecting sentences with the word ‘but’ gave more emphasis for the comparison of different approaches. Another example for combination of psychotherapies belonged to Meltem:

“... Biraz uyduruyor gibi oluyorum ama şema odaklı hümanisttik terapi diyorum. Genelde şema yapıyorum ama tarz olarak daha hümanisttik bir tarzım var sanırım.”

Meltem’s description included two different psychotherapy approaches: schema therapy and humanistic approach. She told that she made this approach up, which implies that she embraced her own combination. She mentioned relational part of her psychotherapies in the later parts of the interview as well.

Another example about embracing one’s own combination of approaches was from Dilek:

“BDT yürüttüğüm şey de var ama ona göre sentezliyorum, diyeyim yani. Daha ilişkiyel bir tarzı benimsedim burada. [...] Tam olarak sentezledim dedim ya. BDT ve geçmişle bağlantılar kurmak, daha terapi ilişkisini ele almak gibi bir sentez diyeyim yani.”

Dilek adopted a combination of two different approaches: cognitive behavioral therapy and relational approach. She described it by using the word “synthesizing” which was referring to a combination. In addition, she gave examples of the content of her synthesis which further supported the combination of approaches.

In brief, it is interpreted that the psychotherapists in the current study preferred different forms of combination of the psychotherapy approaches in their practices. In the following section, subtheme named *the influence of education* was examined in detail.

### **3.1.1.2. Subtheme 1.2: Influence of education.**

It is an undeniable fact that the education shapes psychotherapists' practices in the field of clinical psychology. Specifically, the participants mentioned the influence of education (i.e.; school of thought, supervisions during education etc.) during interviews. For instance, Seda explained the effect as follows:

“Yani aslında süpervizyonlarla birlikte de gelişen değişen bir şey oldu gibi geliyor bana. Yani en başta da ben, CBT eğitimin olduğu halde, CBT ile pek başlamamıştım. [...] Evet, süpervizöre göre değişti. Aldığım derse göre değişti. Benim hani bakış açım da değişmeye başladı onlarla beraber. Biraz, şu an tam oturmuş olduğunu düşünmüyorum tarzımın.”

In this excerpt, Seda highlighted the effect of the supervision and the courses, since they shaped and contributed to her psychotherapy approach. The influence of education was relevant for Meltem as well:

“(Hümanistlik tarzım hakkında)...Yani öyle geribildirimler almıştım süpervizörlerimden. Ben de öyle olduğunu düşünüyorum. [...] Master 2’de şema terapi eğitimi aldım ve onu öğrendikten sonra ‘Şema terapi yapıyorum’ demeye başladım.”

Meltem mentioned her supervisions and her training as the influence of education as well as Seda. As it is seen in the excerpt, psychotherapy approach is not only something that is taught by instructors. Supervision has a potential to reveal psychotherapist style by means of feedback. In addition, attending a training program shaped Meltem’s approach. The influence of education was also a valid theme for Dilek:

“(Yüksek lisansta) Hastane stajlarımızda da çocuk servisinde, yetişkin servisinde, orada çok fazla haşır neşir olduk. Böyle visitler, ... İşte testlerin yapılması, raporların yazılması... Bir de 3 yetişkin, 3 çocuk olmak üzere 13'er seanslık terapi süreçlerini de yürüttük. [...] Çocuğun süpervizyonu her haftaydı. Yetişkinin süpervizyonu da 'İhtiyacınız olduğu zaman, hani, randevuyla gelin' şeklindeydi. Çok işlevsel olmadı diyebilirim. Yani yetişkin şeyine burada başladım aslında ben. (Orada) BDT'ydi. Şimdi değişti tabi. Daha ilişkisel bir tarz hâkim burada. Süpervizyonlarda gelen şey de o şekilde.”

Dilek explained the influence of education on her psychotherapy approach by comparing the schools of thought of her previous and current clinical psychology programs. She described her psychotherapy approach as a synthesis of CBT (which she learned in her previous program) and relational therapy (which she learned in her current program). Therefore, the influence of education surfaced in her interview as well. The internships and the supervisions were the other parts of her education that influence her psychotherapy approach.

To conclude, it is interpreted that the education influences the approaches adopted by psychotherapist and these influences are mediated by theoretical courses, supervisions and internships. In the following section, therapy relationships and therapeutic alliance were explored further.

### **3.1.2. Discussion for part 1: Psychotherapy approaches.**

According to the present analysis, psychotherapy approaches were defined by two major components which are combination of psychotherapy approaches and the influence of education on these approaches. First, in their practices, psychotherapists preferred a combination of different psychotherapy approaches such as relational therapy, schema therapy, CBT, and psychoanalytic theory. For different forms of combination, eclectic and integrative are the most commonly addressed terms in the literature. Nacross (1991) stated that even though there are various names for the



process, the aim is the same; to provide efficacious, applicable and efficient psychotherapy by adjusting the psychotherapy to clients' individual needs. Furthermore, psychotherapists mostly mentioned the relational part of their psychotherapy practices, in the extracts above. In the literature, for example, psychotherapists applied therapy elements for either preparing their client for the therapy or adapting therapy for the client's needs in the practices of systematic eclectic psychotherapy (Beutler & Consoli, 1993). Therefore, it can be concluded that combining psychotherapy approaches allow the psychotherapists finding the most suitable form of psychotherapy for both themselves and their clients.

Moreover, it was interpreted that university education including theoretical courses, supervisions and internships influenced the psychotherapists' psychotherapy approaches. Further in the literature, Poznanski and McLennan (2003) reported the determinants of theoretical orientations for different groups of psychologists: while university training determines cognitive behavioral psychologists' theoretical orientations, psychodynamic psychologists are influenced by their supervisions. However, Buckman and Barker (2010) stated that training process (such as enrolled courses) influence the clinical psychologists' psychodynamic preferences more than individualistic elements (such as personality). In conclusion, although the literature had the mixed findings, trainings and supervisions influenced the psychotherapy approaches of the psychotherapists.

In the following section, therapeutic alliance were analyzed and discussed based on the previous literature.

### **3.2. Part 2: Alliance**

In the literature, it is considered that alliance is closely related with psychotherapist-client relationships. Components of the alliance (agreement on goals, agreement on tasks and emotional bond between two parties) were utilized in order to grasp a better understanding for the therapy relationship. In this part of the transcripts, three

main themes were surfaced, which are *'therapy goals and agreement on goals'*, *'therapy tasks and agreement on tasks'*, and *'emotional experiences'*.

### **3.2.1. Theme 2: Therapy goals and agreement on goals.**

Firstly, based on the reports of the psychotherapists, goals referred to the clients' problems that the clients wanted to solve with the help of the psychotherapeutic process. Three main problematic areas which were *academic problems*, *mood related problems* and *relationship problems* were assessed as goal related subthemes. Furthermore, in terms of agreement on goals, following subthemes named as *psychotherapists' reactions*, *change in goals* and *quality of the agreement on goals* surfaced from the transcripts. The connections between these themes were observed as follows: Agreement on goals was influenced by psychotherapists' reactions which contributed to the change in goals in the course of psychotherapy and formed their quality of the agreement in the long run.

#### **3.2.1.1. Subtheme 2.1: Academic problems.**

Academic domain was a problematic area in the clients' lives. They mostly complained about their problems regarding studying lectures and graduation. Dilek described her client's academic complaints as follows:

“İlk geldiğinde ‘Hayatımı düzene sokmak istiyorum’ (dedi). Okulunu baya uzatmış bir danışan. Aynı dersleri üç dört defa aldığı oldu, işte. ‘Ders çalışabilmek istiyorum, ders çalışmak için oturduğumda telefona kayıyorum, Facebook’a kayıyorum...’(dedi).”

Meltem also stated her client had some academic complaints such as:

“İlk geldiğinde, mezun olmakta zorlanıyordu.”

Seda's client had similar problems:

“Ders çalışmıyordu. Okulunu uzatmıştı. Bu tür şikayetleri vardı.”

Having problems about graduation was a common point for these two clients.

To sum up, it was interpreted that the clients had similar academic problems as the psychotherapists reported. These problems included difficulty related to studying and graduation. It might be a clearly detected problem area for the clients since the psychotherapists expressed them in a brief way or they used their clients' own words to articulate them.

### ***3.2.1.2. Subtheme 2.2: Mood-Related problems.***

Mood related problems included complaints about clients' emotional states and emotional reactions to their life events. For example, Seda stated her client's mood related problems as follows:

“İlk problemi, aslında, o bahsettiğim sevgilisiyle ilgili gelmişti. Benimleyken boşluk hissinden şikayetçi olduğu için geldi. Bir de hani bir öncekinden, bir önceki terapisti aslında uzun zaman görmüş kendisini yine ama o doktora süreci bittiği için gitmiş. Ondan sonrasında aslında terapiye devam etmek istemediğini söylemiş. Bir ara vermiş gibi olmuş ama sonra dayanamadığını söyledi, onun gidişiyle de baş edemediğini... Sevgilisinin de o dönem uzağa gitmesi gibi bir durumu vardı. Onunla da baş edemediği için gelmişti. Amacımız aslında bu biraz boşluk duygusunu çalışmak gibiydi. Çalıştık da aslında. Baya depresif bir modda geldiğinde, öyle bir durumdaydı.”

Seda described a problem that began with a life event which triggered her client's negative emotional state. Although the triggering life events were relationship experiences, the problem that her client complained about was her depressed mood.

Meltem's client had also mood related problems:

“Daha inişli çıkışlı bir modu varmış. Bana geldiğinde de onu söylüyordu. ‘Sebepsiz yere, arada kendimi çok melankolik hissediyorum’(derdi.)”

In addition, Dilek put out some examples for her client's mood related problems, as well:

“...Çalışamıyorum, odaklanma problemim var. Çok fazla uyuyorum’. Depresif şeyler de tarifliyordu.“Bunların düzelmesini istiyorum” gibi geldi aslında.”

Meltem's and Dilek's clients had also problems about their emotional states mostly related with depression.

It was interpreted that mood related problems are clients' one of the common difficulties that lead them to try to find solutions and come to the psychotherapy.

### ***3.2.1.3. Subtheme 2.3: Relationship problems.***

In addition to academic and mood related problems, the clients had certain problems about their relationships. For example, Seda's client's mood related problems were firstly influenced by relationship problems. She had also other relationship problems:

“Hala sorguluyor: İşte ‘Bu hayat monoton mu olacak, evlensem mesela monoton bir hayat mı yaşayacağım? Onun yerine günlük ilişkiler kursam daha iyi değil mi?’ gibi. Ama kendisi de rahatsız olmasa bu kadar sorgulamaz gibi düşünüyor bana da yani şu an. [...] Bir de ilişkileri ile ilgili de konuşuyoruz şu aralar. Şey gibi; bir grubun lideri oldu mesela. Hayatında aslında böyle bir deneyimi de yokmuş eskiden. Şimdi o grupta ilgili yaşadığı sıkıntılar var: ‘Grubun lideri iyi olamıyor muyum acaba?’ diye. İletişim kuramadığına dair geribildirim alıyor.”

For Seda's client, close relationships and being a leader in a group were the problematic interpersonal areas which were worked through in the psychotherapy process and lead the client to question her relationships.

Meltem also reported relationship problems of her client:

“Güven meselesi; başkalarına güven, kendisine güven konuları... Onun dışında samimiyet konusu. [...] Ailesindeki, o onu etkilemiş olan zorluklara şey yapmaya çalışıyorum. O zorlukları göstermeye çalışıyorum. Bir de romantik ilişkilerinde tam olarak ne istediği anlamaya çalışıyoruz. Romantik ve cinsel manada neler istiyor? Gerçekten bir çatışma yaşıyor mu içten içe? En çok bunları konuşuyoruz.”

Questioning the relationships was an experience shared by Meltem’s client as well. Trust, sincerity, and understanding her needs within a close relationship were the foremost topics that they worked through in the psychotherapy.

Dilek’s client had relationship problems as follows:

“Bayılma gibi bir şeyler de oluyor. Tam bayılma değil ama tansiyon düşmesi tarzında. O sırada işte kimse ulaşamıyor. Bir süre sonra ulaşıyor. Hani herkes en başta bir meraklanıyor ama bu artık tekrar tekrar oldukça insanlar da işte artık “A, yine mi oldu?” gibi bir şeye giriyorlar. [...] Çok çocuksu bir ilgisi var. İlgi bekliyor annesinden aslında da. Bakım bekliyor, bir çocuk gibi. Ama onu hani alamamış [...] Yani büyük bir öfkesi var annesi... Ama bir türlü onu şey yapamıyoruz. Onun üzerinde çalışıyoruz, diyeyim.”

Seeking care in a dysfunctional way and feeling anger toward her mother were the problematic interpersonal issues of Dilek’s client.

Based on the excerpts given above, it was interpreted that clients had relationship problems that they were negatively influenced from. However, as opposed to mood-related and academic problems, the clients had difficulties at certain points such as clearly putting relationship problems forward as complaints that they would like to work on in the psychotherapy. In other words, the psychotherapists were likely to give more information about interpersonal problems compared to mood-related and academic problems. In addition, when therapists were describing their clients’ mood-related and academic problems, they mostly preferred to use clients’ own words while they used their own descriptions for clients’ relationship problems. Therefore,

it was interpreted that relationship problems are the ones that can be better detected and verbalized by the psychotherapists rather than the clients.

#### **3.2.1.4. Subtheme 2.4: Psychotherapists' reactions**

When describing their clients' problems and goals, the psychotherapists also expressed their feelings and thoughts about them. Since therapy had two parties, psychotherapists' reactions (which show another kind of interaction) inevitably surfaced from the transcripts.

Meltem explained her reactions as follows:

“Kendisinin başkalarında en önem verdiği şey: samimiyet. Ama bazen ben, başlarda onun samimi davrandığını düşünmüyordum. İşte dediğim gibi -miş gibi davranıyordu.”

As it was stated before, one of client's interpersonal problems was about sincerity (and trust) in her relationships. Meltem reacted to her clients' attitude which was not consistent with her goals.

These kinds of reflection were also shared by Seda:

“Bir ümidi yoktu. Biz çalıştıkça, bunu yapabileceğine de güvenmeye başladım -ki süpervizörümün de, o dönemki süpervizörümün katkısı oldu. Çünkü ben de o buhranlı haline, o boşluk hissine, ben de kapılmışım. Buradan ilerleyemeyeceğiz gibi hissediyordum. ‘Sen de böyle düşünüyorsun aslında, sen de onun bu döngüsüne kapılmışsın aslında’ gibi bir geribildirim vermişti süpervizörüm. Ondan sonra baktım. Onun aslında neleri yapabileceğine dair bir şeyleri bulmaya çalıştık.”

Her client's hopelessness, emptiness and depressive feelings influenced Seda in the process of the psychotherapy. With the help of her supervisor, she could functionally change the therapy's trajectory that was negatively influenced by her emotional reactions.

Dilek had also some reactions about her client's problems as follows

“Onun amaçları çok yüzeysel bir yerden. Depresif şeyler tarif ediyor ama neden? [...] Aslında onun amacı ‘Ders çalışayım sınavlarım iyi geçsin’ gibi bir şeyden ama bunun altında yatan bir şeyler var. Aslında oradan ele alıyoruz.”

Dilek found her client's goals superficial and searched for some underlying reasons.

It was thought that regardless of the valence of their reactions, the psychotherapists ultimately reflect their feelings and thoughts at certain degree. Their reactions could occur in a personal context (such as emotions triggered by the clients' problems) or these reactions may consist of their clinical judgments (such as exploring the underlying reasons of a problem). Apparently, therapists' reactions had a considerable effect on their agreement on goals since they set the tone in the course of psychotherapy. In fact, as well as the clients' contributions, the reactions of the psychotherapists contributed to ‘change in goals’ which was analyzed in the section below. In the course of the therapy, modifications of the goals were affected by these reactions, which in turn, formed their agreement.

#### ***3.2.1.5. Subtheme 2.5: Change in goals.***

*Change in goals* in the course of therapy refers to changes related to the direction and content of psychotherapy. Either psychotherapists specified problematic areas rather than the ones that clients expressed, or clients put forward new issues that they wanted to talk about in the psychotherapy. Seda explained her experience in their therapy context with her client:

“Onun bu sorunlarından birinin aslında ilişkisel boyutta olduğunu anlaması zaman aldı. Yani o başta sadece, hiçbir şey yapamamaktan şikâyetçiydi. Ama aslında sorunlarından baya bir kısmı da arkadaş çevresini çok kısıtlı tutması... İşte erkeklerle kurduğu ilişkide kendisini nesneleştirerek yapması... Yani,

onların hazzına odaklanması gibi bir şeyler. Ben bunları en başından beri bir sorun olarak görüyordum ama hani aynı noktaya gelmemiz biraz zaman aldı.”

Seda considered her client’s relationship style as a problem and took them into account within the goal areas since the beginning of their therapy.

Dilek shared a similar experience:

“Temelde aslında hala aynı şeyler üzerinde çalışıyoruz ama kesinlikle değişiklikler de oldu. Amaçlarımız başka yerlere de evrildi konuştuğumuzda. Annesine karşı acayip büyük bir öfkesi var. Biraz bunu konuşmak üzerine gidiyoruz.”

Dilek explained how their topics had evolved from ‘difficulty on studying’ to ‘anger toward mother’. They experienced ‘change in goals’ which occurred in the process of their therapy.

Meltem shared a similar experience with her client:

“Söylemediği, açmadığı bir yer var- Onu açmıyordu, paylaşmıyordu ilk başta ama paylaşmak istediğini de söylüyordu. İşte biz ne zaman terapi ilişkimizi sorguladığımızda, ‘Böyle oluyorsa acaba sonlandırsak mı?’ gibi konuştuğumuzda şey oldu- daha rahatladı. Anlattı da meselesini. Kendisini olumsuz etkileyen şeyi.”

The client had a problem that negatively influenced her and Meltem knew that. Over the time (probably with the help of the method that Meltem preferred), they overcame this problem and went on their process with a new topic. Their direction changed in the course of psychotherapy depending on her client’s need to share her concerns.

It was interpreted that goals could be changed during the psychotherapy process as the psychotherapists and their clients work through the problematic issues.



Psychotherapists' professional judgments and their clients' needs were the determinants of the change in goals over the psychotherapy.

### ***3.2.1.6. Subtheme 2.6: Quality of the agreement on goals.***

The clients sought psychotherapy since they thought that they could not cope with their problems by themselves, and their lives were negatively influenced by these problems. In order to minimize or diminish these effects, the psychotherapists and the clients set specific goals as seen in the excerpts above. When explaining quality of their agreement about goals, all psychotherapists shared the idea that they ultimately supported the goals of their clients although each psychotherapist reported different quality of agreement on goals.

Firstly, Seda described their agreement with an example as follows:

“Genelde aynı noktadaydık herhalde, diye düşünüyorum [...] Benim hedefim aslında sağlıklı bitirmek. [...]Onun amacı şu anda ne bilmiyorum aslında. Hani gelip anlatmak, kurduğumuz ilişkiyi sürdürmek gibi geliyor bir yandan da. Bir fikir almak- anlatıyor işte. Çok da söylediğime bakıyormuş gibi gelmiyor aslında. O kendi kendine bir şeylere götürüyor artık. [...] ‘Bitecek ben buna kendimi hazırlayayım’ gibi kendi kendine de yürütüyor seansları. Ben artık daha az konuşuyorum.”

Seda explained having similar goals with a recent example. Her experience was handling a healthy termination process while her client was trying to get herself ready for this termination. She stated they used to have similar goals over the course of their therapy.

Another example for agreement was described by Dilek:

“(Amaçlarımız) bir yerde uyuyor ama başlangıç noktamız farklı, diyeyim. [...] Aslında halletmeye çalıştığımız şey nihayetinde; odaklanabilmesi, istediği şeyleri yapabilmesi.”

Ultimate goals in psychotherapy were similar for both Dilek and her client. However, she described difference at a certain level. Therefore, it could not be portrayed as full uniformity.

Similarly Meltem put forward her evaluation as can be seen below:

“Benzerdir. Baya bi hani konuştuk bunlar hakkında. ‘Ne çalışalım, ne yapalım?’ falan diye. [...] Aynı olmasa da benzer.”

Regarding the agreement on therapy goals, Meltem and her client also experienced similarity rather than uniformity. She described their agreement based on their discussion.

In brief, each psychotherapist stated different quality of agreement on their therapy goals. For example, while one’s description (e.g.; Meltem’s) was based on their verbal agreement, another one (e.g.; Seda) described their agreement depending on the inferences. It was interpreted that common ground for goals was set by discussing in order to fruitfully continue to the process of psychotherapy.

In the following section, another main theme, ‘*therapy tasks and agreement on tasks*’ were analyzed.

### **3.2.2. Theme 3: Therapy tasks and agreement on tasks.**

Since agreement on tasks was considered as an element of alliance, firstly handled tasks were questioned during interviews. The aim was to understand the phenomenon of agreement on tasks in psychotherapy. After specifying the tasks, agreement on tasks were purposely questioned in each interview. Following three subthemes named as ‘*setting psychotherapy tasks*’, ‘*clients’ reflections about tasks*’, and ‘*quality of agreement on tasks*’ were analyzed in the following section. The connections between these themes were observed as follows: The psychotherapists set therapy tasks according to their professional knowledge and their clients’ needs and goals. Their clients either benefited from these tasks or they negatively

influenced by them based on certain conditions such as their readiness or anxiety levels. Their ability to express their reflections about tasks was considered to be closely related to their quality of agreement on tasks.

### ***3.2.2.1. Subtheme 3.1: Setting psychotherapy tasks.***

Psychotherapists preferred to set tasks that were relevant to client's problems and goals in their psychotherapy practices. Besides, these tasks were closely related to psychotherapists' education, theoretical orientation and approaches. They applied specific tasks depending on their clients' problems in order to ensure improvements in problematic areas. Meltem explained her tasks with their rationale:

“İşte- o da (empati) bence ilişkiyi oturtmamı sağlayan en önemli şey oluyor. Danışanlar da daha rahat hissetmeye başlıyor. Benim de daha kolay oluyor. İşte bir yüzleştirme yapmam gerekiyorsa, bir hipotezimi paylaşmam gerekiyorsa daha rahat oluyor. [...] Tabii, 5. seanstan itibaren şema ölçeğini veriyorum. Sonra orada belirgin olan şemalardan yavaş yavaş başlıyorum. Hani, şöyle bir şema belirgin, şu maddeye şöyle demişsiniz... Konuşmaya başlıyorum. Sonra işte tam böyle anlayamadığım şeyler olduğunda imgeleme kullanabiliyorum. Başka şemadan, mod çalışması, klasik şeyler [...]Tabii, ilişkimiz hakkında konuşuyorduk.”

Meltem firstly utilized empathy to establish a therapy relationship which was facilitating for the tasks handled in the sessions. Moreover, she adopted schema therapy approach and she was equipped with its techniques. She benefitted from schema therapy tasks such as handling the salient schemas and mode exercises.

Dilek described the tasks she offered, and to what extent they were relevant for her client:

“Aslında şunu da konuştuk yani. Bu amaçlara ulaşabilmemiz için bunun altında yatan başka bir şeyler var. Bunu ele almamız gerekiyor gibi. [...] Ama işte bir yandan da onun istediği gibi direk amaca yönelik şeyler de yaptık.

Onun istediđi gibi programa bir şeyler ekleme, nasıl daha verimli çalışabilir gibi.”

In this excerpt, Dilek tried to adjust tasks according to her client’s complaints. The tasks were aimed at meeting the client’s needs as well as taking Dilek’s clinical judgment into account.

Setting therapy tasks in accordance with client’s needs and problems was an experience shared by Seda as well:

“Bir ara şema eğitimi de aldığım için, o dönem. İmajinasyon... Öyle şeyler kullanmıştım. Onun nerelerde aslında yara aldığını, neden sabit bir kimlik oluşturmakta bu kadar zorlandığını anlamaya yönelik şeylerde. [...] Biraz aynalama mı derler buna, öyle şeyler yapıyorum hala da yeri geldiğinde. Bu süreç öyle gitti gibi biraz. Bizim ilişkimizden de konuştum, konuştuk.”

As it is seen in this excerpt, Seda benefitted from a variety of techniques in her psychotherapy practices. The way to understand the origin of her client’s problems showed that tasks that she preferred were consistent with her adopted psychotherapy approach throughout her education.

Overall, it was interpreted that the psychotherapists preferred and offered tasks in accordance with their clients’ problems; and their education and theoretical background had considerable effects on them. Considering agreement on tasks, the role of the clients’ reflection about the tasks was analyzed in the following section.

### ***3.2.2.2. Subtheme 3.2: Clients’ reflections about Tasks.***

Clients’ ability to express their reflections about the tasks provided critical information about the agreement. Their expression of both positive and negative influence of the tasks can bring about adjusting the pace of psychotherapy cooperatively. All clients shared their negative feelings and thoughts with their

therapists. Clients' reflections were interpreted as a component of experience of agreement on the tasks.

Meltem explained this concept as can be seen below:

“İmgelemede çok zorlanmıştı. Bu anlatamadığı mesele orada çıkmıştı. ‘Ben zorlanırım, imgeleme yapamam, rahat edemem’ falan gibi ya da ‘Çok ağlarım’ demişti. Yani kullanmasam da işime yaramış oldu imgeleme. Öyle hani benim tekniklerim konusunda çekincesi olduğunda da paylaşılabilen bir danışan. [...] Açıklıyor, kendini ifade etmeye çalışıyor sonuçta. Seansa gelmemek gibi bir şeyle göstermiyor da o kaçınmasını. Dile getiriyor direk.”

Meltem described her client's negative expectations with the client's own words. Her client did not avoid therapy, but rather she expressed her reflections. Expression of negative reflection prevented the client from avoiding the psychotherapy.

Seda also had an experience in which her client shared her negative reflections:

“Tabii, anne konusunda yaptığım yorumları almadığı çok fazla. Öfkelendi dediğim yerlerden biri, anne konusunda. Böyle daha artık itiraz da etmiyor pek. Bir zamanlar, o zamanlar ediyordu. Her şeyi öyle çok kabul etmiyordu.”

Seda's client's objection showed her ability to express her negative reflections about the interpretations.

Dilek also had an experience about this topic:

“Bir noktalara varıyoruz, çok alıyor gibi görünüyor. Bir hafta sonra geliyor sanki hiç bunları konuşmamışız gibi. Bunları konuştuğumuzu hatırlatıyorum. ‘Evet. Konuşmuştuk ama ne bileyim... O sırada ben annemle şey yaparken, bunlar uçuyormuş, gidiyormuş gibi oluyor kafamdan. Bir yere koyamıyorum’ (dedi) Hala bunun üzerinde çalışıyoruz. Devamlı devamlı. Aynı şey üzerinde yani. [...] Sonra bıraktık onları. İşe yaramadı. Seansa aramadan gelmediği

dönem oldu bu 22 seansta. Sonra bunu konuştuk. ‘İyi gelmedi mi?’ diye .  
Ondan vazgeçtik.”

Dilek’s experience was different from the other pairs. Her voice and expressions (such as ‘over and over again on the same issue’) showed her frustration and disappointment. Although it indicated incompatibility about the tasks, it led them to change the direction of tasks in order to find the best suited ones for the client. Nevertheless, agreement was problematic despite their verbal agreement on tasks (which she mentioned and analyzed in the next topic). Although her client showed her lack of cooperation with the tasks by skipping the sessions, their therapy settings allowed for the expression of client’s reflections about the tasks. On the other hand, lack of coordination with tasks was observed the most in Dilek’s and her client interactions. Her client, in fact, was the only one who prematurely quitted psychotherapy (between the interview sessions).

It was interpreted that clients’ reflections about tasks were an inseparable part of the agreement experience, which, in turn, contributed to the quality of the therapeutic relationship. The tasks, in fact, may be the most important element of the therapeutic relationship since the tasks involves psychotherapist-client interaction which can be considered as the interpersonal determinant of the therapy.

### ***3.2.2.3. Subtheme 3.3: Quality of agreement on tasks.***

Regarding the level of agreement on tasks, two of the psychotherapists reported that they had a common ground with their clients. Therapists’ explanation for negative and positive influences of the tasks on clients was fruitful to better understand the experience of agreement. Meltem described their agreement as follows:

“Baştan da hep konuşuluyordu. Ama düşünüyorum... Yani bu zamana kadarki danışanlarım arasında en böyle net bir gündemi olmayan danışanım o. Baya bi hani konuştuk bunlar hakkında, ne çalışalım, ne yapalım falan diye. [...] Uyumlu. Böyle daha esnek geliyor. O da ben de.”

Although there was not a certain agenda, they discussed in order to determine their therapy tasks and Meltem evaluated her client as adherent and flexible. Therefore, it can be concluded that they had agreement on tasks at a sufficient degree.

Seda shared her experiences as well:

“Biraz etkilendiğini düşünüyorum tekniklerden. Olumlu şey veriyor. [...] Bence (uyum) gösteriyor. Mesela işte bu aslında karşı tarafa suçlayıcı olmadan kendi hislerini anlatmaya yaptığı pratiği, bu grupla ilgili konular olduğunda kullanmaya başlamıştı. [...] Ya biraz eski bir danışan olduğundan olsa gerek, zaten burada kullanılan yöntemlere biraz aşina bir tipte. O yüzden çok çok zorlanmadı gibi geliyor bana. Hani aşağı yukarı paraleldik. Ne yapmaya çalıştığımı da anlıyordu gibi hissediyorum.”

Seda and her client agreed on therapy tasks at a certain degree. In fact, her client chose to utilize it by trying them in her daily life as well. She expressed that her client understands the rationale of the tasks and shows adherence to them.

Among the three pairs, Dilek and her client had a relatively shallow agreement which, in turn, was related to lack of coordination with tasks. It could be speculated that it might cause ruptures in their psychotherapy relationship. In fact, it could be the reason of her clients' premature drop-out. Moreover, they had 22 sessions together, and it showed that they had experienced agreement at certain degree, which was described by her as follows:

“Konuştuğumuz için bunları, uyumluyduk. O da bu şekilde düşünüyordu. ‘Demek ki bu, bu kadar senedir iyileşmiyor. Benim başka bir şeyleri konuşabiliyor hale gelmem gerekiyor’ diye ifade etti bunu.”

She described agreement on tasks by emphasizing the verbal part of it. On the contrary, her client was not able to cooperate with the tasks. Therefore, compared to the other pairs, they had lower quality of agreement on tasks.

In the light of these extracts, it was interpreted that each psychotherapist-client pair had different quality of agreement on tasks. A good quality of agreement had two potential components: verbal agreement on tasks and clients' willingness to cooperate with the tasks.

### **3.2.3. Theme 4: Emotional experiences.**

Emotional component of the therapy relationship refers to the feelings of both parties toward each other. Positive feelings like respect, liking or trust are supposed to be mutual in terms of alliance. In this part of the analysis mutual nature of the emotional experience was observed depending on psychotherapists' perspectives. Two subthemes named *mutual positive feelings* and *feeling sympathy for clients* emerged from the transcripts.

#### **3.2.3.1. Subtheme 4.1: Mutual positive feelings.**

All psychotherapists reported that they felt positive feelings and so did their clients. The therapists shared their predictions about their clients' emotions toward themselves and gave examples about their experiences during the interviews.

Seda, firstly, described her feelings as follows:

“Bence birbirimize karşılıklı saygı duyuyoruz. Biraz da seviyoruz bence ikimizde birbirimizi. Öyle bir ilişki. [...] Yani özleyeceğim gibi geliyor. Onun o çılgın tarafına biraz alışığım galiba. Öyle, seviyorum. Ne bileyim... Sevimli, komik buluyorum. [...] Onunla kurduğum ilişkiye biraz güveniyorum. Şu an onu kıran herhangi bir şey söylediğimde dahi onun bir sonraki hafta gelebileceğine, hadi sonraki hafta olmasın, bir sonraki hafta gelebileceğine dair bir güvenim var.”

Respect, love and trust were the positive feelings that Seda reported about her client. Moreover, from her perspective, she stated that respect and love were mutual in their relationship.



Dilek also shared her emotional experience as follows:

“Değer verdiğini hissediyorum. Sevdiğini de hissediyorum. Benim de aynı hislerim var ona karşı. [...] Onun hakkında kaygılandığımı söylediğimde - haber vermeden- o zamanki hali tavrı bunu hissettiriyor. O naif, özür dileyen hali. Genel olarak seanslar içinde de hissediyorum.”

Dilek illustrated that they have positive feelings (such as care and love) toward each other. Depending on her observations, she inferred that her client also had the same positive feelings.

Lastly Meltem shared similar experiences as follows:

“O böyle yakınlığını ifade ettikçe herhalde, beni de etkiliyor herhalde. Gözümün içine bakarak dinlemesi, ilk geldiğinde işte böyle hal hatır soruşundaki o şey falan. Daha şey hissettiriyor. Yakınlık, duygusal açıdan hep bir yakınlık düşündürüyor [...] Anlaşıldığını hissetme, kabul edileceğini bilme... Onlar geliyor aklıma. [...] Saygı, saygılı biri, saygı gösterir bana karşı. En önem verdiğim şey o. Ben de saygı gösteririm. Onlara dikkat eden birisi olduğum için büyük ihtimal. Karşılıklı.”

Meltem pointed out the emotional closeness which involved positive feelings toward each other. She judged her clients' positive feelings from her client's way of expressing herself and attitudes.

All in all, it was interpreted that therapy relationship included mutual positive feelings and they were strong components of the therapy experiences for both the psychotherapist and the clients.

#### ***3.2.3.2. Subtheme 4.2: Feeling sympathy for clients.***

It has long been known that empathy is preferred over sympathy in the art of psychotherapy. Still, psychotherapists can feel sympathy for their clients. Sympathy

can arise because of different causes such as a dramatic life story, common life experiences or other personal reasons. For example, Dilek described her sympathy:

“Gerçekten zor bir hikayesi de var. O yüzden üzüldüğüm ve bende yardım etme şeylerini ortaya çıkararak bir danışan. [...] Bir de ben de üzüntü ve acıma var.”

Feeling sorry and pity triggered by some difficulties in her client’s life, brings in sympathy that Dilek felt. Wish for help was preceded by this sympathy.

Sympathy was a relevant feeling for Meltem as well:

“Süpervizyonlarda da o konuda geribildirim alıyorum. Yani ‘Hiç şunu sormamışsın, bunu sormamışsın’ gibi. Empatiden sempatiye geçip geçmediğimi hep şey yaparız, tartışırız. [...] Tam bilmiyorum. Yani, şu anda da öyle sempati... Bana empati gibi geliyor ama başkalarına sorunca sempati denebiliyor.”

Meltem seemed to have conflict about whether her feeling was sympathy or not. She supported the idea that rather than feeling sympathy, it was something related with understanding. However, it was detected by her supervisors as sympathy.

Seda felt sympathy for her client and she had similar experiences with her client as well:

“Yani ortak şeyler var. Eğer öyle şeyler gibi diyorsan... Onu anladığımı düşünerek belki sempatiye de kayıyor olabilirim. Ama yani benzer şeyler yaşadığımızı hissettiğimiz dönemler olmuş. Yani yaşantıların bir kısmı ortak. Mesela ikimizin de benzer dönemlerde daha depresif olduğumuz zamanlar oldu terapide. Hani benim de kendimi çok iyi hissetmediğim, onun da zaten öyle bir dönemden geçtiği.”

This extract portrays how powerful the experience of sympathy for Seda. In fact, one of the reasons that caused ambivalence (*See Theme 9: Therapist-Client Interactions*)

might be sympathy that she felt. Having some common experiences and sharing the same feelings triggered sympathy.

To sum up, sympathy was interpreted as an element of the therapy relationship, but not the alliance. Moreover, it was interpreted that empathy and sympathy are very close phenomena which may get blended and confused during psychotherapy experiences. Psychotherapists may unintentionally feel sympathy as a natural part of human interaction. On the other hand, it may also be detrimental for the psychotherapy process by creating an illusion of understanding the client completely, bending the professional boundaries or feeling pity.

#### **3.2.4. Discussion for part 2: Alliance.**

Based on the psychotherapists' reports, overcoming academic problems, mood-related problems, and relationship problems were among the most frequent reasons that their clients sought help and pursued their psychotherapy. The psychotherapist's judgments about their clients' problems influenced the goals of psychotherapy and these goals tended to change over the course of the psychotherapy. For their ongoing psychotherapies, the psychotherapists reported sufficient level of agreement on goals. Besides, the psychotherapists' judgments influenced the agreement on goals and the trajectory of the psychotherapy process. Regarding followed psychotherapy tasks, the psychotherapists set their techniques and methods based on their clients' needs and their psychotherapy approaches. Clients' reactions to these tasks seemed to be influential on the establishment of the psychotherapy tasks. The psychotherapists worked through the obstacles and reassigned the tasks based on their clients' reactions. While two of the psychotherapists reported sufficient level of agreement on tasks, one of them, the one whose client dropped out the psychotherapy, described shallow agreement. Therefore, it was concluded that agreement on tasks seemed to have a critical function in terms of alliance. In terms of emotional bond, psychotherapists reported that they hold mostly positive feelings toward their clients and believed that these feelings were mutual. Furthermore, they felt sympathy toward their clients. It was understood as an interpersonal process as in

any human interaction. However, it could be detrimental since it had a potential to result in illusionary sense of understanding and enmeshment of professional boundaries with friendship, and feelings of pity.

Understanding people's common reasons for seeking psychological help can guide professionals to develop specific treatments and techniques for more frequent problems. Developing services for people who need but do not seek psychotherapy is important in terms of prevention studies. Moreover, gaining knowledge about how to deal with a specific problem contributes to the career development of the professionals. In the literature, for instance, Kushner and Sher (1989) stated that when distresses increase, people's motivation for help-seeking is shaped accordingly; they either avoid from psychological services or seek professional help. People who are able to identify the need for psychological support tend to have positive attitude toward seeking professional help (Fischer & Turner, 1970). In the current study, for example, based on the psychotherapists' transcripts it was indicated that clients can clearly identify their mood-related and academic problems but not the relationship problems. For certain people, it can be speculated that achieving an insight about his/her interpersonal style requires some time, even during the psychotherapy process.

In terms of goals, Grosse and Grawe (2002) developed an inventory to categorize the treatment goals for the patients and found five distinctive categories: "Coping with specific problems and symptoms; interpersonal goals; well-being and functioning; existential issues; and personal growth". In this study, academic; mood-related; and relationship problems were the most common complaints of the clients, which lead them to seek therapy. Studies investigating people's need and seeking professional help showed a variety of reasons such as distress triggered by psychological, interpersonal and academic situations (Cepeda-Benito & Short, 1998), and specifically concealing an intimate secret (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). In the present study, one psychotherapists' client had a secret which was difficult to reveal. After she shared her secret with her psychotherapist their psychotherapy relationship got better according to the reports of the psychotherapist.

More recently, Paris (2013) observed that problematic patterns in intimate relationships were the most frequent topics that psychodynamic-oriented professionals worked with in their practices. Besides, in the literature, it is stated that psychoanalytically oriented therapy has considerable positive influence on interpersonal problems of depressive and anxious patients (Salzer, et al. 2010). In this study, relationship problems were considered as issues hard to admit by the clients and easy to be detected by the psychotherapists and, as psychotherapy goals, they needed relatively longer time to work on.

It was observed that psychotherapists' reaction to their clients' problems/goals is an inseparable part of the trajectory of the psychotherapy. It was concluded that agreement on goals was influenced by psychotherapists' reactions which contributed to the change in goals in the course of psychotherapy and formed their quality of the agreement in the long run. Therefore, understanding the underlying reasons of psychotherapists' reactions is important in terms of providing good quality of therapeutic alliance. Caspar (2010) studied on conceptualizing psychotherapists' clinical judgment about their clients, which consists of and/or influenced by counter-transference, case-conceptualization and intuitive processes, and noted that professionals have limited knowledge about therapists' information processing. Therefore it can be speculated that therapists' reactions about their clients' problems can be part of therapists' clinical judgment which needed to be further investigated in future studies.

Tryon and Winograd (2011) showed that goal consensus and collaboration in the treatment were closely related aspects of the psychotherapy and they both contributed to positive therapeutic outcomes. Brockmann, Schlüter and Eckert (2002) found that one third of the goals of people under the treatment of long-term behavior or psychoanalytically oriented therapy changed after one year and a considerable increment was observed in the goals about interpersonal problems. Taking this study's findings into account, it can be inferred that change in goals can be an outcome of the interaction between psychotherapists' conceptualization and the clients' improvements (such as gaining realization about their contribution to the

problematic patterns within their lives) in psychotherapy. Additionally, change in goals in the course of psychotherapy can contribute to the agreement on goals since the psychotherapists' clinical judgment has a considerable effect on these changes.

A sufficient amount of agreement on psychotherapy goals and tasks; and mutual positive feelings between psychotherapy parties were required for a psychotherapy providing a change attainable and preferable to the clients. Safran, Muran and Samstag (1994) conceptualized the interaction between ingredients of therapy alliance as follows: "... the quality of the bond mediates the extent to which the patient and therapist are able to negotiate an agreement about the tasks and goals of therapy, and the ability to negotiate an agreement about the tasks and goals in therapy in turn mediates the quality of the bond." According to the current study, psychotherapists' professional knowledge and their clients' needs and goals were important in the process of setting psychotherapy tasks. Their clients' levels of readiness and anxiety determined whether they benefited from these tasks or were negatively influenced by them. The interaction triggered by therapy tasks can be considered to be the most crucial element to define the alliance between psychotherapy parties (from the perspective of the psychotherapists). Consistent with this interpretation, it has been acknowledged that psychotherapy methods have relational influences on the psychotherapy parties (Norcross & Lambert, 2011; Safran & Muran, 2000). Moreover, verbal agreement on tasks and clients' ability to cooperate with the tasks can be the important elements of the agreement on tasks. Specifically, clients' expression about tasks were preceded by a good quality of the alliance in which clients were encouraged and supported for expressing themselves. In return, clients' ability to express their thoughts and emotions about tasks contributed to the alliance as well. Safran et al. (1994) also suggested that a rupture in alliance might be experienced when a client pull herself/himself back instead of reflecting his/her thoughts and emotions about an intervention in the therapy. They illustrated that resolving this kind of alliance rupture not only contributes to the quality of the alliance but also serves as a psychotherapy intervention contributing the client's improvements (Safran, et al., 1994). In the current study, clients' expression of their negative reflections about the tasks was considered to be closely

related to the quality of the agreement on tasks, which in turn, contributed to the alliance.

In terms of positive feelings that the psychotherapists experiences in the interaction with their clients, they reported mutual love, care, understanding, respect and so forth. Regarding Bordin's conceptualization of therapeutic working alliance (*see*; Bordin, 1979), these feelings belong to an ingredient of the alliance, the emotional bond. However, feeling of sympathy is different than mutual positive feelings. Wispé (1986) defined empathy as a concept, understanding one's unique and personal way of any experience, while sympathy as a concept related with seeing one's difficulties as something belong to her/him and something needed to be relieved. In the current study, one of the psychotherapists experienced sympathy which raised her wish to help, and for two of them, sympathy led to illusionary understanding of their clients' problems. Wispé (1986, pp. 318) summarized as '...empathy is a way of knowing. Sympathy is a way of relating.' Hence, sympathy seems to take place unintentionally and influences the therapy relationship. Sympathy's connection with counter-transference was discussed in the General Discussion section. Besides, therapists' pulling themselves back to empathy and/or supervisors' cautions about feeling sympathy toward their clients help psychotherapists protect their professional stance, through which psychotherapists can set a position for themselves as empathetic, and they can provide professionally help for their clients.

In the following section, the psychotherapists' interpersonal relationship styles were analyzed and discussed based on the previous literature.

### **3.3. Part 3: The Psychotherapists' Interpersonal Styles**

#### **3.3.1. Theme 5: Psychotherapists' interpersonal styles in general.**

The questions used in this research to gain information about interpersonal relationship styles predicates on interpersonal circumplex theory (*see*; Kiesler, 1996).The descriptions and information were gathered based on the dominance/agency and affiliation/love parameters of the model. However, the

psychotherapists not only shared their interpersonal styles, but also discussed the dynamics of their relationships which included other characteristics of their relationships, such as the quality of their interactions and how they were being treated in a particular relationship. For this reason, additional questioning and prompting were needed in order to inquire about other relevant experiences.

Certain forms of interpersonal relationship styles were probed in order to come up with an in depth understanding of manifestation of psychotherapists' different relationship styles within the psychotherapy settings. People who could be signified as significant others were predetermined by the research team, as fathers, mothers, siblings, authority figures, friends, and romantic partners. It was thought that interpersonal styles would be displayed in the presence of significant others. Therefore, understanding the interpersonal styles in the context of a significant other could bring us to a comprehensive understanding of how interpersonal styles were manifested in the psychotherapy settings. However, before questioning the relations with significant others, the psychotherapists were asked to describe their own characteristics in general in their interpersonal relationships. Asking the psychotherapists to describe their own interpersonal styles were considered as a helpful method for them to give more detailed and sincere information about their interpersonal experiences, the topic that was covered later on in the interview.

It was observed that the psychotherapists were more likely to share information about the problematic aspects of their relationships. They tended to use fewer words in descriptions while reporting their own characteristics, which they did not consider as a problem. What's more, they spoke more of those characteristics that cause conflicts. Experiencing any kind of relationship was treated as a phenomenon. Regarding their relationship styles in general, they described their salient characteristics and recurrent patterns during this part of the interview. The nature of their characteristics was different from each other. These characteristics found to be unique and special to each individual. However, because these were the first characteristics that appeared in their minds, they had the potential to provide useful information. The characteristics were considered to be salient in their mindset and,



according to the psychotherapists, they were the most recurrent patterns in their interpersonal relationships.

During the following parts of the interviews, it was observed that these salient and recurrent patterns were valid in almost all relationships that they had. Interpersonal relationship styles in the context of family, authority figures, friendships and romantic relationships were examined in detail. After the careful investigation on the transcripts, their interpersonal styles integrated under one subtheme which was named as *salient and recurrent interpersonal patterns* and these were analyzed in the following section. While analyzing, each psychotherapists' interpersonal styles were separately addressed in the following section.

### ***3.3.1.1. Subtheme 5.1: Salient and recurrent interpersonal patterns.***

When the therapists were asked to describe themselves in their relationships in general, they evaluated their salient characteristics in terms of how they acted in their relationships with significant others and also what kinds of feedback they received from them. They also reported on their innate experiences related with different social settings, explaining their thoughts as to how they were in their interpersonal relationships. Briefly, the following excerpts represent the psychotherapists' thoughts, attitudes, characteristics and overt behaviors in interpersonal relationships. Interpersonal styles of each psychotherapist in this research were independently analyzed in the following section.

#### ***Meltem's Interpersonal Style***

Firstly, Meltem described herself as follows:

“Genel olarak ie dnk bir insanımdır. Ambivert diye bir Őey var. İŐte daha ikisinin arası, extravert ile introvert’n. [...] İlk baŐta grenler daha mesafeli soĐuk olarak tanımlar. Yakınlarım ‘Aa, hi de yle deĐilsin sen. Hi de soĐuk bir insan deĐilsin’ derler. [...] Klasik Őey aslında: ie dnk bir insanım. ok hani konuŐmayı sevmem demeyeyim. KonuŐacak bir Őey byle ok aklıma

gelmez. Daha işte dinleyen taraf olmayı tercih eden bir insanım. [...] Sonra ambivert dedim. İşte o şeyden. Bazen de şey hissediyorum. Son zamanlarda, baya da aslında dışa dönük gibi algılanıyor da olabilirim. [...]Ne bileyim... Yavaş yavaş özgüvenim arttıkça falan olabilir. Yani bunu çok önemsemedikçe, içe dönüklüğümü kabul ettikçe, daha sanki ortaya kaydım büyük ihtimal.”

Meltem evaluated herself as being introvert and ambivert as her personality traits. Moreover, she portrayed her role as a listener in her interpersonal relationships. She shared her thoughts as to how her characteristics changed throughout the time. Her description included others’ responses, comparing both close and distant people’s opinions about her. She combined those ideas with her own thoughts concerning herself, thereby emphasizing her salient characteristics in interpersonal relationships.

Meltem shared her changing pattern as follows:

“Yakınlarıma daha canlı işte daha şey konuşurken, atıyorum. Daha ciddi, mesafeli olduğumu, daha nonverbal belli ediyorum. Sözel olarak belli etmiyorum büyük ihtimalle. [...] Yani mesela hiç konuşasım gelmiyorsa keşke konuşsam, diye düşünürüm. Ama işte ayıp olmasın bilmem ne diye, laf olsun diye konu açmak zorunda ya da konuyu sürdürmeye çalışmaya girebilirim yani. Ama atıyorum çok yabancıyım. Kesinlikle alakam yok. Alakam olmasın istiyorum. Tabii ki, konuşmam. [...] Enteresan! Eskiden arkadaşlarımla da öyleydi. ‘Aa niye susuyorsun? Hadi konuşana!’ falan diye bir şey duymamak için mesela şey yapardım: Hani konuşmaya çalışırdım. Ama konuşur muydum? Bilmiyorum yani. Genelde konuşmazdım herhalde. Sadece çok kaygı yaşadım. Şimdi o kaygıyı yaşamıyorum.”

In this excerpt, Meltem showed a style that changed over time. The main theme was ‘being quite’ and it is related to her salient characteristics, which were introvert and ambivert. She described her unique pattern by giving an example about how she feels

and thinks in friendship interactions. In addition, verbal and nonverbal cues were important for her.

Meltem described changing characteristics from introvert to ambivert, and stated that she mostly has features of an introvert person. She evaluated herself in romantic relationship as follows:

“Orada da benziyor. Ama beni daha iyi tanıyan biri olduğu için atıyorum, böyle kaygılarım olmuyor demek ki. Ne bileyim. Tamam, gene kendimi yine düşünceli göstermeye çalışıyorumdur ama daha böyle şey, normal, ilişki odaklı oluyorumdur. Kendimi gösterme şeyini değil de. Yani yakınlığı seven bir insanım. O bakımdan da içe dönük olmayabilirim gibi geliyor falan. Yani böyle konuşmayı sevmiyor gibi. Yani erkek arkadaşlarımla da böyle çok konuşmam. Konu açılınca çok konuşurum. İşte bir şeyimi çok anlatırım. Ama belki işte konuyu açan ben olmam falan.”

Meltem referred to her introversion by mentioning talking and rules about representing herself in romantic relationships. However, she said that she overcame her anxieties and she can speak about something even if she is not the one who initiates a conversation. In her romantic relationships, introvert and ambivert characteristics were relevant, too.

Considering the relationship with her mother, Meltem’s description can be seen below:

“Yani ne bileyim ev işi olabilir, bir şey olabilir. Yani mesela annem normalde, ben, titiz bir insandır diye bilirdim. Yani beni öyle yetiştirdi falan. Her şeye dikkat ederiz. Sonra işte, bir bakıyorum bir yer böyle çok dağılmış, kirlenmiş. ‘Ya!’ diyorum, ‘Anne!’ O da tutuyor diyelim, balkonu temizliyor. ‘Ya!’ diyorum. ‘Bırak balkonu! Bura pis. Yani hani, önce bir buraları temizle! Hani, sonra oraya bakarsın’ falan. Böyle bir şeylerde ben çok işte, karışıyor gibi oluyorum. İşte ‘Yok kaynanam mısın? Annem misin?’ Bilmem ne! O muhabbet çok oluyor.”

In this excerpt, Meltem gave an example about house chores. However, considering her other relationships, saying what is needed to be done and directing certain kinds of people (as described in many of her excerpts) are her relationship characteristics with people that she is close to. It was a way of showing herself as considerate, but still she had concerns about her interferences.

Overall, it was interpreted that having qualities of introverts or ambiverts helps her to represent herself as a considerate person. That is, interpreting the non-verbal cues in the interpersonal interactions and trying to understand others' perceptions about her, were the salient and recurrent themes for Meltem.

### ***Dilek's Interpersonal Style***

Secondly, Dilek shared her descriptions and evaluations about her interpersonal styles as follows:

“Çok uyumlu bir insanım ben, girdiğim bir ortamda. İlk başta biraz adapte olmakta zorlansam da yine de kolay adapte olduğumu düşünüyorum. Bazen hani... Bu ilişkilerimde biraz fazla taviz veriyor olabilirim. O da şu anda biraz üzerine düşündüğüm ve kafa yordüğüm bir kelime: ‘Fazla fedakâr’ [...] Genel olarak açık biriyimdir. İlişki kurması kolay biriyimdir, ilk etapta.”

Dilek described herself with two salient interpersonal characteristics: adaptability and self-sacrificing. She also evaluated herself as someone with whom one can easily establish a relationship. After she described herself in general, her salient interpersonal characteristics were also observed in her specific forms of relationships. For example, she described her characteristics within the relationship with her parents.

“Yine uyumluyum. Yine benzer özellikler. Abimle ilişkimle bahsettiğim... Açmadım onu ama. Onunla ilgili problemlerde birazcık böyle aileyi çekip çevirme şeyini de ben üstlenmiş olabilirim. Annemle babamı, daha doğrusu. Daha destek olma gibi. [...] Yapılacak bir somut şey var. ‘Hadi şunu yapalım,

kalk' gibi. E konuşarak tabii ki duygusal yoğunluklarını hissedip. Biraz rahatlatmaya yönelik.”

As an interpersonal style, ‘being an easy-going person’ was a valid theme in the relationship with her parents as well. Dilek also mentioned her helping attitude several times in the interviews. Therefore, taking on the responsibilities were considered as a theme related to her helping attitude. Furthermore, she described herself in terms of her friendships as follows:

“... Arkadaşlık ilişkilerimi düşündüğümde, daha easy-going, yakın. [...] Nasıl ifade edeyim bilemedim... Karşı taraftan bir beklentim var ama onu yapmıyor. Ben hala devam ediyorum yapmaya, onun beklediği şeyleri. Ya da aslında istediğim şeyleri yapmaya devam ediyorum ama karşı taraftan bununla ilgili bir şey göremiyorum. Yani aslında onun hak etmediği bir şeyi yapmaya devam etmek belki.”

Being an easy-going person was also valid in her friendships. She illustrated her self-sacrificing attitude by giving an example about one of her friendship interaction. Moreover, her interpersonal style in her romantic relationships regarding her recurrent characteristics is quoted below:

“Biraz yönlendirme açısından evet. İkimizi de etkileyecek bir şeyle ilgili... Baskıcı ya da zor giden bir tarz değil de; daha çok yardımcı olma, iki kişi için ortak noktayı bulma, onun kafasının karışıkta doğru yolu bulmasına yardımcı olma gibi.”

As in the excerpt above, Dilek’s salient and recurrent characteristics were observed in her romantic relationship as well.

Overall, it was interpreted that being an easy-going person, adaptability, self-sacrificing and helping attitudes were Dilek’s salient and recurrent characteristics considering her interpersonal styles.

### *Seda's Interpersonal Style*

Lastly, Seda described her salient interpersonal characteristics as can be seen below.

“Biraz sert bir duruşum var aslında. [...] İlk başta mesafeli bir tipim, bir kere. O kesin. Soğuk duruşum, kendimden emin bir tavrımın oluşu falan. Ama aslında öyle olduğumu düşünmüyorum çok da içimden. Yani belli bir mesafeyi geçtikten sonra insanlar tam tersi bir şey görüyor gibi geliyor. [...] O sertliğin yanı sıra, daha kırılğan, daha naif, daha... Ne bileyim... Sevimli bir tip yani. Alakasız biraz, ikisi.”

Seda described her interpersonal relationships by comparing others' perceptions with her own evaluations about herself. Although she reported that her inner experiences about herself do not fit with others' perceptions at first. She explained that she keeps a distance in relationships at first, and considering her relationships, at some point she experiences discrepancies which can be understood by the word “irrelevant”. Furthermore, examining her relationships with certain significant others can provide useful information in order to understand her salient characteristics and recurrent patterns. For example, she explained these characteristics regarding her friendships as follows:

“Yaptığım espri sayısından anlaşılır mesela benim birine mesafeli olup olmadığım. Daha resmi davranırım. Böyle hani olabildiğince az iletişim kurarım. [...] Ama genel olarak hayatımla ilgili az şey anlattığımı fark ediyorum insanlara. Daha yüzeysel ilişki tarzım var galiba. [...] Yumuşakken de baskınım. Ortamda varlığımı belli ettiğimi düşünüyorum ben bir şekilde. Bu sertken daha direkt oluyor. [...] Sohbetlere katılırım. Olabildiğince konuşmaya çalışırım. Öyle şeyler yani. Orada yok olup, silinip, geri plana çekilme gibi bir huyum yok. Geri plana çekiliyorsam bil ki kızmışımdır. Ondan çekiliyorumdur. Öyle varlığımı belli ederim. Fikirlerimi söylerim. Ortama bir şey katmaya uğraşırım.”

Seda described herself in friendship contexts, with dominant and distant characteristics. She further explained one of her salient patterns as follows:

“İçten içe bir şeylere kızıyorum. Biriktiriyorum, Kırılıyorum. Sonunda o bu uyumsuzluk olarak ‘Eh! Yeter!’ modunda çıkabiliyor. Ama insanlar benden bunu beklemez normalde. [...] Bunun şu an şöyle çalışıyorum üzerinde. Daha o kırıldığım anda bunu bir şekilde yansıtmaya çalışıyorum biriktirmek yerine. Bir de benim ne yazık ki unutmamak gibi bir problemim var. Yapılan bir şeyleri affetmem ve onun kırılmasını geçirmem biraz zaman alıyor. Ben bunu şeye bağlıyorum. Zaten zamanında kendini çok yaklaştırmaya izin verirsen zaten kırılma olasılığın artıyor.”

Seda illustrated her characteristics in friendship by mentioning lack of expression of her disappointments and anger. Anger was a valid theme within her relationship with her mother as well:

“O (annem) da beni zaman zaman kızdırıyor tabii. O da işte çok meraklı, pımpirikli bir tiptir. O da beni öyle daraltır. İlgisizlik gibi bir şeyi onda çok sezmek mümkün değil çünkü sürekli kaygılı. ‘Başına bir şey mi geldi, geliyor mu, gelecek mi?’ diye. Öyle olunca da ‘Herhalde beni düşünüyor’ diyorsun yani. [...] Bazen abartıyor çünkü. O zaman öfkeleniyorum. O zamanda kırıcı oluyorum anneme yani. Geribildirimlerim serti önceden baya. [...] Onunla ilgili topladığım ve aslında olumsuz olabilecek ve bunu daha olumlu söylenebilecek şeyleri birden patlatıyorum yani.”

Her anger was observed in her other relationships as well. It was a way of showing her dominance in her relationships. She evaluated her mother’s worries both as a sign of her mother’s care besides being something disturbing for her when it was very frequent. In addition, she defined her characteristics in interpersonal relations considering her romantic partners.

“Baskın bir rol derim kesinlikle. [...] Yeri geldiği zaman çok öfkeleniyorum, bağırıyorum. Aslında ilişkinin başları şey biraz daha az yaptığım zamanlar da.

Sonradan ben de artık o sert yüzümü bu sefer onlara gösteriyor gibi oluyorum. [...] Fikirlerimin önemsenmesi aslında. Tamamen yabana atmalarına müsaade etmeyecek şekilde davranıyorum gibi geliyor. Baskınlığı bu şekilde tanımlıyorum. Bana, bir şeye karar verilirken sorulmasını beklerim. -Ki sorarlar çünkü sormazlarsa olay çıkartacağımı bilir karşı taraf, az çok, gibi geliyor bana.”

Seda reported herself as being dominant in her romantic relationship, by referring to her expectation from her romantic partner to take her ideas into account. Her salient characteristics discussed in the excerpts above showed themselves in romantic relationships as well.

In short, being cold and dominant and overtly expressing anger were the salient and recurrent characteristics of Seda in her interpersonal interactions. In the following analysis, “looking forward to be cared for by her significant others” emerged as another theme for her, which was analyzed in the following part.

Overall, it was concluded that recurrent patterns of interpersonal characteristics were supported by the present analysis. Interpersonal relationship styles included personal and unique contents regarding each participant. It was interpreted that the psychotherapists’ evaluations of themselves in the context of interpersonal relationships included their salient characteristics, which refer to their strong and repetitive observations, attitudes, received feedbacks from the others, thoughts, and their social roles which, in turn, form the nature of these personal experiences. Gathering relevant information about the participants’ interpersonal styles was thought to lead us to better comprehend the knowledge necessary for the manifestation of such different styles in the psychotherapy setting. The knowledge acquired based on this preliminary analysis was utilized for the understanding of the manifestation in the psychotherapy context in the following sections (*see; Theme 9: Psychotherapist-Client Interactions*). Therefore, in addition to the psychotherapists’ interpersonal styles in general, interpersonal styles in the context of significant others related with family of origin was also analyzed in the following section.



### **3.3.2. Theme 6: Interpersonal styles in family of origin.**

Interpersonal styles displayed in the family context were studied in order to comprehensively understand the manifestations of interpersonal styles in the psychotherapy setting. In addition to salient and recurrent interpersonal styles, each form of relationships had their own distinctive qualifications based on the dynamics of their relationships. In this regard, three subthemes in terms of interpersonal styles in the family context emerged from the transcripts. These were named as *mothers: open communication and closeness*, *fathers: lack of open communication*, and *siblings: rivalry, conflict and distance*, which were analyzed in the following sections.

#### **3.3.2.1. Subtheme 6.1: Mothers: Open communication and closeness.**

Relationships with mother (as a primary care giver) can be evaluated as the first relationship that people experience. The psychotherapists described their interpersonal styles with closeness, and they emphasized the quality of the communication between them. For this reason, the subtheme named *open communication and closeness* emerged from the transcripts and analyzed below.

This theme included those themes emerged from Meltem's and Seda's transcripts because Dilek reported that she could not differentiate between her interpersonal relationship styles with her father and mother even if the researcher asked her to report them apart. She described her relationship style with her parents as warm, understanding, caring, respectful as can be seen below:

“Babamla ilişkim çok iyi, annemle de öyle. Her şeyimi anlatabilirim. Gerçekten değer verildiğimi hissediyorum; annem tarafımdan da babam tarafından da. [...]Daha çok beni rahat bırakan bir şeyleri vardı, kendi kararlarımla. Ama ilişkimizde sıcak bir ilişkiydi. Anlayışlı, sıcak... Hep hissettim onu.”

Based on this excerpt, it can be inferred that Dilek's relationship with her parents were close and included open communication. However, Dilek briefly gave information about her parents and her descriptions were generally free of problems. Therefore, Dilek was evaluated as reluctant. Firstly, she talked about her relationship with her older brother (See: Subtheme 7.3: Siblings: Rivalry, Conflict and Distance) which was an emotional experience for her, and then she talked about her parents. During the interview, she was probably bracketing the issues related to her parents. On the other hand, she did not quit the interview. One of her recurrent interpersonal characteristics, 'her helping attitude' in the relationships were probably manifested itself in our interaction as well.

The psychotherapists tended to provide wider information about their problematic relationships or the problematic parts of their relationships. The relationship with their mothers was a topic that they discussed only briefly, expressing that overall they were satisfied with the experiences within the relationship with their mothers. They further added that they were comfortable and warm. Moreover, the transcripts showed their emphasis on communications with their mothers. For example, Seda described her relationship as can be seen below:

“(Annemle yakınız) çünkü en çok iletişime onunla geçiyoruz. En çok telefon görüşmesini bile onunla yapıyorum. Onunla zaman geçirmeyi seviyorum. Görmek isterim onu sürekli mesela.”

These reports indicated that such closeness encourages Seda to contact her mother even more often.

As for Meltem, she shared her experiences as follows:

“...Böyle rahat, en böyle açık iletişim kurabildiğim kişi herhalde annemdir. Hani kızdığımı da çok rahat söylerim. İşte sevgimi, şeyimi de çok rahat belli ederim. Onunla rahatız yani. Hani mesafeli falan değiliz. O da öyle şeydir, rahattır. Böyle şeydir vardır; onun biraz kaygıları, korkuları vardır. Mesela

açıkça söyler, başkasına söylemez. Mesela kafasında kurar kurar. Bana direk söyleyebilir.”

Meltem stressed the open communication and mutual expression of feelings and thoughts in her relationship with her mother, stating that feelings of comfort and open communication complement each other.

Overall, it was interpreted the main ingredient of close relationship with mothers was the frequency and quality of the communication. They had no difficulty in expressing themselves to their mothers. In the following section, distinctive interpersonal characteristics of psychotherapists’ interpersonal styles in the relationship with their fathers were investigated.

#### ***3.3.2.2. Subtheme 6.2: Fathers: Lack of open communication.***

In order to achieve an understanding of the manifestation of interpersonal relationship styles in psychotherapy and supervision settings, the psychotherapists’ interpersonal relationship styles with their fathers were also examined. Within the relationship with their fathers, the psychotherapists evaluated their interpersonal styles with lack of open communication and distance by emphasizing the inability to express themselves directly toward their fathers. For this reason, the theme was named as *lack of open communication*.

Certain difficulties that the psychotherapists experienced within the relationships with their fathers included expressing their feelings and thoughts. The transcripts generally showed that neither the psychotherapists nor their fathers directly and fully expressed themselves in their interactions. When they did not express themselves in a healthy way, the psychotherapist might experience an emotional reaction such as sadness, frustration or disappointment. On the contrary, when they expressed themselves to each other, the psychotherapists experienced emotional relief. They were analyzed in detail below.

Firstly Seda explained the interaction with her father as follows:

“Ona kırıldığım bazı noktalar oldu...Onlardan sonra, bir de babam şey bir tiptir; sevgisini filan çok belli edemez. Onu da çok hissetmeyince galiba kendi içimde çok büyüttüm o meseleyi, onunla olan. Ama sonradan işte biraz bakınca aslında onu sevdiğini, aslında onun da beni sevdiğini anladım. Ondan sonra aslında biraz daha iyileşti.... Ama babam bana genel olarak mesafeli bir insandır zaten. Ne hissettiğini çok anlayamazsınız yüzünden. Ama aslında içli bir adammış yani. [...] Bir de ben evlenirken de babam aslında beni özleyeceğini falan söyledi. Sanırım onlardan etkilendim galiba. Babam bana arayıp demiyor ‘Seni özledim’ diye ama annem diyor: ‘Seni özlüyormuş’ Annemden duyuyorum [...] Sözel olarak belli edecek bir tip değil, etmiyor da zaten. Bu beklentimi azalttım aslında. Anladım ki adam böyleymiş. Bana özgü bir şey değil.”

In this extract, Seda demonstrated the influence of her father’s lack of expression of his emotions on herself. These influences included feeling offended and exaggerating the issues in the first place. However, later on in her interview, she explained that she was positively influenced by the second hand information considering her father’s positive feelings towards her. In fact, she talked about these issues to her father and expressed her own feelings and thoughts:

“Ben bunu babamla da konuştum. Onunla olan meselemi. Aslında geçen sene konuştum. Bu yaşıma kadar biriktirdiğim ne varsa girdim çıktım yani. Babamla ama o beklediğim gibi karşılamadı. Ben onun daha anlayamayacağını, olumsuz bir şeyler söyleyebileceğini ya da inkar edeceğini düşünüyordum bu meseleleri, etmedi. Bu, beni rahatlattı aslında. Kafamdaki baba figürü tam öyle değilmiş. Yanlışmış biraz. Onu ama konuşarak anladım. Bu kafamda kalsaydı, değişmezdi büyük ihtimal. Belki ondan sonra da bir şey... Belki etkisi oldu o konuşmanın. Rahatladım çünkü.”

She described that she did not express her feelings and thoughts to her father until recent years. She had experienced negative influences of lack of expression of herself in her relationship to such an extent that she had a false impression about her father.

On the other hand, it appears that expressing her feelings and thoughts positively influences her emotions. In fact, she stated that if they did not talk, her false impression would remain. Besides, her attitude of holding the issues inside and piling them up was considered to be closely related to her expressed anger.

Dilek has experiences about expressing oneself in the relationship as well:

“...Yurtdışına gitme gibi bir durum olabilir. Babam orada biraz şey, ‘Sen de gidecek misin? Gitmeyi düşünmüyorsun herhalde!’ gibi birazcık şey olmuştu. Yönlendirici bir tarz mı diyeyim artık. Ben de orada çok kendimi savunamadım. Benle ilgili bir şey. Savunabilecek gibi kendimi hissetmediğim bir şey. Onlara yansıttığım bir şeydi ama orada hissettim; benimle ilgili bir beklentisi var. Burada olayım. Onun gözünde bir ben varım. Doktorayı bitireyim. Şurada çalışmaya başlayayım, falan gibi. Biraz onları düşündürmüştü bana. O konuda beklentisi var.”

In this extract, it was clear that her father did not frankly express himself to her daughter about her going abroad. In fact, she said that she made inferences about his expectations. Saying ‘It was about me ... And I reflected it on them.’ shows that she took all the responsibilities about the problem. She thought that the problem was only about her inability to defend herself because she did not feel sure about her decision to go abroad. It seemed that her interpersonal characteristics such as being self-sacrificing and easy-going did not serve her purpose regarding this specific problem and prevented her from defending herself in the first place. Nevertheless, she explained that she finally expressed herself as follows:

“...En çok o dönemde zorlandım ilişkimde. O zamanlar belki biraz kırgınlığım olmuştur ona. Ama işte konuştuk. Mesafeli olduğumu söyleyemem. [...] Benimle ilgili. Kendi kararlarımdan emin olup olmamakla ilgili bir şeydir. Sıkışmış hissettim. Oradan bir beklenti var. Ben de emin değilim ne tarafa gideceğim?... Sonra kararımı netleştirdim ve rahatladım ve savunabildim.”

As she said before, defending herself (or others) was an important issue in her relationships according to her. She stated that she could not be sure about her future decisions and she could not defend herself in her relationship with her father. After she clarified her decisions she explained that she could defend herself. Defending herself is understood as expressing her decisions in a more confident way. It brought up positive influences such as emotional relief.

Lastly, Meltem illustrated her experiences about expressing herself:

“İşte birilerinden şikayet eder. Hep kendisinin haklı olduğunu iddia eder falan. Yakınır. Böyle şey yapar. Halbuki bencilce davranıyordur. Bir şey yapıyordur ama ben onu söyleyemem mesela. Bir şekilde onu sakinleştirmeye çalışırım. Öyle orta yolu bulma falan gibi olur ...Hani desem işte, o iyice büyütür. İşte bu sefer gene bana karşı da bu sefer kendini kanıtlamaya, işte böyle haklı olduğunu şey yapmaya, ispatlamaya çalışır. [...] İşte dediğim gibi, böyle çok yani baya sabrederim. Hani, uğraşmak öyle bir şey çünkü hem söylediği hem iddia ettiği şeyler öyle çok kabul edilir şeyler olmaz. Hani başkası hakkında atar tutar. İşte olayları yanlış aktarır falan. Bunlara çok tahammül edemem başkası olsa mesela. Ama babam olunca şey yapıyorum. Dinliyorum, dinliyorum, dinliyorum... Böyle saatlerce anlatır bir de. Ondan sonra şey yapıyorum hani hak verir gibi şey yapıyorum.”

In this extract, Meltem described the features of her father which prevents her from expressing herself as she usually does with other people. She explained that she is very patient toward her father to an extent that she tolerates things that normally she does not. It shows that she has difficulty in expressing herself at a certain degree. Besides, as a recurrent interpersonal style, ‘finding the middle ground’ was observed as a characteristic which is related with the concern of presenting herself as a considerate person. It seemed that she ensures the stability of her relationship by being considerate. However, at the same time, it prevented her from openly expressing herself to her father. She explained this relationship as can be seen below:

“Yakınımdır. Yani, rahatımdır ben. Babamla da öyle. Hep yakınızdır. İşte hep iyidir aramız çünkü dediğim gibi ben uğraşırım hani ben, kötüleşmesin diye. O da şey yapar. Yani atıyorum, beni üzecek ya da işte bana ters gelen bir şeyi bana karşı yapmamaya çalışır. Dediğim gibi öyle bir denge oturtmaya çalışmışımdır. [...] Mecbur uyumlu. O baskındır. Hep baskın bir tiptir. Yani çok şeydir, kendine odaklı bir insandır. [...] Az da olsa söylüyorum ama çok az söylüyorum. Yani ablama anneme söylediğim gibi olmuyor, tarz olarak da içerik olarak da.”

She portrayed a relationship in which she felt both close and comfortable and she did not fully express herself, which is pointing to a discrepancy that she experienced in her relationship with her father. However, in their relationship she ensured the balance by putting her effort for getting along with her father. It shows that although they get along well with each other, Meltem had difficulty in clearly expressing herself in the relationship with her father.

Expressing oneself as it is seems to be related to having personal agency in the relationships. It was interpreted that showing one’s personal agency may interfere with being compliant with the father as an authority figure. Understanding the theme related with father relationship together with interpersonal styles with authority figures provides more fruitful information about interpersonal styles. It was also thought that the psychotherapists in this study tended to have difficulty in expressing themselves toward authority figures (*See: Subtheme 8.2: Authority Figures: Expressing Oneself*) as well as in the relationship with their fathers. In terms of expressing oneself, the psychotherapists have different level of difficulties in their relationships with their fathers which, in turn, emotionally influence them in an interpersonal sense. On the other hand, lack of open communication was a theme emerged from their relationship with their fathers, though psychotherapists defined their mother-daughter relationships with open communication and closeness.

In the following section, as another familial relationship, the psychotherapists’ interpersonal styles with their siblings were analyzed.

### 3.3.2.3. *Subtheme 6.3: Siblings: rivalry, conflict, and distance.*

The psychotherapists shared a lot of problematic areas when they were talking about their interpersonal relationship styles with their siblings. Sibling relationship, in fact, was the most problematic relationship among all kinds of relationships. Sibling rivalry and conflicted/distant relationship were the common concepts that emerged from their transcripts. Drawbacks of this kind of relationship were also reported in their interviews. Problematic sibling relationships involved arguments, competition, disappointments, sadness, resentments, negative feeling, etc. These were embedded in rivalry, conflict and distance related with their siblings. All psychotherapists had emotionally intense experiences in their sibling relationships. Firstly, Meltem had an older sister and she described her interpersonal style with her sibling as follows:

“Ablamla eskiden kötüydü ilişkimiz. Sürekli işte tartışırdık. Anlaşamazdık falan. Son senelerde, böyle birkaç senedir falan, daha iyiyiz. Yani şey... Onla da hep yakınızdır. Samimiyizdir birbirimize karşı ama şey dediğim gibi pek anlaşamazdık. [...] ... Böyle hani benim canımı yakacak bir şeyi böyle çok söyler. İyi niyetli olduğunu iddia eder... Bir tavrı bir tutumu, bana karşı olmasa da, bir şeyini eleştirdiğimde, ‘Öyle yapma! Şöyle yap!’ Ben de biraz ablalık yapıyor falan gibi olurum bazen. O zamanlar çok çatışırdık. Baya kavga ederdik. Son senelerde daha iyiyiz. Yani o biraz daha böyle şey... Hımm... Daha beni hani, kardeşi gibi görüyor. Daha yakın davranıyor gibi hissediyorum. Eskiden böyle çok şeydik; rakip gibiydik. İşte, atıyorum; hep böyle işte birbirimizi çürütmeye çalışırdık gibi. [...] Kızardım. Baya yani, kavga ederdim. ‘Sen bana bunu nasıl söylersin?’ falan işte. Yıkılırdım. Yani ağlardım, mağlardım. Üzülürdüm. Küserdim gibi olur ama şeyimdir. Hemen unuturum. Mesela ertesi gün hiçbir şey olmamış gibi devam da ederdim. [...] Baya işte şey üzücü ya da zorlayıcı şeyler yaşadı. Benimle onları paylaştığında, hani benim onu gerçekten desteklediğimi görünce... Ya da işte böyle sır gibi bir şeyler paylaştıkça sanki onun tutumu değişti gibi hissediyorum ben. Çünkü ben hep aynıydım gibi geliyor. Benim şöyle



değişmiş olabilir: Hani o kadar hani, zorlanınca falan belki ben biraz daha hoşgörülü davranmış olabilirim falan.”

Having conflict and rivalry influenced her interpersonal style with her older sibling. In this extract above, Meltem compared the past and present situations of their relationships in terms of their conflicts. Their conflicts involved arguments, fights, negative feelings, criticisms and disputations. Throughout time, their relationship has changed as a result of support, sharing secrets and increased tolerance. Continuing like nothing happened the previous day further supported the conflicted relationship. In addition, she mentioned rivalry which showed itself in disputations. On the other hand, supporting her sister recently in their relationship were considered as her helping attitude which was discussed in the following part (*e.g.*; *Subtheme 8.3: Friends: Helping Attitude and Active-Controlling Role* and *Subtheme 8.5: Romantic Partners: Improvements in Communication Skills*).

Meltem further explained her interpersonal style as follows:

“İşte şeydir. Yakınımdır, iyiyken aramız. Şeydir, yani böyle... Belli ederim. Şey yaparım; işte sarılırım öperim. O da işte gelir sarılır öper falan. Yoksa işte aramız kötüyse hiç bakmam. Yüzüne bile bakmam işte. Konuşmak istemem. Ondan sonra işte ev içinde böyle hoşuma gitmeyecek falan bir şey yapmışsa başta şey yaparım, söylenirim, bağırırım çağırırım gibi. Öyle yani bir şekilde belli ederim, hem jest hem sözel olarak. [...] Ablamdaki... O şimdi hani aman aramız bozulmasın, (kardeşim) bunu (sırrımı) ifşa etmesin gibi. Belki hani farkında olmadan... Öyle bir şey. O yüzden iyi davranıyor olabilir. Öyle bir şüphem de var aslında.”

Meltem's interpersonal style was affected by these conflicts. Her doubt blocked them from having a less problematic relationship. Conflict in their relationship influences not only her feelings (like doubt) but also her attitudes and behaviors (looking, talking, complaining and yelling).

Secondly, Seda had experiences of rivalry and conflict/distance in her sibling relationship:

“Özellikle ablama hala daha mesafeliyim bence. Gereğinden daha fazla yani mesafeli [...] Ablamla rekabet var, hala var. Onları hissettikçe daha da sinirleniyorum hayatım o rekabetle geçtiği için. Artık etmeyelim, diye... İkimiz de evliyiz falan. O biraz tabii azaldı da. Ablamla ben de rekabet ettim, o da benimle etti. Bu süreç bence ilişkimize zarar verdi. [...] Annem ya da babam için etmiş olabiliriz. Bir ebeveyn tutmuş da o zaman. Öyle rekabetlerimiz oldu. Başarı konusunda çok oldu. Daha doğrusu, bunda tabii babamın başarıya önem vermesinin de etkisi vardır muhtemelen. [...] Bunu hissetmek iyi gelmedi bana. Bu kadar ağır bir rekabet. Sonuçta hafifi de olabilirdi bunun. Daha farklı atatabilirdik bence bu süreci ama biraz fazlaydı gibi geliyor bana. [...] Artık neyle rekabet edeceğimiz çok net değil. Aslında var bir şeyler. Mesela o annelere daha çok, sık gidiyor. Rekabet etsen edilir aslında böyle şeylerle.”

In this excerpt, she described how the rivalry between them influenced her. Their sibling rivalry was related to her parents and experiences of success. It was not only in childhood. Rivalry influenced her interpersonal relationship style with her sister, so she described it as distant. Her emotions regarding rivalry were even apparent during the interview. In earlier parts of the interview, she talked about it with anger. She was also disappointed. She further explained her interpersonal style as:

“O ilişkide pek uyumlu değilim. Daha agresif tarafımı gösteriyorum ona. Daha soğuk. Yani evet işte. Ona çok sıcak bir yaklaşım sergileyemiyorum ona. İstesem de yapamıyorum. Yine tabii kendimi törpülediğim bir zaman, şu an. En azından ben de bir mesaj atıyım, diye içimden geçiriyorum şu an, çok da merak etmesem de. Yine böyle bir şeyler yapmaya çalışıyorum, adım atmak anlamında. [...] İyi hissettirmiyor. Bu meseleleri daha fazla büyütmemenin... Ne bileyim kaç yaşına gelmiş insanlarız. Daha farklı bir abla-kardeş ilişkisi olabilir. Niye olmasın!”

In this part, she explained more about her interpersonal style in her sibling relationship. She had difficulty to be warm in that relationship. Rather she was aggressive and cold. As a reminder, her expressed anger was one of her salient and recurrent characteristics. She reported that she was thinking about taking a step even if she did not want to communicate her. Besides, she did not want to experience rivalry anymore. She cried when she expressed her wish for a better relationship with her sister.

Lastly, Dilek had an emotional sibling relationship and she described it and her interpersonal style as follows:

“Abim var. Baya büyük... O yüzden çok bir kardeş ilişkisi gibi ilişki yoktu aramızda. Daha büyük olduğu için. Daha baba gibi. [...] Çok yakın değiliz biraz o yetişirkenki olan şeyden dolayı. Bir de daha farklı mevzulardan dolayı hani çok şey olamadık. Ben büyürken falan çok yakın olamadık, çok fazla şey paylaşamadığımızı düşünüyorum. [...] (İlişkimiz) daha mesafeli... Annemle babamla telefonda konuştuğum kadar çok telefonda konuşmam mesela. Birbirimizin hayatından haberdarız ama o kadar çok değil. Bir kardeş ilişkisi düşünüyorum kafamda ya da gördüğüm kadarıyla etraftan. Çok daha yakın bir ilişki var. O kriterleri karşılamayan bir ilişki. İşte daha iyi bir ilişkimin olmasını istedim. Daha çok ona her şeyimi anlatabilmeyi istedim. Daha çok konuşabilmeyi istedim...”

Dilek’s experience was more of a distant relationship rather than rivalry. She, in fact, described her brother like a father more than a brother. It may be the reason for the lack of rivalry. She talked to him less and wished a better relationship, which shows the distance in their relationship. She, in fact, cried when she expressed her wishes. She was disappointed about her sibling relationship because of the lack of intimacy that she would like to have. She further explained her interpersonal style:

“Genelde uyumluyum ama onda da şey geçerli: Beni öfkeliendiren ya da haksızlığa uğradığımı düşündüren bir şey yapıyorsa onda da, ona da sesimi

çıkartırım. Kendini savunmak gibi. Kendimden eminsem savunurum. Kendim de kararsızsam, o zaman savunamam.”

In this extract she described her interpersonal style when there was injustice. When she feels confident about something, speaking it up and defending herself was her interpersonal style.

Rivalry, conflict and distance were the relevant themes embedded in the psychotherapists' sibling relationships. They all experienced the negative influence of this kind of relationship and they emotionally described their experiences even during research interviews. Even though they may feel affection toward their siblings, they could not exhibit it as they wanted. Moreover, they experienced conflicts and/or had a distant relationship which maintained their interpersonal problems. On the other hand, they talked more about their sibling relationships than their other interpersonal relationships. It further supported that sibling relationship was the most problematic relationship that the psychotherapists had. As it was mentioned in earlier sections, the psychotherapists tended to explain interpersonal problems more than less problematic or satisfying relationships that they had.

Briefly, regarding sibling relationship, it was interpreted that rivalry, conflict and distance were challenging experiences that created dissonance in an interpersonal sense. They further had negative effects on the psychotherapists' feelings, attitudes and behaviors. They were unable to manifest their interpersonal style as they wanted.

In the following section the psychotherapists' interpersonal style in a non-familial context such as with authority figures, friendships, and romantic relationships were analyzed.

### **3.3.3. Theme 7: Interpersonal styles in non-familial context.**

Interpersonal styles belonging to non-familial context were also investigated in order to grasp a comprehensive knowledge on manifestation of these interpersonal styles in the psychotherapy setting. In addition to relationships regarding family of

origin, psychotherapists' relationship with authority figures, friendships, and romantic partners were investigated for comprehensive understanding about interpersonal styles and solid evaluation of their manifestations in the psychotherapy setting. Five subordinate themes emerged from the transcripts. Regarding relationship with authority figures, *distance and compliance* and *expressing oneself*; regarding friendships, *helping attitude and active role*; regarding romantic partners, *intimacy* and *improvements in communication skills* were the themes surfaced and analyzed in the following sections. Firstly, subthemes related with authority figures were analyzed in the following section.

#### ***3.3.3.1. Subtheme 7.1: Authority figures: distance and compliance.***

Throughout this subtheme, authority figures refer to the people who are at the authority position, except for the parents. The psychotherapists described their interpersonal styles with authority figures like their professors, supervisors and managers. The psychotherapists' interpersonal styles in the presence of authority figures were analyzed and interpreted in the following section. They described themselves in their relationships with the authority figures mostly with the words; distant, quiet, compliant, avoidant and so forth. Mostly, the psychotherapists in this research tended to understand the authority figures' expectations and try to meet them by showing compliance. Their positive feelings arose from the positive behaviors of the authority figures. On the other hand, they sometimes needed to explain and defend themselves. Sometimes, they wanted to see the outputs of their relationship investments. In those cases, their interpersonal attitudes and behaviors could be more challenging.

The psychotherapists reported that their interpersonal styles were mostly distant, and they complied with the expectations of the authority figures. Distant attitude and compliance were regardless of their positive feelings toward them. In other words, they might or might not have positive feelings for the authority figures, but they adopted a distant attitude and showed compliance to them. For example, Meltem explained her distance and compliance as follows:

“Orada tam bir ie dnk. Yani Őey... Daha sessiz sakin. Bir Őey sorulduėunda sylendiėinde sadece konuŐan, kurallara uyan, iŐte sorumluluk sahibi olmaya alıŐan biri oluyordur.”

She mentioned her introversion and she expressed that she gave importance to respect in early parts of her interview. Her style toward the authority figures included both introversion and respect such that she cared about the boundaries in her relationship with authority figures. She further described her interpersonal style as follows:

“(Yakın) hissederim. Onu da herhalde bir Őekilde belli ederim. Bilemedim ama yani... Yani hepsine aynı davranmaya da alıŐıyor olabilirim. Bilemedim yani ama o farklı. Diėerlerinden farklı tabii ki [...] İŐte Őey gibi algılanmasın. Ne bileyim... ıkarıcı bir iliŐki, iŐte yalakalık falanmıŐ gibi algılanmasın diye herhalde ok da gstermem. Yani iŐte arkadaŐıma olumlu bir Őey syleyecekken, hocama atıyorum, olumlu bir Őey sylemem, sormadıėı mddete.”

She hesitated when she explained her style toward the authority figures that she felt close. Then, she decided that she behaves in the same respectful and distant attitude even if she feels close to an authority figure. How she was perceived by the authority figures was important to her. Therefore, expressing her ideas only when asked further supported her compliance with the authority figures’ expectations. Considering her recurrent interpersonal styles, representing herself as a considerate person and her introverted style seemed to be displayed in the relationship with the authority figures.

Dilek also shared similar experiences about distance and compliance in her relationship with the authority figures:

“Beni kaygılandırıcak bir Őey varsa belki otorite figr gibi biri varsa... Nasıl grndėm ok umursadıėım durumlarda uzak kalabiliyorum. Genelde o insanlarla oluyor. [...] Yani ok fazla iletiŐim kurmuyordur. O ilk adımı

atan taraf değilim. Orada da daha uzak görünebilirim. Kaçınmacı bir tarz olabilir işte. İsteyerek yaptığım bir şey değil.”

She explained her style as avoidant and distant. Her care about how she looks showed that how she is perceived by an authority figure was important to her. Keeping a distance and less contact were some attitudes embedded in avoidance. She further described her interpersonal style as follows:

“... Karşımdakinin verdiği şeye göre. Çok sert ve mesafeliyse karşıdaki, o zaman ben de öyle davranırım. Ama hem otoritedir hem de geribildirimleri olumludur, öyle bir şey hissediyorumdur, o zaman ben kendimi öyle mesafeli ve sınırlı tutsam da ilk etapta, öyle hissetmem. Sıcak ve yakın hissederim. Biraz kendini koruma gibi midir, artık [...] İçimde yakın hissediyorumdur ama çok gösteremem. İfade edemem; sevgi, hayranlık... [...] İlk başta mesafeli. Sonra yakın davranışlar sergileyebilmeme neden olan şeyler bunlar aslında; o içimde hissettiğim yakınlık hissi. Dolayısıyla bir süre alıyor ve davranışlarıma yansıyor. O iletişim kurmayan tarzım iletişim kuran şeye dönebilir. Daha fazla konuşurum.”

The style of the authority figure was important to Dilek. Positive feedback leads her to feel close. On the other hand, she definitely was distant toward cold and distant authority figures. In addition, she expressed that regardless of her positive feelings she keeps a distance from the authority figures. Then, she explained that her love and admiration, in fact, have a little influence on her interpersonal style. Although she mentioned that her communication increases over time, she still cared about self-protection. Therefore, distant and avoidant styles calmed her since she was worried in the presence of an authority figure.

Lastly, Seda explained her interpersonal style with authority figures in terms of closeness-distance, compliance:

“Yakın bulduğum bir otoriteyse de uyumlu olmaya çalışırım. Bu biraz sevgimle otorite figürlerini ayrıştırıyorum. [...] Karşı taraf bununla ilgili bir

kapı aralarsa, oradan girebiliyorum. Ama her otorite figürüyle çok yakın olacağım çok uyumlu olacağım diye bir şeyim yok. [...] Eğer rekabet edebileceğim bir pozisyonda değilse mesafeli duruyorum bir kere. [...] Onların benden beklentilerini anlamaya çalışırım ve ona uyumlu davranırım. Çok öyle onları sarsıcı ya da onların koydukları sınırları aşmaya yönelik bir şey yapmam.”

In this extract, she described the relationship between her positive feelings and compliance. She explained that getting close depends mostly on the authority figure and her positive feelings. Loving the authority figures and seeing a green light were important issues for her in order to get closer to them. Whether she had positive feelings or not she complied with the expectations of authority figures like her professors and managers.

Overall, it was interpreted that the psychotherapists generally adopt a distant attitude toward the authority figures regardless of their own positive or negative feelings. In addition, the authority figures' perceptions about themselves are important to them and the psychotherapists tended to be compliant with those figures' expectations.

### ***3.3.3.2. Subtheme 7.2: Authority figures: expressing oneself.***

The psychotherapists sometimes face up with the situations in which they should express their needs and demands. These needs and demands can be emotional or practical. Expressing themselves was observed as a theme related to having agency in the presence of an authority. The psychotherapists tended to be assertive in their interaction with the authority figures. However, they reported that they had some difficulties and had to take a step back from time to time. Although it was not as excessive as being submissive to the authority figures, they expressed the challenging drawbacks of expressing or not expressing their needs and demands.

Meltem shared such experiences as seen below:



“Yani onu yine dile getiririm. Uyumlunun içinde orta yolu bulma şeyinden herhalde. Şeyimdir. Herhalde bir şekilde, dile getiririm. Uğraşırım hani bir şeyler istediğim gibi olsun diye. Baya uğraşırım. Ama hani şey yapamam... Baskınlık deyince... Öyle bir şey olmaz herhalde mümkün değil. Karşı tarafın da istediğine yakın olabilir falan gibi. Orada bir hayal kırıklığını göze almalıyım, gibi düşünürüm.”

In these descriptions, Meltem expressed that as being accommodative with the authority figures she expresses her needs and demands too. Her explanations showed that decisions of the authorities have priority over hers. Even so, her attitude can be evaluated as assertive rather than submissive. In fact she said she expresses her needs and demands and puts her effort even though she may be the one who compromised. It had challenging influences such that she embraced disappointments.

Dilek had also experience of such challenging drawbacks:

“Birisine ya da bana karşı çok büyük bir haksızlık yapıldığını düşünüyorsam, onu da söylerim. Duramam, tahammül edemem. Savunmak gibi. Çok bariz bir şey varsa beni rahatsız eden ona dayanamam. Bana yapıldığında... Disosiye olabiliyor öyle durumlarda insan. Bir şey diyemeden, savunamadan kaldığım olmuştur ama savunduğum da olmuştur... (Disosiye olma) beklemediğim ya da çok üzen bir şey bir anda geldiğinde (olmuştur.)”

In this extract, Dilek expressed that the authority figures’ treating someone unfairly was something that she could not tolerate and she needed to express her to authorities. She demonstrated that her need was to defend herself or someone but she experienced certain challenging influence such as dissociation.

Lastly, Seda shared her experiences as follows:

“Çok baskın bir karakter varsa ve beni sevmiyorsa... Sevmiyorsa dediğim daha mesafeli bir otoriteyse, onu zorlarım. [...] Yer aldığı pozisyona göre çok değişebilecek bir şey. Benimle denk ya da benden hafif üstte olan bir insansa

onun otorite figürlüğünü sorguluyorum içten içe. Ve ona da belki bunu hissettirecek şeyler yapıyorum. ‘Bana böyle dedi ama yani çok da umurumda değil!’ Bunu da aslında süpervizörlerden çıkarıyorum. Sevdiklerimi ayırıyorum. Daha mesafeli bulduğum ve yakınlaşmakta zorlandığım otorite figürlerini daha zorladığımı düşünüyorum.”

In this excerpt, Seda talked about her supervisors in her M.Sc. years. Her supervisors were PhD candidates in the same department and, therefore, supervisors generally were a few years older than her. However, supervisors were superior in terms of education regardless of their age. Seda’s interpersonal need was to get emotionally closer to her supervisors. She sincerely explained her experience with her supervisors in M.Sc. years further:

“...Seviyor mu sevmiyor mu anlayamadığım, ambivalan durumlarda daha da hırçınlaşıyorum. Sevmediğini bilsem belki daha rahat şey, rekabete giderim belki. ‘Aman o da öyleymiş!’ deyip yok sayarım. Ama özellikle bu ne sevir, ne sevmiyor kategorisine soktuğum otorite figürleri beni en zorlayan figürler. İyi anlamak istiyorum ama emin olamıyorum.”

Seda stated that she wanted to get along with authority figures, but she needed to know whether they loved her or not. Not expressing her needs led to ambivalence and influences her emotions and behaviors. Not being able to express such an emotional need further contributed to the drawbacks that she experienced. In addition, ignoring or competing with an authority figure who did not love her is another drawback that she experienced.

Overall, it was interpreted that the psychotherapists face a number of difficulties when the issue is to express their needs and demands towards the authority figures. These drawbacks can be emotional such as disappointments, compromising, dissociations and experiencing ambivalence in their relationships. Rather than being submissive or overly accommodating, they mostly tend to be assertive but they also have some difficulties in expressing themselves to the authority figures. Furthermore,

solely focusing on how they were perceived by the authority figures may prevent them from tolerating the normal ups and downs of the relationship. Experiencing the relationship with authority figures in such ways may ensure stability and prevent negativity. However, at the same time, it may prevent them from feeling the genuineness in those relationships. It is important to note that, the difficulty related with open expression reflected itself in their father-daughter relationships as well. Cultural components of this concept were also discussed in the section below.

In the following section, the psychotherapists' interpersonal styles considering friendships were analyzed. The subtheme named *helping attitude; and active-controlling role* emerged from their transcripts.

#### ***3.3.3.3. Subtheme 7.3: Friends: Helping attitude and active-controlling role.***

The psychotherapists who participated in this research were likely to help their friends by listening or guiding them. They stated that they adopt active and controlling roles in their friendships. Dilek explained her interpersonal style with her friends as follows:

“...Belki biraz fazla fedakarlık yapan, paylaşımcı, eğlenceli... Böyle, ortamı kötü bir şey varsa havasını değiştirmeye çalışan. [...] Espri yaparım ortamı, havayı değiştirmek için. Kötü bir şey varsa ya da işte ‘Kalkın! Şunu yapalım. Şuraya gidelim.’ falan gibi. Biraz o grupta lider gibi. [...] Duygusal olarak açığım. Maddi olarak da öyle de, manevi olarak kastettim. Bir şey varsa sorarım, karşımdakinde bir şey hissediyorsam. Asla öyle şey bırakmam. Bir şey olduğunu fark edip... Ne bileyim yüzü düşmüştür. Bir şey olmuştur. Sorarım, açmaya çalışırım.”

Dilek described her helping attitude and active-controlling role in the excerpt above. She embraced the role of a leader who positively influences the friendship environment. Contrary to this positivity, her embraced friendship role can be

interpreted as an overly controlling attitude. Dilek might adopt an attitude that takes all the responsibilities of her friendships, which she mentioned as self-sacrificing.

Seda highlighted same concepts as well:

“Yani, o kiři için, bir kere sorunlarını kesin dinlerim. Kendimce bir çözüm bulmaya çalışırım. Probleminin ne olduğuna baęlı olarak da deęiřir ama bilmiyorum yanında olurum gibi düşünüyorum ne olursa olsun. [...] Bir yatırım yapıyorum ben o iliřkiye aslında yapmıyor gibi görüdüęüm iliřkiler dahil. Kırılganlık denen řey esas oradan geliyor. Niye o kadar yatırım yapıyorum diye düşünüyorum...”

This excerpt illustrated Seda’s helping attitude and active-controlling role. She reported that she listens to her friends and tries to find solutions for their problems. On the other hand, her phrases such as “for sure” or “no matter what” were interpreted as an indicator of an attitude reflecting omnipotence in which flexibility did not involve. Her wondering about the reasons of her investments involved curiosity rather than remorse during the interview, even though she might experience remorse in her daily life. She embraced her active role by admitting her investments.

Lastly, Meltem explained her helping and active role as follows:

“...Hem uyumluym hem de baskın olabiliyorum. Yani, o bir garip. Ben böyle kontrolcü deęilim, gibi düşünüyorum ama bazı arkadaşlık iliřkilerinde; hani daha böyle pasif olabilecek kiřilerde yani, kontrolcü oluyorum. O belki olumsuz algılanıyor olabilir ama daha baęımlı tipte biri ise o onun için çok güzel bir řey olmuş oluyor. [...] Kontrolcü dedięim iřte; o kiři için iyi olsun, řöyle olsun böyle olsun diye uğrařmak aslında. ‘řöyle yapalım. Böyle yapalım’ diye aslında fazla yönlendiriyor olabilirim. [...] Esnek olmaya çalışırım. Hani bir konuda hep orta yolu bulmaya çalışırım. Ama karřı taraf çok ifade etmiyorsa ya da iřte daha böyle řey, ne derler? Yardıma ihtiyacı varmış gibi davranıyorsa, ben böyle řey hemen o kaygıdan kurtulmak için atlıyorum büyük ihtimalle.”

In this extract above, Meltem showed her active-controlling role by referring to the words like ‘controlling’ and ‘directing’ as a sign of her intent to help the person. She justified her controlling style by its function of soothing her own anxiety. By suggesting activities and finding the common ground, she further supported her helping attitude and active-controlling role in her friendships.

To sum up, concepts such as listening, understanding, finding solutions to problems, guiding and suggesting activities demonstrated ‘the helping attitude and active-controlling role in friendships’ adopted by the psychotherapists. It was interpreted that the psychotherapists in this research were likely to adopt helping and active-controlling roles in their friendships. On the other hand, these helping and active-controlling roles were considered as attitudes involving control, over responsibility, and most importantly omnipotence.

The next topic which was psychotherapists’ interpersonal styles in their romantic relationships was analyzed in detail in the following section. Two subthemes, *intimacy* and *improvements in communication skills* emerged from their transcripts.

#### **3.3.3.4. Subtheme 7.4: Romantic partners: intimacy.**

Psychotherapists explained their romantic relationship styles in detail as well. The aim was to understand the phenomenon of manifestation of their interpersonal relationship styles in psychotherapy setting. In order to comprehend this manifestation, romantic relationship styles have a potential to enlighten the topic of this research even further.

The psychotherapists evaluated their romantic relationships as ‘affectionate’ and ‘intimate’ during the interviews. For example, Dilek described her romantic relationship’s features as follows:

“Yakın deęerlendiririm. İlişki dinamikleri; yakın, sevgi dolu, şefkatli derim. Sarılma gibi fiziksel temas olabilir.”

With these words, she expressed their affection and intimacy between herself and her partner.

Seda also experienced these in her relationship, explaining them as follows:

“Şu anki ilişkimden konuşursak, bence gayet sıcak bir ilişki [...] Eğlenceli bir tipim bence ben. Eğlendiriyorum karşıdakini. O da öyle komik seviyorsa, böyle şeyleri... Gezmeyi seviyoruz. Ben öyle seviyorum. O da geliyorsa, tamam bir sorun yok yani.”

As she stated before, she showed her fun side only to the close ones. Closeness in romantic relationships evoked ability to fun together.

Lastly, Meltem describe her experience as follows:

“Yakın davranırım. Yani bağlanırım. Karşı taraf da bağlanır. Böyle şey değilimdir; mesafeli davranmam. Sözel olarak da işte, şey olarak da, jest mimik, böyle baya şey, yakın davranırım. [...]Yakın birine, sevdiğim birine hep severek baktığımı, rahat baktığımı belli ederim. Ondan sonra işte dokunmayı sarılmayı severim, yaparım. Öpmeyi severim. Başka nasıl belli ederim? Sözel olarak belli ederim. Yani güzel şeyler söylerim.”

Meltem described her intimacy and affection toward her partner in the form of behaviors. Gestures and mimics were important factors in her interpersonal relationship as she emphasized earlier. She mentioned attachment, which also supported intimacy.

To sum up, it was interpreted that intimacy and affection were both present in psychotherapists' romantic relationships, which involved qualifications such as emotional and physical closeness, affection, warmth, entertainment so forth.

### ***3.3.3.5. Subtheme 7.5: Romantic partners: improvements in communication skills.***

All psychotherapists highlighted certain positive changes that they experienced throughout their history of romantic relationships. These changes were different in terms of content; however, they were relevant in the context of their problem areas which shows improvements regarding romantic relationships. For example, Meltem described her improvement as follows:

“Hep de bu kendini feda muhabbeti vardı. Romantik ilişkilerde o daha herhalde şey oluyor, açığa çıkıyor. Birlikte olduğum kişilerin paternleri ile ilgili, yani hani, niye öyle kişileri seçtiğim ile de ilgili olabilir de. Düşündüğüm o yani, hani böyle işte... ‘Öyle yapma! Kendine zarar veriyorsun’ falan dediğim bir şeyler...[...] Karşı taraf zor durumda kalmasın, aman işte benim için bir şey için uğraşmasın falan derken ben onlar için çok uğraşıyor hale geliyordum. Öyle, hımm... Yani son zamanlarda daha böyle bir şey, sınırlı davranmaya çalışıyorum diyeyim. Ama o zamanda o yanlış anlaşılıyor gibi hissediyorum. Normalde eskiden olsa belki hiç demezdim. Son zamanlarda hani o an aklıma gelen, benim mantığıma uyan bir şeyi, fikrimi söylüyorum.”

She compared her past and present and showed a difference in self-sacrificing behaviors and expressing her ideas. Limiting her self-sacrificing behaviors caused her to experience being misunderstood by her partner. Still, she began to express her ideas, which supported her improvement in romantic relationships. In addition, she gave another experience about such improvement:

“Herhalde başlarda daha uyumluyumdur. Sonra işte hayal kırıklığına uğradıkça, ya da işte karşı taraf hiç bir şey için uğraşmıyor gördükçe herhalde baskın olmaya başlıyor olabilirim. Onu da bir hak olarak görüyor olabilirim falan. ... Nazik, kibar, bu kız ezilir, bu kız işte o ilişkide zarar görüyordur gibi bir şey değil de; hani isteklerimi hakikaten belli ederim.”

In this extract, she compared earlier and later parts of her relationship, and she described why and how she adopted a more assertive role over time. She felt disappointed and began to express her demands. According to her, agreeableness (something related with kindness and politeness in her opinion) did not mean being a loser or being hurt in romantic relationships.

Dilek shared her improvements as well:

“İlk başta çok daha sessiz ve daha aşağıda kalan, kendini daha savunmayan bir tarz. İlişki ilerledikçe, kendimi ifade ettikçe, daha iyi tanıdıkça ve büyüdükçe farklı bir yöne doğru gitti. Daha eşit, daha benim kendimi iyi ifade ettiğim bir tarafa gitti.[...] Orada söyleyebileceğim bir şey var. Ama düşündüğümü ifade etmek varken dolaylı yoldan ifade ediyorum. Başka bir şey yapıyorum. İnatlaşıyorum gibi. Öyle olunca da kendimi kötü hissediyorum. Savunamıyormuş gibi bir pozisyona giriyorum. Bunu fark ettikçe ve nasıl davrandığım üzerine düşününce ve etraftan geribildirimlerle, sonra baktım ki ifade etmiyormuşum. Asıl söylemek istediğim şeyi söylemiyormuşum. Anlamsız da oluyor. Çözüm de olmuyor. Sonra onun üzerine gittikçe değişti.”

In this excerpt Dilek described a change in ability to express herself in a healthier way. Negative effect of indirectly expressing herself put her in a position in which she was quiet and stubborn. After she had improved, she experienced equality in her romantic relationship.

Regarding improvements in romantic relationships, Seda expressed her experiences as follows:

“Mesela kimisinde fazla yakındım. Karşı taraf beni bir süre sonra itti. Gerçi tam öyle olmadı ama böyle diyebiliriz. Bir yerden sonra böyle oldu çünkü. Kimisinde de ben çok mesafeliydim. Ben çok alışamadım, ısınamadım. Biraz gel-git’liyimdim galiba. [...] Şu an daha sağlıklı buluyorum. Birbirimizin sınırlarını... Yani ben onunkini de girmemeye çalışıyorum. Onun da beni



böyle tamamen içine almasını istemem. Ama yakın bir ilişkimiz bence var. [...] Çok başarılı değildim bana göre. Ama şimdi daha başarılıyım. Daha dinlemeyi öğrendim mesela. Evden ya da olduğum yerden çekip gitme huylarımı da bırakmaya başladım. Oturup konuşabilecek hale geldim en azından.”

Seda compared her past and present experiences in terms of her romantic relationships. She mentioned the changes which involves considering boundaries and listening to the partner. These improvements allow her to evaluate her current relationship as ‘the healthiest’.

All in all, it was interpreted that over their romantic relationship history, all the psychotherapists positively changed and they experienced certain improvements relevant with their problematic areas for the sake of their relationships. Their improvements were mostly related with their communication styles which involve expressing their demands and opinions and listening to the partner. These were found to be closely related to the themes set for their relationship with their fathers and mothers. The psychotherapists evaluated the relationship with their mothers by emphasizing the importance and presence of open communication, while they reported on the difficulty that they experienced about expressing themselves to their fathers.

The possible roots of their salient and recurrent patterns were also speculated as follows. Firstly, Meltem reported that she was raised as a tidy and meticulous person by her mother. Besides, showing respect toward her father was important for her. These could be some of the reasons that explain her salient and recurrent interpersonal styles such as representing herself as a respectful and considerate person, her introverted characteristics and her concerns about others’ perception about her. Secondly, Dilek mentioned a past problem that influenced her family during her childhood. She took certain responsibilities of her family. This could explain her helping attitude and self-sacrificing behaviors. Lastly, Seda expressed that her father did not share his feelings with her. Besides, she stated that her mother

had certain concerns about her daughter and wanted to be sure about her wellness, an attitude which Seda found overwhelming time to time. These situations have a potential to explain her dominance, coldness, and her need to know that she is worthy.

In the following section, the psychotherapists' interpersonal relationship styles were discussed in order to combine our knowledge and further understand the manifestations in psychotherapy and supervision settings.

### **3.3.4. Discussion for part 3: The psychotherapists' interpersonal styles.**

The findings of the current study supported the recurrent nature of the interpersonal patterns as in one of the pioneer definitions of personality articulated by Sullivan (1953). For example, for Dilek, being easy-going, adaptability, taking responsibility and self-sacrificing; for Meltem, having intro-ambivert features and being considerate and respectful person, focusing on the perception of others; for Seda, expression of anger, being cold and distant, and looking for being cared and feeling worthy and; for all of them, helping attitude, active-controlling roles were some of their salient and recurrent interpersonal characteristics displayed in their almost all forms of relationships. On the other hand, different relationships involved different interpersonal styles. It could be because of having interpersonal motivations or needs which could vary from one relationship to another. In other words, interpersonal motivations or needs can be specific to the context of the relationship. For example, as a younger sibling, ones' interpersonal need can be the feeling of dominance and power in a sibling relationship; while as a student ones' interpersonal need may be feeling healthy sense of agency in a relationship with a professor. In that sense, the psychotherapists' interpersonal styles displayed in each form of relationship were presented as follows: The relationship with mothers included open communication and closeness. Lack of open expression was a theme belonged to the relationship with fathers. Rivalry, conflict, and distance were relevant styles for sibling relationship. The relationships with authority figures contained distance and compliance, and difficulties of open expression. Helping attitude and active-

controlling roles were salient in friendships. Lastly, romantic relationships covered intimacy and improvements in communication skills.

Leary (1957) and Kiesler (1996) stated that interpersonal theory is based on the hypothesis that interpersonal behaviors are motivated by two needs which are represented by a circumplex model: First dimension symbolized on a horizontal line is named as affiliation, communion and/or love whereas second dimension symbolized on a vertical line is named as control, dominance and/or agency (Kiesler, 1996). Relationship with significant others provides facilitating context in order to observe, understand and make sense of interpersonal styles triggered by these two motivations. Significant others were predetermined for this study while forming the interview. In the literature, there is no consensus on a single definition for a significant other. However, it is accepted that a significant other can be any meaningful person from one's family of origin, chosen family and friends (Andersen & Chen, 2002). In addition to these persons, on the other hand, we (Şahinöz & the research team) prepared questions inquiring the relationship with authority figures which mainly refers to people who are at hierarchically higher positions in workplace and academy. These people's evaluative feedback indicates one of the functions of a significant other. This is because; one of the important points to determine a significant other is his or her potential to provide evaluative feedback (Schafer & Keith, 1985; Shrauger and Schoeneman, 1979). In Denzin's (1966) study with college students, for example, faculty members had a large percentage in terms of significance.

In terms of characteristics of significant others, Larus-McShane (1993) found "approval; influence/guidance; and sharing/support" as positive factors whereas "unavoidable contact; and disappointing disapproval" as negative factors determining the significant others' qualifications from the perspectives of the interactants. In addition, Downie and Robbins (1998) reported that, for a nonclinical sample, positive relationship characteristics were found to be as "affirming and available; empathetic; secure/reliable; inspiring; connected/similar; and reciprocal"

while “intrusive and unavailable” were the negative relationship characteristics of the interaction with significant other.

In the current study, the psychotherapists’ interpersonal styles with mothers were characterized mostly with emotional closeness, comfort, open communication, relatively frequent contact, and ability to express feelings and thoughts, which can be evaluated as relationships mostly with positive qualities. Moreover, their affiliation and agency needs were observed as fulfilled to a large extent. On the other hand, problems that arise in their interaction were mostly about the agency issues. In other words, they came up with certain problems when one of the parties (mother-daughter) insisted on something about having put the final statement or making the last decision, which were evaluated as closely related to power or dominance in the relationship.

On the other hand, the psychotherapists described the relationship with their fathers mostly by referring to the lack of open communication and inability to express themselves directly, which pointed to the empathetic failure and insufficient manifested affiliation by their fathers. These findings probably were related with gender and culture-related issues. For example, Kring and Gordon (1998) reported that, despite the fact that men and women do not differ from each other in terms of experiencing the emotions, men express their emotions less compared to women. They supported that expressive behaviors are socially constructed for men and women in different ways. Besides, Butler and Gross (2004) discussed that lack of expression not only leads to personal drawbacks (e.g.; stress) but also it is detrimental for fulfilling interpersonal interactions. Diminished expressiveness and responsiveness in the relationship have negative effect on intimacy, and prevents the parties to establish a close relationship (Butler, Egloff & Wilhelm et al., 2003). In the current study, the psychotherapists pointed to their fathers’ lack of healthy communication and expression, which in turn, hindered the fulfillment of interpersonal needs for the psychotherapists, as their daughters. Even though the psychotherapists knew that they are being supported, cared, appreciated or loved by their fathers, they mostly experienced them in indirect ways.

Understanding family's influence on shaping the interpersonal styles provides us to make sense of recurrent and salient nature of these styles. In the literature, it is stated that family conflict has an effect on the child's adopting his/her interpersonal roles (Deason & Randolph, 1998; Webb, 1993). On the other hand, relationship with parents must certainly be related to attachment styles of the individuals. However, since the questioning of the present study did not specifically target them, there was not enough data to discuss the attachment styles. Nevertheless, it can be speculated that open communication with mothers may be related with the secure attachment style while lack of direct expression to fathers may indicate the avoidant style.

The relationships with the authority figures are mostly involuntary by nature. In the interaction with the authority figures, the psychotherapists in this study described their interpersonal styles with certain characteristics such as distant, compliant and the challenging influences of expressing their needs and demands. Difficulty related to expressing themselves was also common in the relationship with the fathers. From a cultural perspective, Kağıtçıbaşı (1970) argued that respect toward authority has been held as a norm in Turkey. Culture in Turkey is characterized as high in power distance in which the individuals who are in hierarchically lower positions shows dependency (Hofstede, 1983). The psychotherapists' compromising and compliant style toward authority figures was evaluated as consistent with the cultural codes. For instance, in Turkey, subordinates consider managers' use of forcing as reasonable (Kozan, 1989). However, in terms of interpersonal needs, it may have adverse effects. For example, in a study, it is shown that employees avoid interpersonal interactions in work place probably because of lack of comfort, and they avoid further responsibilities because of the feeling of powerlessness (İrican, 2006). The psychotherapists described their distant attitudes as 'regardless of their inner positive feelings' and 'challenging influence of expressing their needs and demands', which may indicate the cultural code that they adopt. However, challenging influence that they experienced in the interactions with authority figures showed that their unfulfilled interpersonal needs result in dissonance to a certain extent. For example, this dissonance may refer to an inability to behave closely in harmony with their positive feelings and an inability to be agent in harmony with the need to express

their needs and demands. This processes prevented the psychotherapists from experiencing the genuineness in those relationships.

Other than parents and authority figures, sibling relationships can have considerable effects on persons' interpersonal constructions as well. In this research, the salient interpersonal qualifications of the psychotherapists' sibling relationships were rivalry, conflict and distance. In the literature, three dimensions of sibling relationship was characterized with positivity, negativity and equality in their interactions and researchers pointed to the multidimensional nature of the relationship (*see*; Buhrmester & Furman, 1990; McHale, Whiteman, Kim, & Crouter, 2007). For example, Buhrmester and Furman (1990) revealed that shifts in these dimensions arise as the siblings turn into more equal partners throughout time by the changes in power/status issues. However, at first, elder siblings can set a distance since they are more autonomous while younger siblings do not welcome secondary roles, which in turn, defines the relationship with negativity (McHale et al., 2007). From an interpersonal perspective, for example, involuntary relationship simultaneously holding complementary and equality aspects is one of the reasons underlying conflict between siblings (McHale, Kim & Whiteman, 2006). Despite the negative effects of conflicts, when supportive elements get involved into the relationship, people can develop skills related with handling conflict and anger and, caring and yielding support (Brody, 1998), which can be evaluated as interpersonal skills. The psychotherapists in this study defined their interpersonal behaviors mostly through rivalry, conflicts and distance; although they experienced certain improvements about their closeness. Nevertheless, they can be evaluated as a sign for beginning of resolution of their interpersonal conflicts.

Another investigated relationship was the friendship which is described by the psychotherapists with their recurrent interpersonal styles, and specifically their helping attitudes and active-controlling roles. Adolescence is a period in which friendships have influential roles on adolescents' sense of interpersonal self. For example, in the early parts of the adolescence, individuals tended to disengage from their family interactions and spend more time alone, then in the later periods, they

engage in interactions with the outside world such as friends and organizations (Larson, Richards, Moneta, Holmbeck & Duckett, 1996). Besides, Morgan and Korobov (2012) demonstrated that close friends and romantically involved relationships have considerable influence on interpersonal identity formation in young adulthood. In addition, they showed that when young adults engaged in conversations with their friends about their romantic dates, their same-sex close friends provided environment for co-construction and reevaluation of their self throughout the elements of the conversation such as joking, encouraging, validating, advice, etc. These kinds of social feedback confirm the persons' interpersonal styles. Andrews (1990) portrayed that in ongoing social interactions, people reconfirm their self-concepts by engaging in certain ways or selecting the confirmatory feedback from their experiences. In that sense, the findings about recurrent and salient characteristics observed in all forms of relationships are consistent with the theories supported the recurrent nature of interpersonal styles. On the other hand, the psychotherapists participated in present research did not mention the role of feedback in their friendship interactions. Rather than utilizing feedback, they embraced helping attitude and active-controlling roles. Two of the common interpersonal styles among the psychotherapists was their helping attitude and active-controlling roles which refer to certain characteristics such as 'finding solutions to the problems of others', 'wish for helping' and 'willingness to know everything about a significant other'. Although these were the most salient styles in the friendship context, these types of styles were found to be embedded in the other relationships as well. These interpersonal styles were related with having responsible roles in the relationships. These roles, in fact, were evaluated as interpersonal behaviors providing high affiliation and power/dominance for the respondents. Influences of manifestations of these styles on the psychotherapy process were discussed in the fourth part (*see; Discussion for Part 4: Manifestation of Psychotherapists' Interpersonal Styles in the Psychotherapy Setting*).

The psychotherapists' interpersonal styles in the friendships (e.g.; helping attitude and active-controlling role) can be evaluated as the opposite to their styles with their siblings (e.g.; rivalry and distance). It is speculated that the source of conflict among

the siblings may lead the psychotherapists to adopt more positive roles with their friends, which can be evaluated as compensatory process for the negativity in their sibling relationships. For example, the more rivalry a sibling relationship includes, the more helping and active-controlling roles in friendships may be adopted. Moreover, from the evolutionary perspective, Sulloway (1995) reported that allocation of resources among siblings is the reason that causes the sibling-sibling conflict. Therefore, sibling relationships involve competition by nature. On the other hand, friendship may not encompass that much competition by nature since it is a chosen and voluntary relationship. To sum up, friendship context as a voluntary relationship provided the parties a facilitating environment for displaying their positive interpersonal styles whereas the relationships with siblings were unsatisfying in terms of fulfilling the psychotherapists' interpersonal needs.

Another voluntary relationship is romantically involved ones. Finkel, Simpson, and Eastwick's (2017) review of main theories for close relationships addresses one of the common components as predispositions that people display their personality and temperament in their close relationships. For the psychotherapists in this study, recurrent interpersonal styles were also observed in the interactions with their romantic partners. Furthermore, although the dominant approach for romantic relationships is attachment theory (*see*; Bowlby, 1969, 1973, 1980); from an interpersonal perspective, the intimate patterns are observed on the basis of partners' interpersonal communication and responses to each other (Reis & Shaver, 1988). In that sense, the improvements in their interpersonal style over time pictured changes from 'more indirect or less expression of their thoughts and feelings' to 'healthier and open communication style' with their partners. Consistent with this interpretation, it is shown that after controlling certain significant associates of romantic relationships such as attachment and problem-solving skills; communication skills still remained as a significant component of the romantic relationships (Eğeci & Gençöz, 2006). Interestingly, indirect expression was a concept related to the relationships with their fathers while open communication was reported on the relationships with their mothers. As the interpersonal communication



skills improved, the psychotherapists in this study experienced more intimate and fulfilling romantic relationships.

All in all, the psychotherapists' interpersonal styles were found to be manifested in all forms of relationships and these manifestations were influenced by their interpersonal motivations. Their motivations about 'affiliation, communion and/ or love' and about 'control, power and/or agency' possess different meanings and descriptions, which makes their motivations and needs unique. For example, while affiliation certainly means increased physical contact for an individual, another one thinks that affiliation surely means ability to have fun together. Moreover, descriptions about basic motivations vary across the context of the relationships. Their manifestations of interpersonal styles changed in accordance with the extent of fulfillment of their interpersonal needs. For example, if need for affiliation and agency is not fulfilled in the relationship, their interpersonal style displays may polarize toward rivalry in the sibling relationship; while the displays may polarize toward compliance in the presence of an authority figure. Besides, if healthy sense of agency is established, the psychotherapists in this research tended to perceive their relationships more sufficient in terms fulfillment of affiliation needs, or more sufficient affiliation tended to create a relationship atmosphere for healthy sense of agency.

In the light of their interpersonal styles, manifestations in the psychotherapy settings were analyzed and discussed in the following section.

#### **3.4. Part 4: Manifestation of the Psychotherapists' Interpersonal Styles in Psychotherapy Setting**

The psychotherapist-client relationship was questioned in order to gain more comprehensive perspective on manifestation of interpersonal styles in the psychotherapy process. It was observed that each psychotherapist displayed their own interpersonal styles in the presence of their clients. The manifestation of the interpersonal styles was observed in two forms which were internal and external

experiences. In other words, certain amount of these manifestations were internally experienced which is in the form of unexpressed feelings and thoughts triggered from therapist-client interactions. External experiences were in the forms of verbalized feelings and thoughts or observable behaviors mostly in accordance with the requirements of being a psychotherapist. These requirements prevented the psychotherapists from certain manifestations since these were not coherent with their profession. In addition, it was observed that manifestation was closely related to the qualifications of the therapy relationship that they established. Namely, as they trusted the relationship with their clients, they spontaneously displayed their interpersonal styles more. In this regard, the subtheme named as *psychotherapist-client interactions* were analyzed in the following section.

### **3.4.1. Theme 8: Psychotherapist-client interactions.**

Psychotherapy requires interaction between psychotherapists and clients. These interactions were expected to trigger interpersonal styles of each party. Because of the nature of the concept, the relationship between parties was expected to be unique and specific to the therapist-client pairs. Even though contents of the experience were different for each pair, similarities were also observed considering interpersonal outputs of the psychotherapist-client interactions. Regarding interactions, following four subthemes named as *manifestation of interpersonal styles*, *ambivalence*, *open expression and spontaneity*, and *one-sided relationship* were analyzed in the section below.

#### **3.4.1.1. Subtheme 8.1: Manifestation of interpersonal styles.**

First of all, recurrent nature of the interpersonal style was observed in the psychotherapy settings as well as in the other forms of the relationships. Salient and recurrent interpersonal characteristics of the psychotherapists were manifested to a certain extent. For example, Meltem evaluated herself as can be seen below:

“...Ben zaten terapist olarak çok rahat bir insan değilimdir. O devam ediyor hepsinde aslında. O benim kendi yetersizliklerimle ilgili. İşte şey, o an hani...

Dođru Őeye mi odaklanıyorum? BaŐka bir yorum yapılabilir mi? Ne sorulabilir? falan kaygıları beni rahatsız ediyor. Aslında ilişkiden kaynaklanan çok bir Őey olmuyor da ben kendi kendimle meŐgul olmuş oluyorum.”

Apart from the characteristics of the psychotherapy relationship that she conducts, she had certain concerns about her skills as a psychotherapist. As in the early parts of the interview, however, she said she generally does not find a topic for conversation when she is with people, especially with her friends. Besides, she expressed that as her self-confidence gradually increased the feedback she had received about her silence in social environments tended to decrease. Taking all these into account, it can be inferred that her concerns triggered in other social interactions manifested itself in the psychotherapy settings as well. It was undeniable that these concerns were about her abilities as a therapist. However, content of her concerns were closely related to her interpersonal characteristics. She further explained the manifestation as follows:

“KarŐı taraf beni nasıl algılıyor falan... Tabii, büyük ihtimal öyle Őeylere takıyorumdur. Bir de işte bir Őekilde becerilerimi göstermem gereken bir alan. İşte uzmanlık, diyelim. Biri geliyor sana işte güveniyor bir Őekilde. Beklenti içerisinde. Hani o beklentiyi karşılayabilecek miyim? kaygısı falan... Yani yeterli olabilecek miyim Őeyi, kaygısı...”

In this extract, she described mostly her concerns about being a competent psychotherapist. Still perception of others was an important topic for her, and showed itself in psychotherapy relationship as well. Another interpersonal issue that she cared about was gestures and mimics. She explained it as follows:

“... Rahat oturuyor, falan. İşte bazen böyle çok odaklanmıyor gibi oluyor. Bir Őeyi anlatıyorum, anlatıyorum. Hani açıklıyorum bir Őeyi. Ondan sonra ‘Ha, evet!’ falan diyebiliyor böyle. Orada kopmuş belli. Bana karŐı da böyle

uyumlu davranıyor. Öyle şeyler olabilir. Birkaç kere işte geri bildirim verdim ama şey olmuyor, çok değişmiyor. Öyle bir tarzı var gibi geliyor.”

In this extract she illustrated that she had some difficulties in the psychotherapy because of her client’s non-verbal behaviors. It was observed that she found her client’s body language odd. However, after a couple of failed attempts in order to change it or make her client aware about her non-verbal behaviors, Meltem accepted her client’s style as it was. Another example of these kinds of manifestation belonged to Seda:

“Burada otorite ben olduğum için, onun benimle nasıl bir ilişki kurduğunu gözlemleyebilirim. Onun otorite kurduğu bir seans olmuş olabilir ama daha bir üst pozisyona geçme çabası çok olmuyor. Beni baskılamıyor. Konuşmamı bölmüyor. Böyle şeyler yapmıyor. ‘Burada ben otoriteyim’ diye hissettirmiyor. Tam tersi. Otoriteyi bana vermeye yüklemeye çalışıyor: ‘Sizin sayenizde. Siz yaptığınız için. Şöyle böyle, dediğiniz için’[...] O kendini zaten hep zayıf taraftan getiriyor. O yüzden bu tarz bir terapist olarak, hiyerarşik basamak olarak bir tık yukarıdayken onunla güç mücadelesine o şekilde giremem. Girmedim diye düşünüyorum. Ama daha baskın davranmaya çalıştığı yerler olduysa da girmiş de olabilirim. Şurada şöyle bir şey yaşadık diye getiremiyorum ama para konusu olabilir işte. Güç mücadelesine girdik mi? Ben baskın çıkmışımdır. Çünkü böyle olması gerektiğini düşündüğümü sonuna kadar savundum.”

This excerpt showed Seda’s dominance related to making her presence known in interpersonal relationships. Considering the psychotherapy, she evaluated herself as the authority figure who is hierarchically at a higher position than her client. It seems like her client did not have a problem about being dominant in psychotherapy. Therefore, it was not a problematic area, even though Seda gave importance to this issue. Another important topic about her interpersonal styles was her need to feel herself as being worthy and loved. She explained the manifestations of this need in her psychotherapy practices as follows:

“Benim birine alışmam üç-dört seansı buluyor, karşı tarafa. Şu an gündemimde de olan bir konu olduğu için daha rahat konuşabiliyorum. İlk seanslar biraz mesafeyi koruyorum. O kişiyi gözleme ihtiyacım oluyor. Bakıyorum, onlarda bir adım atıyorsa, bu ilişkinin kurulmasını istiyorlarsa, ben daha kendimi rahatlatıyorum. Rahat buluyorum bir yerden sonra. Değer vermezlerse ne yapıyorum diye düşündüm. Öyle bir danışım var şu an zorlandığım. Onun bana değer vermediğini hissettiğim için ben biraz zorlanıyorum. Bunu çalışıyorum bu ara. Onlar değer verdikten sonrası kolay benim için. Rahatlama geliyor bana. Daha doğal bir hal alıyorum. Onlar bana zaman içerisinde vermezlerse, beni aşağı çeker gibi bir pozisyona sokarlarsa biraz zorlanıyorum ama.”

The extract above showed that Seda’s need to feel worthy in the relationship revealed itself in her psychotherapy practices. Since it was such a general and basic need for her that it was manifested with all clients she worked with. The extract below illustrated such a manifestation in the presence of her client.

“O bana bunun ipucunu verdi. Tam olarak ‘ Çok değerlisin’ gibi bir mesaj beklemiyorum karşı taraftan ama bu ilişkinin kurulabileceğine dair ipucunu alıyorum. Onun yüzündeki gerginlik, nasıl davranıyor, nasıl konuşuyor, kendini kapatıyor mu zaman içerisinde, yoksa bir şeyler paylaşmamız daha mı açık hale geliyor, gibi şeylerden anlıyorum. Güveniyor ve bunu hissettiriyorsa benim için ondan sonrası normale dönüşüyor. İlişkimiz için daha iyi bir hal alıyor. Zaman içerisinde değersizleştirip değersizleştirmemesi o kadar fark etmiyor, eğer kurulduysa o ilişki, ben bir yerlerde buna dair küçük de olsa bir ipucu aldıysam. [...] Orada güven faktörü. Zaten kuruldu. Bir sorun olabilir. Aşabiliriz bunu birlikte. Çalışabiliriz gibi hissediyorum.”

Her need to feel worthy was a core issue for her in her relationships. It, in fact, serves as a function to determine whether a positive relationship will be established or not. She reported that if she felt that her client cared about her, then she trusted her client and their therapy relationship. Feeling worthy provided a solid base for therapy

relationship for her. Another example for these kinds of manifestation belonged to Dilek:

“Benim ilişki tarzım terapide de kendini gösteriyor illaki. Özel olarak bu danışan üzerinde düşünüyüm. Genel olarak zihnime şey geliyor yardım etme arzusu. Danışan daha pasif olarak ve daha stresli bir durumdayken, depresif bir moddayken hemen ona el uzatıp yardım etme arzusu çok şey şekilde çıkıyordu. İlk başlarda özellikle. Daha sonra süpervizyonlarda olsun, kendim fark ettiğim bir şey olarak da biraz daha dizginlediğim öyle bir yerde şu anda benim için.”

In this extract above, Dilek illustrated her wish for helping. It was one of her recurrent and salient characteristics in her other relationships as well. She explained another recurrent and salient characteristic of her as:

“Aramızda espri olabilir. Onu öne sürme, güldürme, bir şey kullanma... Daha çok duygumu paylaşma...”

She mentioned that she makes jokes for changing the atmosphere and she is emotionally available in her close relationships. It was observed in her therapy relationship as well.

Overall, it was interpreted that psychotherapists' recurrent and salient interpersonal styles were manifested in the psychotherapy settings. These styles mostly included their characteristics which were observed in their close relationships like family and friendships as well. They were not full manifestation but to a certain degree, their interpersonal styles displayed itself.

Under the next title another emergent theme named *ambivalence* was analyzed in detail.

### **3.4.1.2. Subtheme 8.2: Ambivalence.**

When describing their relationship, the psychotherapists reported mixed feelings or conflicting thoughts toward clients. These feelings and thoughts were derived from the cyclical interaction which is between ‘what the clients say/do’ and ‘how the therapists feel/think and what they do about it’. It also included characteristics specific to clients’ psychopathology and/or personality and therapists’ personal features. Meltem described her experiences related ambivalence as follows:

“Yani olumsuz bir şey hissettiğim pek olmuyor yani hisler anlamında. Arada böyle bazı şeylerinden zorlanıyorum. Mesela gündem yaratmak konusu olabilir, yüzleştirme yapma konusunda zorlandığım oluyor ama yani şey. O benim de tarzımla alakalı daha çok. Ondan kaynaklanan şeyler de oluyor ama onların sebeplerini de gerekçelendirdikçe falan, nedense şimdi aklıma ilk o geldi. Olumsuz hissetmiyorum. Zorlandığım şeyler olsa da iyi bir ilişkimiz var. O da rahat hissediyor, ben de rahat hissediyorum.”

Meltem characterized the ambivalence in her relationship with comfort and difficulties. She described the components of their interaction which created ambivalence. Hesitations in her expressions further indicated ambivalence. She further explained:

“Ondan kaynaklanan şeyler dediğim şeyler de: O bir bakıma rahat hissediyor, bir bakıma, onun yapısı gereği çok da şey değil. Yani rahat görünüyor ama bazı şeyleri; ses tonu, sessizlikler, oturuş tarzı falan filan bazen zorlayabiliyor. Şey gibi. Ben bir şey dediğimde onu alacak mı diye beni de endişeye sokuyor. Ben de iyice kaçmıyorum falan. [...] Daha böyle düşünerek cevap verdiğini hissediyorsam, laf olsun diye ‘Ha olabilir’ falan filan demediği zaman, demek ki diyorum daha rahat, gerçekten rahat. -mış gibi yapmıyor. O kendisini yakın hissettiğini dile getirmesi filan beni de daha rahatlatıyordur.”

In this excerpt, Meltem explained her ambivalence in detail. She specified clients' characteristics and how they interact with her characteristics. Her ambivalence (comfort versus difficulties) stemmed from this interaction.

Dilek had an example for ambivalence as well:

“Aslında güzel bir ilişki kurduğumuzu düşünüyorum. Yani, ama biraz borderline kişilik özelliklerine benzer özellikler taşıyan bir danışan. O yüzden ilişkimizde de git-gel'ler oluyor. Biraz beni öfkeliendirebilecek şeyler yapıyor. Bunu da konuşuyoruz. O yüzden biraz şöyle dalgalanan bir ilişkimiz var ama yine de hani o güven ilişkisini kurduğumuzu düşünüyorum bu kadar seans sonunda. [...] Bu kadar beni kızdırmasına rağmen aslında sevdiğim bir danışan.”

Dilek's description included a form of ambivalence (i.e.; trust versus anger) which was influenced by client's psychopathology (borderline personality characteristics). Furthermore, Dilek's reaction was feeling of anger. Dilek expressed this interaction as follows:

“Mesela, haber verip gelmediği zamanlar oluyor. Sonra arıyoruz ulaşamıyoruz. Geri dönmüyor. İki hafta sonra dönüyor. Ya da, işte, randevu veriyoruz. Bir saat yarım saat öncesinden arıyor: ‘Ben işte evden çıkamadım, şuraya ertelese olur mu?’ Sonra erteliyoruz. Onda da aynı şey oluyor. Böyle tekrar tekrar. Hani sonra geldiğinde ‘Çok özür dilerim’le geçen bir 5 dakika oluyor ilk başta. Şey yani, benim öfkemi ifade etmemi de engelleyen bir tarzı oluyor benimle de, genel olarak hayatında da. [...] Bir de mesela yüzleştirmeler yaptığım zaman bazen çok iyi aldığını görüyorum, anladığını. ‘Tamam’ diyor. Sonra ertesi hafta geliyor sanki hiçbir şey konuşmamışız gibi. Böyle bir tarz. Bunlar bende şey yaratabiliyor, kendi içimde: öfke. [...] Yani güveni şu yüzden söyledim. Açık olduğunu düşünüyorum bana karşı. Şuradan değerlendirdim. Sorduğum sorulara karşı o an en azından farkında olarak manipülatif olmadığını düşünüyorum. O an hissettiği gibi cevaplar veriyor.”



In detail, Dilek explained why she was angry with and worried about her client. At the same time she trusted in their relationship. These were her contradictory feelings which indicated an ambivalence, which was stemmed from their interaction. Dilek's first feeling was anger. Her client apologized and prevented Dilek from expressing her anger. In fact, she explained it in the therapy session by referring to it as worry rather than anger.

Moreover, Seda also experienced the ambivalence in the relationship with her client:

“Yani aslında zaman zaman belki sempatiye kayan bir tarafım olabilir çünkü çok seviyorum. Ama hani, artık onu da biraz öğrenmeye başladım. Yani zaman zaman hani, durdurabiliyorum. Ona geribildirim verirken o hassasiyeti göz önünde bulundurmaya çalışıyorum. [...] Tam olarak hani- Yani nasıl diyeyim? O zaman zaman bana kırıldığı oldu bence yıllar içerisinde ama. İdealizasyon ve devalüasyon arasında gidip geldiği dönemlerde oldu, bana göre. Ama şu an daha idealize bir konumda tutuyor gibi geliyor bana. Ama ben onu, hani bir şekilde kırmaya çalışıyorum, ya bu idealizasyonu aslında.”

Seda told that she loved her client and it was related with sympathy she felt toward her. Moreover, her client idealized her. What she tried to do was to stop herself from feeling sympathy and breaking the idealization that her client formed. This dissonance created ambivalence for Seda, since she could not act like she was supposed to act. In fact, she and her client thought about a possible friendship relation and decided not to have such a relationship:

“Yani, o zamanlar daha yakın hissediyordum ama bu sağlıklı bir şey mi, onu bilmiyorum yani. Bu ister istemez olan bir şey sanki. Bir insanla paralel bir şey yaşamak onu, biraz içine giriyorsun gibi oluyor o meselenin. Normalde daha dışarıdan bakmamız gereken bir pozisyondayız ya. Ama o zamanlar işte sempati. Sempatiye en çok kaydığım danışan (o). Çünkü çok fazla sevmekten de olabilir bu. Benzer şeyler yaşamaktan da olabilir. Zaman zaman onun

kaydığını ve hatta profesyonel bir ilişkinin böyle nasıl bir sınırı olması gerektiğini sorguladığım zamanlardı. Çünkü zaten kendisi de zaten sık sık ‘Biz arkadaş olsak ya dışarda’ diye teklif ediyordu ama bu dönem daha iyi toparladığımı düşünüyorum. Bu profesyonellik çerçevesini -ki ben sınırları da aslında net olan bir tipim diye biliyorum ama işte bir yerden, belli bir yakınlıktan sonra o şey içine baya dalıyorum yani hani. Kendimi frenledim ama. Geri çekmek derken bu soğukluk anlamında bir mesafe koymak değil; profesyonel sınırı tekrar göz önünde bulundurmak gibi düşünebiliriz. [...] İşte, empatinin bir ötesi sempatiyse, ben o tarafa kaydığımı hissettiğim zamanlarda kendimi geri çekme ihtiyacı hissettim.”

In Seda’s excerpt, her interaction with her client was influenced by having similar experiences. She felt sympathy for her and her client offered friendship. Then, Seda began to think about boundaries of professional relationship and pulled herself back from sympathy. Ambivalence occurred as a result of their interaction was about professional relationship versus friendship.

In brief, the psychotherapists experienced different types of ambivalence in interaction with their clients. It was interpreted that interaction with client creates ambivalence and the psychotherapists adjusted their attitude toward the situations that trigger ambivalence. It was an experience that the psychotherapists put effort to overcome in a way that therapeutic relationship and the trajectory of the therapy were not negatively influenced by ambivalence experienced by the therapists.

It was observed that the type of ambivalence was found to be closely related to the interpersonal styles of the psychotherapists. For example, Meltem was a person who cares about gestures, mimics and respect. Besides, she said she does not like talking since she has certain introverted characteristics. On the other hand, her client was relaxed about her sitting or appearance and Meltem sometimes could not continue to talking in sessions. Her ambivalence was about ‘feeling comfortable with her’ versus ‘having some difficulties such as finding her sitting in an odd posture and finding an

agenda in psychotherapy'. Therefore, it can be concluded that her ambivalence was related to her interpersonal styles at this certain degree.

Seda, on the other hand, cares about her dominance and need to feel worthy in her relationships. Her client accepted her authority and did not attempt to shake it. Besides, her client made Seda feel worthy in her therapy relationships. Thus, Seda's most important two interpersonal needs were met by her client in their interaction. Her ambivalence was about friendship versus professionalism. Meeting her core interpersonal needs by client may be the reason for her thoughts about being a friend with her client.

Lastly, Dilek's most salient and recurrent interpersonal characteristics were her helping attitude and being self-sacrificing. Her client skipped some sessions during their psychotherapy process. When she came to sessions, she seemed to have forgotten the topics of previous sessions. In addition, her client apologized for doing so. Dilek wants to help her client but her client prevented it by skipping the sessions or forgetting the issues that they talked about. Dilek's ambivalence was about trust versus anger. Being prevented from helping her client and her client's apologies may be the reason for her ambivalence.

As another theme related with manifestation, *open expression and spontaneity* were analyzed in the following section.

#### ***3.4.1.3. Subtheme 8.3: Open expression and spontaneity.***

Another common experience among the psychotherapists was open expression and spontaneity in psychotherapy setting throughout time. For example, Meltem described her spontaneity as follows:

“Bir şekilde zorlanıyordum bir ara. Sonra işte o çözüldükten sonra daha şeyim... Ne yaptığımı bildiğim için kaygım azaldı, kendime güvenim arttı. Yetersizlik falan çaresizlik hissetmiyorum oldum. [...] Yani süreçte de başta o kaygıyla daha uyumlu bir tip olmaya çalışıyorumdur büyük ihtimal. Sonra o

şey, spontanlıkla birlikte baskın olmam gereken yerde baskın da olabilmışimdir. [...] Daha yakın oldu. Yani doğal oldu. Tutup da işte eskiden konuştuğumuz şeylerden farklı bir şey mi, eskiden davrandığımızdan farklı mı davranıyoruz, ondan çok emin değilim. Ama şey his olarak ya da işte o nonverbal şeylerde daha doğal, spontan olmaya başladı. Yani yakınlık, öyle bir yakınlık yani.”

She illustrated her spontaneity which arose from relieving from her concerns with the help of improvements in the psychotherapy relationship. Her feelings and gestures became more relaxed. As their relationship gets closer, she becomes more spontaneous in the sessions. Besides, she illustrated a change in expressing herself in psychotherapy with an example about her client’s demand for delaying session due to her menstrual pain.

“Ne bileyim, ihtiyacı vardır ve ben bunu hani ceza gibi; ‘O zaman yok. Haftaya görüşeceğiz, sen hastaysan’ Şey çünkü talep ediyordu hani şu günlerim, şu günlerde de olabilir gibi. Mutlaka uydurmaya çalışıyordum işte gün. Hafta içi hiç uymuyordu diyelim, hafta sonuna koymak istemiyorum. Ama hafta sonu başta olsa koyarım. Ama sonralarda da ‘Yok hani bana uygun değil’ işte ‘Yine aynı gün aynı saat haftaya olsun’ diyebilmeye başladım. Yani öyle ille işte şey... Çok düşünceli olmak gerekmiyor gibi. İşte şey... Böyle bir rahatlık gelmiş olabilir.”

Being considerate and respectful was one of her rules in her interpersonal relationships. She noticed that delaying the sessions when the schedule was not convenient for her does not mean that she was not considerate. She became more relaxed with time and she could openly express herself as she wanted.

Secondly, Seda described her spontaneity and open expression as follows:

“Kendimi yakın hissettiğim için daha spontan bir taraftan terapide var olabiliyorum. Hani bir de onun da bana değer verdiğini anladığımdan beri dediğim gibi daha rahat davranıyorum. O biraz etkilemiş olabilir.

Hissetmeseydim bunu ben uzaklaşabilirdim zaman içerisinde. Nasıl diyeyim? Benim için de ilişki önemli galiba. Onun tarafından değer gördüğümü bilmek... [...] Ya mesela ne söyleyeceğimi düşünmüyorum. ‘Şimdi ne sormalıyım?’, ‘Doğru şeyi söylemeli miyim?’ kaygısını çok fazla taşıyorum bu spontan olduğum seanslarda. Ya da mesela mimiklerim daha rahat oluyor. O gülüyorsa ben de gülebiliyorum. Spontan olmadığım da biraz boş boş bakabildiğimi düşünüyorum mesela ben, spontan olmadığım seanslarda. Öyle şeyler gözlemliyorum. Hareketlerim daha rahat, serbest. Ne düşüneceğimi, ne söyleyeceğimi düşünme kaygısından uzak olduğum için de daha rahat bağlantılar yakalayabiliyorum. Anlattıklarından bir şeyler çıkarabiliyorum. Sorularım daha mantıklı oluyor bence spontan olduğumda. Yoksa bazen sırf sormak için bir şeyler sorduğum seanslar olduğunu ben biliyorum, spontan olmadığım seanslarda.”

In the excerpt above, she described her spontaneity by explaining her relaxed process of thinking and reactions, which referred to spontaneity. About open expression, she explained her experiences as:

“Ben de onunla uyumluyum. Uyum aslında... Biraz da kendi açımdan baktığımda, aslında karşı tarafı anlamaya, onu dinlemeye daha açık olduğum zamanlar. Çünkü baskın olduğumda, pek dinlememeye çalışıyorum yani. Sonuçta kendi dediğimin üzerine düşünüyorum “Ne demeliyim, de üste çıkıyım” diye. Onda öyle çok olmuyor. Daha çok onun ne demeye çalıştığını anlamak üzerinde gelip gidiyorum uyumlu olduğum için. Uyumlu olduğum zamanlarda kendi fikrimi olduğu gibi açıklayabiliyorum ki çoğu zaman öyle zaten.”

Seda’s agreeableness led her to openly express herself as well as listen to her client and understand her.

Lastly, Dilek shared her experiences as follows:

“Zaman zaman da kendimi açıp paylaştığım bir şey de olabiliyor. Duygumu açıp, üzüldüğümü vesaire söyleyip, bu şekilde. [...] Bunların hepsi kullanılacak bir malzeme gibi düşünüyorum... Duygumu paylaştığımda bunun ona nasıl geldiği, nasıl hissettirdiğini... Hepsini bir yere çekip götürebileceğim bir şeyler çıkarıyor. O yüzden de konuşabilecek bir şeyler çıkarıyor.”

In the extract above she portrayed her disclosures to her client. She did not mention her spontaneity, but considering her disclosures, she did not mention any nervousness as well. However disclosing herself required spontaneity by nature. Therefore, open expression and spontaneity to a certain extent was relevant for Dilek.

It was interpreted that closer interpersonal style in psychotherapy involved open expression and spontaneity. In the early parts of the analysis it was observed that problematic relationships tended to involve lack of open expression while closer relationship involved open communication, and clear expression of feelings and thoughts. Taking this into account, it can be stated that open expression and spontaneity are some of the characteristics belong to close interpersonal styles. On the other hand, psychotherapists articulated that they can express themselves and be spontaneous in their close relationships. Therefore, open expression and spontaneity were evaluated as a kind of manifestation of their interpersonal styles.

Another subtheme named as *one-sided relationship* was analyzed in the following section.

#### ***3.4.1.4. Subtheme 8.4: One-sided relationship.***

All psychotherapists agreed that therapy relationship is a one sided relationship, even though they disclose some of their feelings and thoughts or even though they accepted the manifestation of their interpersonal styles. Their interpersonal relationship manifested in psychotherapy setting, but this manifestation was relevant in the psychotherapy context. In other words, they did not fully show their

interpersonal characteristics. Firstly, the extract below illustrated Meltem's descriptions of one sided relationship:

“İster istemez tek taraflı bir şey oluyor hani. Ne derler? Onun, atıyorum, benim hakkımda bir şey bilmiyor olması, benim duygularım ile ilgili ya da işte yaşadıklarım ile ilgili bir şey bilmiyor olması baya farklı kılıyor ilişkiyi. Yani normalde şeyimdir... Hani sessiz sakinimdir ama kendimle ilgili bir şeyleri çok rahatlıkla paylaşırım. Yani işte şey yapmamaya çalışırım... Böyle, sır gibi saklamamaya çalışırım falan. Hani, o ilişkiye uygunsaydı, yani paylaşabileceğim biriyse paylaşırım işte. Terapide öyle bir şey olmuyor. Olması da gerekmiyor. [...] Dediğim gibi şey, terapide sanki daha dengeli oluyor. Daha işte kontrollü yani yapısı gereği.”

She thought that not fully disclosing herself in the psychotherapy relationship makes it one-sided relationship. Her interpersonal styles manifested in a balanced and controlled way. She gave example considering some similarities and differences compared to her other relationships as follows:

“Bu ablamla son ilişkimiz gibi hani bu yakın zamandaki ilişkimiz gibi olabilir. Daha böyle işte korumacı. İşte o kişi bana danışıyor bir şey istiyor benden. Ben de onun ihtiyacını karşılayayım gibi. Ona benzettim. O tarz bir şey olabilir. Onun dışında bana farklı geliyor yani. [...] Tüm hastaları düşündüğümde şey... ‘Bunu yapmalıyım yapmazsam işte ilişki bozulur’ gibi olmuyor. Normal şeydeki gibi, şemadaki. Hani ‘ihtiyacı karşıla sonra bunu ele al’ gibi ya da ‘karşılayamıyorsan da bunun hakkında konuş’ gibi oluyor.”

The example that she gave includes a restrained and balanced manifestation of interpersonal styles. She justified these restrictions with her psychotherapy approach.

Secondly, Seda shared her opinions about the one-sided relationships as follows:

“Mesela, onun teklif ettiği şey: ‘Seanslardan sonra biz arkadaş olsak ya’. Bunu ‘Ben rahat hissetmiyorum böyle bir şeyde’ deyip reddedebiliyorum ki

dođruyu söylüyorum yani. Sadece terapist-hasta ilişkisinde böyle şeyler kabul edilemez gibi bir yerden gelmiyor. Benim için de ‘Olur’ deseler, ‘Sorun değil’ dese bir başkası, süpervizör bilmem ne, böyle bir şey etik bile olsa, ki hani ‘Niye olmasın!’ diyen süpervizörüm de oldu sonrasında; ben kendimi düşünüyorum o ilişkinin içerisinde ve rahat hissetmiyorum. Eski danışanım. Her şeyini biliyorum. Tek taraflı bir ilişki kurmuştuk daha çok. Anlatılanlar en azından tek taraflıydı. Şimdi o benim her şeyimi dinlemeye hazır mı? Hatta böyle söylediğimde ‘Ben de düşündüm. Yok, olmaz! Ben şimdi sizin her şeyinizi bilecek miyim?’ diye kendinden vazgeçmişti. [...] Biraz terapistteki ilişki farklı geliyor bana. Farklı bir yerde. Farklı bir konumdasın. Onunla kurduğun ilişkiyi dışarıda bu şekilde sürdürebilecek misin? Benim için bir soru işareti. Farklı geliyor bana. Arkadaşlıkta sonuçta, sen de bir şeyler anlatıyorsun, o da bir şeyler anlatıyor. Ama burada biraz daha farklı bir ilişki kurulacak olması beni biraz endişelendirdi yani. Aynı şeyi tutturamayabiliriz. Terapist-danışan olarak tamamız ama arkadaş olarak ne yaparız, bilmiyorum yani.”

In the extract above, Seda compared the therapy relationship and friendship, and she stated her concerns about being friend with her client. Not sharing something about herself made their relationship one sided according to her. She further explained her therapist position:

“Daha dengeli bir mesafe. Çok arkadaşvari olmaya kaydığım, aşırı sempatiye doğru giden taraftan hiç böyle donuk bir tarafa geçmedim. Ona da öyle bir şey yapmam, yapmamaya çalışırım. O yüzden daha ortada bir yer. Tam terapist pozisyonu aslında. Ne çok mesafeli olmalı. Ne çok aşırı sıcak olacağım diye sempatikliğe kayan bir tarafı olmalı. Sonuçta bir şeyler anlatıyor, sen bir şeyler dinliyorsun ve onla ilgili bir şey konuşuyorsun yani. Arkadaş olunca bu kadar terapist gibi olmuyorsun.”

She emphasized the role of her psychotherapist’s position as listening to her client’s problems. This seems to be the components of the one-sided relationship in the



psychotherapy. Through these evaluations, she held her position, although she felt sympathy and thought about friendship.

Lastly, Dilek shared her opinion about the one sided relationship as follows:

“İşte o sırada bana gelen bir şey varsa hissettiğim, paylaşmam gereken, paylaşıyorum kesinlikle. Evet, ama normal bir arkadaşlık ilişkisi çerçevesinde olduğu gibi tamamen kendimi açma gibi bir şey değil. Ben tamamen kendimi açmayı tercih etmem gibi bir şey değil. Danışan çok benzer bir şey anlatıyorsa, benim bir yerime dokunuyorsa onu kesinlikle onu o çerçevede açmaya çalışırım.”

In the extract above she emphasized the importance of disclosing herself in order to have a mutual experience in her relationships. Borders of psychotherapy kept her away from sharing an experience regarding full disclosure. It turned their therapy relationship into a one-sided relationship in which her client was allowed to fully disclose herself.

Overall, it was interpreted that the manifestation of psychotherapists' interpersonal styles were limited, since psychotherapy has some borders defining the therapy relationship. Therefore, the psychotherapy relationship is a one sided relationship in which the clients are supposed to clearly disclose themselves, while psychotherapists shared their feelings and thoughts only when it is necessary and relevant to the situations. Certainly, sharing feelings and thoughts were related with the psychotherapy approaches that they adopted. Nevertheless, their disclosures were consistent with their interpersonal styles. In other words, their expressed feelings and thoughts or the relational feedback they brought for their clients were in the same line with their interpersonal styles as well as with their psychotherapy approach. To sum up, as the psychotherapist-client relationships got better and closer, positive feelings raised (or vice versa), the psychotherapists became more spontaneous and were able to express themselves. However, their prior aim was to encourage and support their clients' disclosures. Although, their interpersonal styles limitedly

manifested in the psychotherapy setting, the kinds of problems by which they mostly got influenced and the kinds of experiences to which they were mostly prone were closely related to their interpersonal styles. On the other hand, when the psychotherapists described and evaluated their therapy relationship, they mentioned ‘talking about the issues related with the client’s life’ which is a conception observed as similar with the descriptions about the therapy tasks. Therefore, it was interpreted that therapy tasks have the potential to trigger the interpersonal styles of the psychotherapists.

In the section below, the components of the therapist-client interactions from the psychotherapists’ perspectives, specifically the forms of manifestation of psychotherapists’ interpersonal styles in the psychotherapy setting were discussed based on the literature.

#### **3.4.2. Discussion for Part 4: Manifestation of the psychotherapists’ interpersonal styles in psychotherapy setting.**

The main part of the analysis is the manifestation of the psychotherapists’ interpersonal styles in psychotherapy setting. Psychotherapy experiences of psychotherapists have long been the issue of concern in the literature beginning with the term of counter-transference. In terms of understanding the mechanism of therapeutic relationship, psychotherapists’ experiences should not be denied in order to provide psychotherapy tailored for particular needs of a client. The current study proposed that psychotherapists display their interpersonal styles in different ways. Specifically, they were more vulnerable to the situations that tend to trigger their interpersonal motivations. It was observed that the psychotherapists manifested their interpersonal styles willingly or unwillingly. Willingly, they disclosed some of their thoughts and feelings to their clients when it was necessary and in accordance with their psychotherapy approaches and processes. Although they adopted several psychotherapy approaches, the common psychotherapy approach among them was relational psychotherapy in which psychotherapist-client relationship is put as an agenda in psychotherapy. On the other hand, sometimes they unwillingly manifested

their interpersonal styles as well. For example, one of the psychotherapists deeply considered how she had been perceived by others in her personal relationships. She also cared about the perceptions of her client in the psychotherapy settings, which was not so important for the other psychotherapists participated in this research.

There were particular interpersonal issues that the psychotherapists cared about in their all kinds of relationships. These issues involved certain styles which can be observed in their close interpersonal relationships as well. These characteristics were likely to manifest themselves in the psychotherapy setting and create ambivalence in the therapy relationship. In addition, as their therapy relationships improved, the psychotherapists became more spontaneous and able to clearly express themselves with the awareness of the one-sided nature of the psychotherapy relationship. Namely, their styles manifested themselves throughout recurrent interpersonal patterns. For example, firstly, Meltem's salient characteristics involved being considerate and respectful person. In that sense, how she had been perceived by others was an important concern for her. In fact, she was concerned about others' mimics, gestures and other non-verbal behaviors much more than the other participants. Her client, on the other hand, did not seem to care about her posture in the sessions. Meltem had difficulty with her client's non-verbal behaviors even though she reported that she felt comfortable with her client, which in turn, resulted in Meltem's ambivalence which covered the difficulty and comfort that she experienced. Secondly, Seda looked forward to being cared for and feeling worthy in her interpersonal interactions. When others have not met her expectations, she had a tendency to get angry and engaged in some aggressive behaviors toward others. On the contrary, if others satisfied her expectations of being cared for and found her worthy, she tended to feel more comfortable in the relationship. Her client made Seda feel worthy so much. For this reason, Seda's ambivalence covered the contradiction between friendship and professionalism. Lastly, Dilek wanted to help her client, an attitude related to the combination of her self-sacrificing style with active-controlling tendency in her certain interpersonal interactions. On the other hand, her client skipped the sessions and said that she could not extend the benefits of therapy into her daily life. Therefore, Dilek experienced ambivalence since her

client prevented her from helping, which made Dilek angry with her client although she believed that they established trust in their psychotherapy relationship. It indicated the ambivalence about trust and anger.

Henry and Strupp (1994) highlighted interpersonal processes within the concept of therapeutic alliance. In fact, Henry, Schacht and Strupp (1986) implied that pervasive interpersonal processes were embedded in the early phases of the psychotherapy since they observed definite interpersonal patterns in their psychotherapy researches. For example, they found that psychotherapists displayed more hostile interpersonal behaviors with the patients who had slower or no improvements compared to the ones who had significant improvements. In the cases which had significant improvements, the researchers observed higher levels of positive complementarity (e.g.; friendly and helping) between psychotherapists and clients, in terms of interpersonal behaviors. In the current study, on the other hand, the psychotherapists' interpersonal styles were observed to be manifested in the presence of their clients although the psychotherapists were interviewed regarding their relationship with a single client. They reported that their interpersonal motivations were activated by their clients' interpersonal patterns. Therefore, it were speculated that the kind of manifestation of interpersonal behaviors might be closely related to the unique interpersonal needs of the psychotherapists. For example, Dilek's client did not positively respond to the psychotherapy and Dilek interpreted this as an obstacle for her wish of helping. If Meltem had conducted psychotherapy with Dilek's client, she would probably interpret the same situation as disrespect toward herself. In addition, if this client's psychotherapist was Seda, she would interpret it as a sign of not being cared by her client. Briefly, unique interpersonal styles were exhibited in the psychotherapy settings, which supported that psychotherapy relationships tend to involve personally relevant components for psychotherapists. Greenson (1967) coined the concept of real relationship (realism and genuineness in the relationship) which is different than neurosis as in the transference and counter-transference. Moreover, Gelso (2002) explained the real relationship, highlighting the personal aspects of the therapy relationship and suggesting that it is more basic element of the relationship which has the potential for either positive or negative influence on the

alliance. He argued appropriateness of the word 'real' and suggested definitions for genuineness and realism, proposing concepts pointing to the part of the relationship which is free from non-authenticity or projections. In the current study, the psychotherapists' manifestations of their interpersonal styles had authentic content although it was hard to say that these were free from projections. However, on a conscious level and based on the psychotherapists' self-knowledge, they reported that their clients did not evoke feelings related to any particular significant other for them. On the other hand, it was observed that certain parts of the psychotherapy relationships resembled certain daily events in the psychotherapists' relationships, though they were not enough support for counter-transference.

Psychotherapists' relational experiences within psychotherapy can be understood by paying attention to their feelings toward and conceptions about their clients. Ambivalence was observed as an experience triggered by the interpersonal interactions between the psychotherapists and their clients. Besides, the psychotherapists' experience of ambivalence were strongly related to the psychotherapists' interpersonal styles including their interpersonal needs and recurrent characteristics displayed. In the literature, it was observed that researchers tend to solely focus on either negative or positive elements of the therapists' experiences. For example, in the psychotherapy literature, common factors such as warmth and empathy are found to be the most effective therapeutic ingredients in terms of positive outcome of the psychotherapy, which was summarized in Lambert and Barley's review (2001) examining more than 100 studies. On the other hand, Pope and Tabachnick (1993) investigated the psychotherapists' anger, hate, fear and sexual feelings toward their clients and found that majority of the psychotherapists experienced these feelings toward their client, under certain circumstances.

Studies investigating psychotherapy experiences combining both positive and negative aspects were quite few in the literature. Hill, Howard, and Orlinsky (1970) developed an objective scale in order to comprehend the therapists' experiences and found that psychotherapists' stances and reactions varied depending on certain problems and characteristics of clients. For example, psychotherapists might not be

willing to conduct psychotherapy with anxious and/or depressed clients who were reluctant to work through their emotional problems. Their study provides an extensive understanding for the psychotherapists' experiences within the psychotherapy setting but not for the mechanism of therapeutic relationship. Regarding ambivalence psychotherapists experienced, Hill and his colleagues (1970) mentioned therapists' evaluations of themselves with conflicting feelings or opposing thoughts (such as 'supportive but critical, correcting but friendly') without explaining its role in terms of therapeutic relationship (and without naming it as ambivalence). In order to extend our knowledge on therapeutic relationship, psychotherapists' experiences should be investigated covering both positive and negative aspects of their experiences within the psychotherapy process. In conclusion, ambivalence was another form of manifestation of interpersonal styles, which was covering both positive and negative aspects of their experiences within the psychotherapy process. On the other hand, it was proposed that recognizing and overcoming ambivalence should be taken into consideration for the sake of individually-tailored and better psychotherapy process both for the clients and for the psychotherapists' professional developments. In addition, ambivalence in the context of counter-transference was discussed in the next topic (*see*; General Discussion).

Two of the common interpersonal styles belonged to the psychotherapists were their helping attitude and active-controlling roles. When manifestation of these styles was in question in terms of trajectory of psychotherapy process, probable interaction between interpersonal styles and therapeutic alliance was proposed as follows: When psychotherapists embrace overly helping roles and take too much responsibility in the process, clients' development regarding self-help or insight may be interrupted. If active-controlling styles display themselves in psychotherapy process, psychotherapists may deviate from interpretations, helpful feedback or relevant psychotherapy techniques. By embracing helping and active-controlling roles, psychotherapists adopt an attitude which is overly normalizing the situations or soothing clients which, in turn, influences psychotherapy tasks. A shift in task has a potential to threaten the therapeutic alliance. For example, a client who is used to be soothed by his/her psychotherapist may avoid developing coping skills or gaining

insight. This may cause rupture in the alliance. Therefore, certain manifestations of interpersonal styles have a potential to interfere with the therapeutic alliance.

To sum up, psychotherapy experiences of the psychotherapists are influenced by their interpersonal styles since the psychotherapists were more vulnerable to the cues that trigger their interpersonal needs and motivations.

Furthermore, as therapy relationship progressed, the psychotherapists achieved an ability to spontaneously behave and openly express their thoughts and feelings relevant to the psychotherapy process. Besides, they intentionally restrained the manifestation of their certain interpersonal styles in the psychotherapy settings since they were aware that the psychotherapy serves for the clients' needs, which made the therapy relationship one-sided.

In the present study, another form of manifestation of interpersonal styles pointed to the ability for open expression and spontaneity in the psychotherapy setting. It was considered as an ability pertaining to the qualifications of close relationships since those styles were present in their relationships with mothers and romantic partners. Gelso and his colleagues (2005) attempted to measure the real relationship from the perspective of the psychotherapists and their instrument "The Real Relationship Inventory-Therapist Form" included items related with realistically responding to clients, ability to express feelings toward them and being honest with them. These factors may be considered as closely related terms to the theme named as 'open expression and spontaneity' in the current study. Furthermore, Gelso (2002) proposed that real relationship covers the aspect of therapy relationship which cannot be explained by transference, counter-transference or working alliance. Open expression and spontaneity of the psychotherapists can be evaluated as a mechanism within the concept of the real relationship since those two styles were developed as the psychotherapy progressed, in which the psychotherapists perceived their clients more realistically. When realism is in question, the psychotherapists also reported that their psychotherapy relationships were one-sided, which pointed to conscious restriction of their interpersonal needs to fulfill and not-disclosing details about their

personal life. In the previous literature, it was stated that therapists' disclosures and expressing behaviors were negatively associated with the alliance (Coady & Marziali, 1994). Besides, when there is a poor alliance in the psychotherapy process, counter-transference related disclosures lead clients to perceive their therapists as less competent professionals (Myers & Hayes 2006). These findings suggested that the more psychotherapists engaged in self-focus thoughts and behaviors the worse the quality of the therapy relationship was. However, at the same time, disclosures can be profitable for the clients. For example, clients perceived reassuring and supportive disclosures as positive and helping (Hill, Mahalik, & Thompson, 1989). Disclosures that facilitates collaboration, self-knowledge, emotional relief; or supportive disclosures are evaluated as appropriate and as a part of natural human interaction (Auvil & Silver, 1984). In fact, from an interpersonal perspective, disclosure facilitates the reciprocity and intimacy in the relationships (Derlaga & Berg, 2013). The psychotherapists in this research reported that with time, they developed the ability to act spontaneously and express themselves openly to their clients, and at the same time they restrained their sharing when those were not relevant to their psychotherapy process. Thus, open expressions and spontaneity with the awareness of one-sided nature of the psychotherapy relationship showed up as mechanisms underlying fine-grained disclosures which can be profitable in terms of positive psychotherapy process and outcome.

To conclude, manifestations of the psychotherapists' interpersonal styles, ambivalence, open expression and spontaneity into the sessions, together with the one sided nature of this relationship emerged from the transcripts. Manifestation of interpersonal styles and ambivalence were juxtaposed in the sense that interpersonal motivations and needs tend to create some kind of ambivalence. Moreover, open expressions and spontaneity intertwined with the psychotherapists' awareness of one-sided nature of the therapy relationship. Furthermore, ambivalence and one-sided therapy relationship for the benefit of clients indicated important interpersonal issues that psychotherapists should overcome. Considering primary skill-building, Andrews (2001) suggested that, professionals should train the psychotherapists so as to increase their awareness and skills to manage the interpersonal processes.



Psychotherapists' considerations for interpersonal processes within the psychotherapy and increased awareness regarding the influence of their interpersonal motivations and needs seem to be crucial for the sake of more successful psychotherapy process and outcomes.

## CHAPTER 4

### GENERAL DISCUSSION

#### 4.1. Putting Together Major Findings

In the early era of the psychoanalytic theory, pioneer theoreticians (as in Bibring, 1937; Sterba, 1934; Zetzel 1956) pointed out the difference between alliance and transference. Bordin (1979) conceptualized the alliance as agreement on goals and tasks and the emotional bond between psychotherapy parties, asserting that it can be applied to all kinds of psychological treatments. Greenson (1965; 1967) asserted that both working alliance and transference neurosis are involved in the process of analysis and that both should be taken into consideration by the analyst. Besides, he stated that “humanness” is also displayed by analysts through genuine care and respect for patients. By following his psychoanalytic perspective, Gelso and Carter (1985; 1994) proposed that working alliance, transference, counter-transference and “real relationship” form different features of psychotherapy relationships. Furthermore, Gelso and his colleagues (2005) asserted that “The alliance represents the human bond that is part of the work of therapy, whereas the real relationship reflects the human bond that exists in all relationships and that underlies a working bond” (p. 641). They noted that working alliance and real relationships are actually intertwined theoretical constructions which are expected both to overlap and to be separated from each other (Gelso et. al., 2005). In the light of the information aforementioned, it can be concluded that the differences between alliance, real relationship, and counter-transference require an examination in detail in order to comprehend and conceptualize the interaction between psychotherapists and clients. In this chapter, the connection and differences between alliance and the interpersonal styles of psychotherapists manifested in the psychotherapy settings are discussed in the framework of previously mentioned theoretical approaches.

The present study shows that agreement on goals were related to the clients' initial psychotherapy complaints and goals; the psychotherapists' clinical judgments about clients' problems; and changes in goals as a result of clients' improvements, and the psychotherapists' clinical judgments. As for the agreement on tasks, it is possible to say that the employed tasks, clients' reactions to them and psychotherapists' adjustments on them in accordance with their clients' levels of adherence were found related to agreement on tasks. Similarly, in order to achieve positive psychotherapy outcomes, Tyron and Winograd (2011) suggested that psychotherapists and patients can work through the problems after establishing a negotiation upon goals. Moreover they asserted that paying attention to patients' evaluations and feedbacks about the trajectory of the psychotherapy and modifying interventions accordingly were essential for a collaborative psychotherapy relationship.

Based on Bordin's (1979) conceptualization, Horvarth and Greenberg (1989) developed Working Alliance Inventory for clients and counselors and found that goal and task subscales were highly associated with each other. They stated that this association exists in the clinical applications as well. When the psychotherapists explained goals, tasks, and agreement on them, they mostly expressed their clinical judgments and psychotherapy approaches while they described their emotional bond through their personal evaluations. In addition to high statistical association (between goal and task subscales) found by Horvath and Greenberg (1989), professional components (clinical judgments and psychotherapy approaches) were associated to agreement on goals and tasks as well, which may indicate a form of phenomenological connection.

Even though the psychotherapists were asked about goals, their response mostly involved their clients' problems, which the clients wanted to overcome rather than focusing on the main question. Moreover, regarding their clients' psychopathologies, the psychotherapists considered certain complications as problems and underlined them in their descriptions of goals and their agreement. Bordin (1994) defined "a change goal" as an alliance component "most fully captures the person's struggle with pains and frustration relative to the story of his or her life..." (p. 15). In line

with Bordin's conceptualization, it can be concluded that clients' struggles are closely related to psychotherapy goals. In this regard, the psychotherapists' talking about their clients' "struggles" indicates their confusion about problems and goals. The psychotherapists regarded therapy goals as eliminating clients' problems. However, when Bordin's (1994) conceptualization is taken into account, it can be suggested that a psychotherapy goal should be comprehensive and stated more clearly. Regarding tasks, he also proposed that tasks are the components that lead the psychotherapy parties to continue to work together in order to achieve the target goals. In accordance with several modalities of psychotherapy, he exemplified some tasks as practices of change in the way of behaving (behavioral therapy), diary-keeping (cognitive therapy) and explorations about person's experiences (psychodynamic therapy). The psychotherapists in this research also described issues (e.g.; repressed anger toward mother) that they worked through in the psychotherapy process and their techniques (e.g.; imaginary).

Depending on the psychotherapists' perspectives, emotional bond consisted of mutual positive feelings and sympathy toward clients. Mutual positive feelings were consistent with the literature (*see*; Bordin, 1979) while, to our best knowledge, there is no theory or study indicating that sympathy is a component of emotional bond. However, Greenson (1965) claimed that working alliance may include infantile neurosis, although the working alliance and transference were theoretically different concepts. From the perspective of the psychotherapists, sympathy can be evaluated as a form of neurosis displayed in the psychotherapy process. In the analysis part, sympathy was also addressed as a relational process in human interaction (*see*; Wispé, 1986) and as having detrimental effects (e.g.; illusionary sense of understanding) on psychotherapy process. However, sympathy was inevitably experienced by the psychotherapists. Sympathy in the context of counter-transference is also evaluated in the following parts of this chapter.

Agreement on goals and tasks were momentary since goals and tasks were changeable over the course of time and even during a session. However, the psychotherapists evaluated mutual positive feelings (e.g.; love, trust and

understanding) as long lasting even though they experienced ruptures in agreement on goals and tasks. Another emotional experience of the psychotherapists, which is ambivalence, was observed in relation with their manifested interpersonal styles in psychotherapy process. The psychotherapists' descriptions of their experience of ambivalence were as follows: experiencing difficulty about a client's non-verbal behaviors nevertheless also feeling comfortable in the relationship; feelings of anger and trust toward a client at the same time; simultaneously considering friendship and reevaluating the professional boundaries. These experiences of ambivalence were triggered by the psychotherapists' interpersonal needs and motivations. Sympathy and ambivalence were understood as interpersonal components of the psychotherapy relationship, which psychotherapists and supervisors should recognize and carefully handle. In the light of the summary above, it can be concluded that work of the psychotherapy (goals and tasks-related issues) and human interaction (mutual positive feelings, sympathy and ambivalence) within psychotherapy were differentiated from each other in the phenomenological sense.

Sympathy and ambivalent feelings showed that the psychotherapists' affective bonds were personal since bonds were influenced by therapists' interpersonal styles rather than by their professional standings. As well as affective bond's associations with interpersonal styles, sympathy and ambivalent feelings may also be considered as indicators of potential counter-transference. According to the psychotherapists' assertions, counter-transference did not involve in the process of psychotherapy. Brody and Farber (1996) reported that less experienced therapists were likely to deny the magnitude of their emotions toward their patients and they have misplaced confidence about the appropriateness and disruptiveness of their expressions; thus our participants might have unnoticed the incidences of counter-transference. Consistent with this argument, among psychodynamic-oriented and cognitive-behavioral therapists, the most salient counter-transference-related feelings were found as sympathy, helping attitude, and anger (Faller, Wagner, Weiß, Lang, 2002), which were also the feelings reported by the psychotherapists participated in this study. Winnicott (1949) articulated the term of "ambivalency" which is analysts' feelings between hate and love toward psychotic patients. The clients of the current

psychotherapists had no reported psychotic features. Taking into consideration the difficulty to express hate (*see*; Winnicot, 1949), one can say that milder forms of ambivalence as shown in this study may be a reflection negative feelings experienced by psychotherapists toward non-psychotic clients. Holmqvist and Armelius (1996) found three sources of counter-transference which were as follows: personal counter-transference denoted the personality of the therapist; reciprocal counter-transference denoted reciprocal responses toward the clients' usual way of behaving; and unique counter-transference denoted for the feelings belonging to certain therapist-client match. From this perspective, manifestation of the psychotherapists' interpersonal styles can be understood as personal counter-transference whereas ambivalence can be considered as reciprocal or unique counter-transference. Sympathy and ambivalence were certainly related to the psychotherapists' interpersonal needs and motivations. Consistent with this argument, there are leading definitions and observations indicating the connection between counter-transference and the analysts' own attributes (as in Reich 1951; Winnicott, 1960). Nevertheless, counter-transference phenomenon still requires more detailed case-by-case psychotherapy process investigation by including the clients into the study, rather than only interviewing the psychotherapists. To sum up, it is proposed that alliance may involve counter-transference components through the established affective bond, reflected particularly by feelings of sympathy and ambivalence. In order to regulate and utilize counter-transference for the sake of therapeutic outcomes, it is suggested that psychotherapists be aware of their own unresolved conflicts (Gelso, Hayes & Hummel, 2011). In that sense, manifestation of interpersonal styles in the psychotherapy setting can enrich the understanding the indicators of counter-transference, which could be difficult to detect due to the adopted defense mechanisms.

Considering "therapeutic" alliance from the perspective of the psychotherapists, it can be beneficial for us to discuss whether therapeutic effects of the alliance on psychotherapists exist. "Therapeutic" means "relating to the healing of disease", "administered or applied for reasons of health" or "having a good effect on the body or mind; contributing the sense of well-being" (Oxford Dictionaries, n. d.). These

definitions were not valid for the perceptions of the psychotherapists participated in this study. Therefore, it can be concluded that agreement on tasks and goals were related to the psychotherapists' professional judgments so that it can be perceived as "working alliance" by the psychotherapists. The psychotherapists mentioned their supervisions while explaining the way they overcome the obstacles that stemmed from the interactions with their clients. Therefore, psychotherapists' personal difficulties were mostly handled in their relationships with the supervisors, which led us to consider the perceived "therapeutic" alliance in the supervision settings. Client's perception about his/her therapist as being someone who works with and for him/herself can be experienced as therapeutic by the client; similarly, supervisee's perception about his/her supervisor as being someone who works with and for him/herself can be experienced as therapeutic by the supervisee. On the contrary, Linley and Joseph (2007) showed that the psychotherapists experienced therapeutic effects as a result of the establishment of therapeutic bond with their clients. They reported that the psychotherapists who were under clinical supervisions, the ones who continued with their personal therapy, and the ones embracing humanistic and transpersonal approaches reported greater personal growth compared to the psychotherapists who had greater workloads and the cognitive behavioral therapists who worked with client who have more severe conditions. Thus, in order to understand whether the therapy relationship is therapeutic for the psychotherapists, studies focusing on comparison of more diverse cases are necessary. In the current study since the psychotherapists were also under clinical supervision, it was not possible to solely discriminate the therapeutic influences of conducting psychotherapy from receiving supervision.

Gaston (1990) highlighted the multidimensionality of alliance, as composed of "therapeutic alliance (patient's affective relationship to the therapist); working alliance (patient's capacity purposefully work in therapy); therapists' empathic understanding and involvement" and "patient-therapist agreement on the goals and tasks of treatment" (p.145). In the framework of presented analysis, it is concluded that the psychotherapists also developed affective bonds (mutual positive feelings, sympathy, and ambivalence) with their clients. Besides, in terms of purposeful work,

the psychotherapists also contributed to goal change with their clinical judgments and they adjusted their therapy tasks depending on their clients' levels of adherence. Therapist's understanding and involvement, on the other hand, indicated therapist's conveying a mutual bond, encouraging the curiosity of patient, displaying confidence and talking about rapport and showing respect towards patient (Marmar, Weiss & Gaston, 1989). Furthermore, therapist's understanding and involvement were positively influential on patients' psychotherapy outcome. Gomes-Schwartz (1978) stated that therapist-offered relationship (warmth, friendliness, and negative attitude) were less influential than patient's involvement on outcome. However, she reported that therapist-offered relationship was especially influential on predicting the client's outcome on the therapists' target complaints. Likewise, in the present study, the psychotherapists contributed to change in goals depending on their clinical judgments.

As mentioned before, there is no consensus on a single definition of alliance in the literature. Some researchers evaluated alliance as a form of relationship. For example, Luborsky (1976) suggested the term, "helping relationship" (p. 94). As well as in Greenson's later works (as cited in Gaston, 1990), Henry and Strupp (1994) also interchangeably used the terms therapeutic relationship and therapeutic alliance. Furthermore, there are proposed descriptions that imply a form of relationship such as therapeutic influences of well-established relationship (Graske & Davis, 2000); agreement on the priority of the cooperative relationship (Horvath, Del Re, Flückiger, Symonds, 2011).

From the etymologic perspective, alliance originates from the verb "to ally" lexicalized in Latin as "alligare" which means "bind together" (Oxford Dictionaries, n. d.). On the other hand, the word, relationship, is composed of "relation" and "-ship"; relation's etymological investigation shows its meaning as "act of telling; references" (Douglas, 1872). In terms of alliance, we can evaluate "what binds people together" through the model of working alliance proposed by Bordin (1979): alliance centers on at least a person who demands change and a person who provides change. By means of "telling", psychotherapy parties establish a relationship. In



terms of interpersonal perspective, Kiesler (1996) proposed that interactions between two people contain human behavior, or namely communication, which is continually mutual in the presence of each other. He also stated that relationship diffuses the interpersonal interactions and interactants cannot avoid it. Mechanisms underlying strong therapeutic alliance are mediated by complementary transactional patterns between psychotherapy parties (Kiesler, 1996). Kiesler explained this phenomenon as follows: Those complementary patterns support and validate the clients' self-knowledge, which in turn, facilitates the formation of positive alliance. In the present study, although the dual nature of relationship was not under investigation, in terms of establishment of alliance, it was observed that the psychotherapists developed an affective bond with their clients, which was influenced by their unique interpersonal needs and motivations. From this interpersonal perspective, therapist-client interaction included manifestations of the psychotherapists' interpersonal styles, ambivalence, open-expression, spontaneity, and one-sided relationship.

Butler and Strupp (1986) proposed that "Psychotherapy research must move away from simplistic notions of "active ingredients" and disembodied or decontextualized 'factors' and move toward the identification of fundamental principles of human interaction which underlie the interpersonal conditions essential for therapeutic change" (p.38). In that sense, the psychotherapists' interpersonal styles and their manifestations in the psychotherapy process had potential to give us certain underlying mechanisms which influence the psychotherapy process. In other words, manifestations of the psychotherapists' interpersonal styles can be considered as underlying alliance and real relationship mechanisms since those manifestations involve certain components related to agreement and bond (as in alliance), and realistic and genuine components (as in real relationship). Manifestation of interpersonal styles and ambivalence were discussed with the concepts of affective bond and counter-transference earlier in this section.

When open-expression, spontaneity, and one-sided relationship is in the question, understanding the concept of real relationship can be beneficial for further comprehension on therapy relationship. Following Greenson's (1965; 1967) theory

on relationship within psychoanalysis, Gelso and Carter (1985; 1994) also proposed real relationship as being a component of the psychotherapy which cannot be explained by working alliance and neurosis, and as composed of genuineness and realism factors. They stated that the concept of real relationship's roots can be traced to the humanistic approach in which the therapists are expected to be genuine, authentic or open etc. However, they also discussed that transference configuration is also genuine. From their approach the difference between transference/counter-transference configuration and real relationship is as follows: One's misinterpretations about or misattribution towards the other's intent, purpose, actions or response indicates transference or counter-transference configuration whereas real relationship is displayed when one perceives and interprets the other's behaviors to be appropriate, realistic, and congruent; and the other's feelings as genuine (Gelso & Carter, 1985). The psychotherapists who participated in this study reported that they became able to openly express themselves and act spontaneously over the course of time. Besides, those expressions and actions were relevant in the psychotherapy setting as well (rather than engaging in self-focus thoughts and behaviors). Gelso (2002) defined the components of real relationship as follows: “(*Genuineness*) may be defined as the ability to be who one truly is, to be nonphony, to be authentic in the here-and-now, and, if you will, to be “real.” *Realism*, on the other hand, may be seen as the experiencing or perceiving of the other in ways that befit him or her, rather than as projections of wished for or feared others (i.e., transference)” (p. 37).

The psychotherapists who participated in this study perceived their client's more realistically, and in turn, genuinely acted over the course of psychotherapy. Furthermore, they were aware of the one-sided nature of their therapy relationship, which meant that the psychotherapy served for their client's needs. Therefore, they adjusted the fineness and degree of their disclosures. Realistic perception and interpretations about their client and genuineness that they experienced might have influenced their way of behaving. For example, if the psychotherapists continued to perceive their clients' ways of behaving as actions related to their own personalities, they might have engaged in more counter-transference related interpretations in the psychotherapy process. However, the psychotherapists reported that they consciously

restricted their sharing and their interpersonal style displays, especially those of which were related to their own personal life. Therefore, realistic perspective toward the therapy relationship; and genuine expressions and actions were proposed as components of the real relationship displayed in the psychotherapy.

To sum up, therapy relationship includes working alliance, counter-transference, and real relationship and each of these components operate in parallel with each other. Psychotherapists were mostly aware of those operating processes. However, counter-transference related components and mechanisms underlying those processes could not be easily recognized by them. Moreover, certain mechanisms had common features. For example, affective bond implied counter-transference related feelings. Agreement on goals and tasks were found to be largely related with the psychotherapists' clinical judgments and professional approaches while rest of the aforementioned processes was closely related with their interpersonal styles.

#### **4.2. Limitations, Strengths, and Suggestions for Future Studies**

One of the major limitations of the present study was studying the relationships only with the psychotherapists rather than including their clients as well. Absence of clients prevented us from comprehensively understand the mutual nature of the therapy relationship. Besides, participants had limited psychotherapy experiences (approximately two and a half year). More experienced psychotherapists can extend our knowledge on psychotherapy relationship.

In terms of alliance, the mechanisms underlying the establishment of the alliance and its development could be better understood by investigating the alliance session by session or examining the progress of alliance in a single session. On the other hand, different psychological approaches may offer different alliance configurations and components. Therefore, despite the theoretical generalizability of working alliance, different modalities of psychotherapy can be better understood by investigating the congruent theory on alliance.

Counter-transference related mechanisms such as projections could not be achieved depending on the psychotherapists' self-knowledge. Since those mechanisms stem from the infantile neurosis, it might not be possible to capture counter-transference via interviewing which contains mostly the conscious part of their experiences. Besides, the psychotherapists' relationships with their significant others included information mostly based on their current relationship status. Capturing the counter-transference related themes at the end of the analysis despite of the psychotherapists' lack of expression about them may show their active defense mechanisms such as repression and denial.

In order to understand the manifestations of the psychotherapists' interpersonal styles, recurrent nature of their interpersonal styles were studied based on a single psychotherapist-client relationship. The recurrent nature can be better understood by the investigation of the interpersonal styles of the psychotherapists with more than just one client.

In spite of its limitations, the present study also has certain strengths that are worth noting. It is shown that, in phenomenological framework, work of the psychotherapy (e.g.; psychotherapy goals and tasks) tends to differentiate from relational aspects of the psychotherapy (e.g.; affective bond), since work of the psychotherapy greatly depends on the professional judgments of the psychotherapists, though relational aspects greatly depends on the interpersonal styles of the psychotherapists. Moreover, the current study presents how a psychotherapist establishes a psychotherapy relationship with his/her client. Psychotherapy relationship cannot be considered independent of the psychotherapists' interpersonal styles. It is shown that understanding the interpersonal needs and motivations of psychotherapists have potential to unfold the certain components and mechanisms that lie behind the establishment of affective bond and the configuration of counter-transference, as well as fine-grained disclosures made by the psychotherapists in the psychotherapy setting.

Conducting a qualitative study about the manifestations of psychotherapists' interpersonal styles in the psychotherapy setting has several advantages. First of all, we intended to comprehend psychotherapists' experiences of psychotherapy relationships. Psychotherapy experiences are considerably unique so that making sense of these kinds of experiences in their own context brought in deeper understanding than quantitative measurements. Secondly, quantitative measurements can be considered as vulnerable to socially acceptable answers or manipulations made by reporters. On the contrary, engaging in experiences with the help of semi-structured interviews provided us to comprehend experiences in details. Emotions not only facilitated the engagement in an experience but also helped us acknowledge subjectivity of the psychotherapists' experiences. Thirdly, IPA allowed us to interpret those subjective experiences so we could integrate the clinical knowledge with the subjective experiences of the psychotherapists. For example, we acknowledged the indicators of counter-transference even though the psychotherapists did not directly admit it. Therefore it can be noted that we were able to reach detailed information that could not be achieved via quantitative measures.

In terms of clinical implications of the present study, several suggestions could be presented. Firstly, psychotherapists can benefit from the findings of the present study. It is suggested that understanding the work of the psychotherapy and the psychotherapy relationship in the interpersonal context can lead them to acquire more satisfying results in their practices. For example, regarding the work of the psychotherapy (goals and tasks), differentiations between client's problems and psychotherapy goals may show more clear ways for handling the situations in sessions. Following the psychotherapy tasks in relation to the psychotherapy goals can help psychotherapists recognize the obstacles experienced during sessions and overcome them in an effective way. Most importantly, handling the psychotherapy tasks as an interpersonal process can contribute their psychotherapy improvements since psychotherapy tasks trigger and run the interactional process between the psychotherapists and their clients. Furthermore, psychotherapists can detect their counter-transference by paying attention to their experiences of sympathy and ambivalence toward their clients. Specifically, psychotherapists' acquiring awareness

about their own interpersonal styles can contribute to both their personal and professional developments since counter-transference related situations are vulnerable to be influenced from interpersonal needs and motivations.

Secondly, it is considered that findings of the present study can guide supervisions. For example, counter-transference might not be fully recognized or admitted by psychotherapists. Supervisors way of supporting psychotherapists comprehend their interpersonal styles can improve the capacity of the psychotherapists' awareness and evaluations about their experiences of counter-transference. Lastly, the professional skill-building related to interpersonal situations also have a potential to enhance the psychotherapists' improvements in their practices.

## REFERENCES

- Alden, L. E., Wiggins, J. S., & Pincus, A. L. (1990). Construction of circumplex scales for the Inventory of Interpersonal Problems. *Journal of Personality Assessment*, 55(3-4), 521- 536.
- Ally [Origin] (n.d.) Oxford Dictionaries, Retrieved August 15, 2017 from <https://en.oxforddictionaries.com/definition/ally>
- Andrews, J. D. W. (1990). Interpersonal self-confirmation and challenge in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 27(4), 485-504. <http://dx.doi.org/10.1037/0033-3204.27.4.485>
- Andrews, H. B. (2001). Back to basics: Psychotherapy is an interpersonal process. *Australian Psychologist*, 36(2), 107-114
- Andersen, S. M., & Chen, S. (2002). The relational self: an interpersonal social-cognitive theory. *Psychological Review*, 109(4), 619-645.
- Auvil, C. A., & Silver, B. W. (1984). Therapist Self-Disclosure. *Perspectives in Psychiatric Care*, 22(2), 57-61.
- Bernard, H. R. 2002. *Research Methods in Anthropology: Qualitative and quantitative methods*. (3<sup>rd</sup> edition.) (pp. 186-209). AltaMira Press: California.
- Berg, B. (1998). *Qualitative research methods for the social sciences* (3<sup>rd</sup> Ed.). (pp. 1-14). Boston, MA: Allyn&Bacon.
- Beutler, L. E., & Consoli, A. J. (1993). Matching the therapist's interpersonal stance to clients' characteristics: Contributions from systematic eclectic psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 30(3), 417-422.
- Bibring, E. (1937). Symposium on the Theory of the Therapeutic Results of Psycho-Analysis. *The International Journal of Psycho-analysis*, 18, 170-189.

- Blackburn, R., & Renwick, S. J. (1996). Rating scales for measuring the interpersonal circle in forensic psychiatric patients. *Psychological Assessment*, 8(1), 76-84.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252-260.
- Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. *The Working Alliance: Theory, Research, and Practice*, 13-37.
- Bowen, G. A. (2005). Preparing a qualitative research-based thesis: Lessons learned. *The Qualitative Report*, 10(2), 208-222.
- Bowlby J. 1969. *Attachment and Loss*, Vol. 1: *Attachment*. New York: Basic Books.
- Bowlby J. 1973. *Attachment and Loss*, Vol. 2: *Separation: Anxiety and Anger*. New York: Basic Books.
- Bowlby J. 1980. *Attachment and Loss*, Vol. 3: *Loss*. New York: Basic Books.
- Brockmann, J., Schlüter, T., & Eckert, J. (2002). Therapy goals, change of goals and goal attainment in the process of psychoanalytically oriented and behavior long-term therapy-a comparative study from the private practices of insurance-registered psychotherapists. [Abstract] *Psychotherapie, Psychosomatik, Medizinische Psychologie*, 53(3-4), 163-170.
- Brody, G. H. (1998). Sibling relationship quality: Its causes and consequences. *Annual review of psychology*, 49(1), 1-24.
- Brody, E., & Farber, B. A. (1996). The effects of the therapist experience and patient diagnosis on countertransference. *Psychotherapy*, 33(3): 372-380.
- Buckman, J. R., & Barker, C. (2010). Therapeutic orientation preferences in trainee clinical psychologists: Personality or training?. *Psychotherapy Research*, 20(3), 247-258.



- Buhrmester, D., & Furman, W. (1990). Perceptions of sibling relationships during middle childhood and adolescence. *Child Development, 61*(5), 1387-1398.
- Butler, E. A., Egloff, B., Wilhelm, F. H., Smith, N. C., Erickson, E. A., & Gross, J. J. (2003). The social consequences of expressive suppression. *Emotion, 3*(1), 48-67.
- Butler, E. A., & Gross, J. J. (2004). Hiding feelings in social contexts: Out of sight is not out of mind. In Philippot, P., & Feldman, R. S. (Eds.). *The Regulation of Emotion*, (pp. 103- 128). Lawrence Erlbaum Associates, Inc: New Jersey.
- Butler, S. F., & Strupp, H. H. (1986). Specific and nonspecific factors in psychotherapy: A problematic paradigm for psychotherapy research. *Psychotherapy: Theory, Research, Practice, Training, 23*(1), 30-40.
- Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology, 45*, 58-64.
- Coady, N. F., & Marziali, E. (1994). The association between global and specific measures of the therapeutic relationship. *Psychotherapy: Theory, Research, Practice, Training, 31*(1), 17-27.
- Deason, D. M., & Randolph, D. L. (1998). A systematic look at the self: The relationship between family organization, interpersonal attachment, and identity. *Journal of Social Behavior and Personality, 13*(3), 465-478.
- Denzin, N. K. (1966). The significant others of a college population. *The Sociological Quarterly, 7*(3), 298-310.
- Derlaga, V. J., & Berg, J. H. (2013). Themes in the study of Self-Disclosures In Derlaga, V. J., & Berg, J. H. (Eds.). *Self-disclosure: Theory, research, and therapy*. (pp. 1-8). Springer Science & Business Media.
- Dinger, U., Strack, M., Leichsenring, F., & Henning, S. (2007). Influences of patients' and therapists' interpersonal problems and therapeutic alliance on outcome in psychotherapy. *Psychotherapy Research, 17*(2), 148-159.

Douglas, J. (1872). *English etymology: A textbook of derivatives*. London: Simpkin, Marshall and Co. p.50.

Downie, M. S., & Robbins, S. B. (1998). Assessing the qualities of social relationships in clinical and nonclinical individuals. *The Counseling Psychologist*, 26(3), 466-488.

Eğeci, İ. S., & Gençöz, T. (2006). Factors associated with relationship satisfaction: Importance of communication skills. *Contemporary Family Therapy*, 28(3), 383-391.

Ehrlich, H. J., & Bauer, M. L. (1967). Therapists' feelings toward patients and patient treatment and outcome. *Social Science & Medicine* 1(3), 283-292.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *Sage Open*, 4(1), 2158244014522633.

Faller, H., Wagner, R. F., Weiß, H., & Lang, H. (2002). Therapists' relationships with their patients in the intake interview: An empirical comparison of psychodynamically and cognitive-behaviorally oriented psychotherapists. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 30(3), 451-461.

Finkel, E. J., Simpson, J. A., & Eastwick, P. W. (2017). The Psychology of Close Relationships: Fourteen Core Principles. *Annual Review of Psychology*, 68, 383-411.

Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4-5), 583-590.

Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35(1p1), 79-90.

Freud, S. (1910). *The future prospects of psycho-analytic therapy* Papers on Technique. (Vol. 2, Collected Papers). (pp.285-287).

- Freud, S. (1915). Observations on Transference-Love (Further Recommendations on the Technique of Psycho-Analysis III). The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works, 157-171.
- Freud, S (1958). On the beginning of treatment: Further recommendations on the technique of psychoanalysis. In J. Strachey (Ed.) *Standard edition of the complex psychological works of Sigmund Freud* (Vol 12, pp. 122-144). London: Hogarth. (Original work published in 1913).
- Frieswyk, S. H., Allen, J. G., Colson, D. B., Coyne, L., Gabbard, G. O., Horowitz, L., & Newsom, G. (1986). Therapeutic alliance: Its place as a process and outcome variable in dynamic psychotherapy research. *Journal of Consulting and Clinical Psychology, 54*(1), 32-38.
- Fuertes, J. N., Mislawack, A., Brown, S., Gur-Arie, S., Wilkinson, S., & Gelso, C. J. (2007). Correlates of the real relationship in psychotherapy: A study of dyads. *Psychotherapy Research, 17*(4), 423-430.
- Gabbard, G. O. (2004). *Long-Term Psychodynamic Psychotherapy: A Basic Text*. Washington, DC, U.S.A: American Psychiatric Publishing, Inc.
- Gaston, L. (1990). The concept of the alliance and its role in psychotherapy: Theoretical and empirical considerations. *Psychotherapy: Theory, Research, Practice, Training, 27*(2), 143-153.
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research, 14*(10), 1429-1452.
- Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist, 13*(2), 155-243.
- Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology, 41*(3), 296-306.

- Gelso, C. J. (2002). Real relationship: The “something more” of psychotherapy. *Journal of Contemporary Psychotherapy*, 32(1), 35-40.
- Gelso, C. J. & Hayes, J. A. (2007). *Countertransference and the inner world of the psychotherapist: Perils and possibilities*. Mahwah, NJ : Erlbaum .
- Gelso, C. J., Kelley, F. A., Fuertes, J. N., Marmarosh, C., Holmes, S. E., Costa, C., & Hancock, G. R. (2005). Measuring the Real Relationship in Psychotherapy: Initial Validation of the Therapist Form. *Journal of Counseling Psychology*, 52(4), 640-649.
- Gelso, C. J., Kivlighan Jr, D. M., Busa-Knepp, J., Spiegel, E. B., Ain, S., Hummel, A. M., ... & Markin, R. D. (2012). The unfolding of the real relationship and the outcome of brief psychotherapy. *Journal of Counseling Psychology*, 59(4), 495-506.
- Given, L. M. (Ed.). (2008). *The Sage encyclopedia of qualitative research methods*. (Vol. 1&2, pp. 591-595). Sage Publications.
- Goulding, C. (2005). Grounded theory, ethnography and phenomenology: A comparative analysis of three qualitative strategies for marketing research. *European Journal of Marketing*, 39(3/4), 294-308.
- Gray, D. E. (2014). *Doing research in the real world*. (pp. 13-124). Sage Publications.
- Greenson, R. R. (1965). The working alliance and the transference neurosis. *The Psychoanalytic Quarterly*. 34(1),155-181.
- Greenson, R. (1967). *The technique and practice of psychoanalysis* (Vol. 1). NY: International Universities Press.
- Greenson, R. (1967). *The technique and practice of psychoanalysis* (Vol. 1). NY: International Universities Press.

- Grosse, M., & Grawe, K. (2002). Bern Inventory of Treatment Goals: Part 1. Development and first application of a taxonomy of treatment goal themes. *Psychotherapy Research, 12*(1), 79-99.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal, 29*(2), 75-91.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In Denzin, K.N. & Lincoln, S. (Eds), *Handbook of qualitative research*, (pp. 105-117). CA: Sage.
- Hatcher, R. (1999). Therapists' views of treatment alliance and collaboration in therapy. *Psychotherapy Research, 9*(4), 405-423.
- Hayes, J. A., Gelso, C. J., & Hummel, A. M (2011) Managing Countertransference In John C. Norcross (Ed) *Psychotherapy relationship that work: Therapist contributions and responsiveness to patients (2<sup>nd</sup> Ed)*. (pp. 239-260). Oxford University Press.
- Henry, W. P., & Strupp, H. H. (1994). The therapeutic alliance as interpersonal process. In Howarth, A. O. and Greenberg, L. S.(Eds). *The working alliance: Theory, research, and practice*, (Vol. 173, pp. 51-84). John Wiley & Sons.
- Henry, W. P., Schacht, T. E., & Strupp, H. H. (1986). Structural analysis of social behavior: Application to a study of interpersonal process in differential psychotherapeutic outcome. *Journal of Consulting and Clinical Psychology, 54*(1), 27-31.
- Henry, W. P., Schacht, T. E., & Strupp, H. H. (1990). Patient and therapist introject, interpersonal process, and differential psychotherapy outcome. *Journal of Consulting and Clinical Psychology, 58*(6), 768-774.
- Heimann, P. (1960). Counter- transference. *Psychology and Psychotherapy: Theory, Research and Practice, 33*(1), 9-15.
- Hill, C. E., Mahalik, J. R., & Thompson, B. J. (1989). Therapist self-disclosure. *Psychotherapy: Theory, Research, Practice, Training, 26*(3), 290-295.

- Hill, J. A., Howard, K. I., Orlinsky, D. E. (1970). The therapist's experience of psychotherapy: Some dimensions and determinants. *Multivariate Behavioral Research*, 5, 435-451.
- Hoffman, M. (1989). Critical theory and the inter-paradigm debate. In *The Study of International Relations*. (pp. 60-86). Palgrave Macmillan UK. P61.
- Hofstede, G. (1983). National cultures in four dimensions: A research-based theory of cultural differences among nations. *International Studies of Management & Organization*, 13(1-2), 46-74.
- Holmqvist, R., & Armelius, B. Å. (1996). Sources of therapists' countertransference feelings. *Psychotherapy Research*, 6(1), 70-78.
- Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureño, G., & Villaseñor, V. S. (1988). Inventory of interpersonal problems: psychometric properties and clinical applications. *Journal of Consulting and Clinical Psychology*, 56(6), 885-892.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36(2), 223-233.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9-16.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9-16.
- Horvath, A. O. (2000). The therapeutic relationship: from transference to alliance. *Journal of Clinical Psychology*. 56(2), 163-173.
- Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61(4), 561-573.

- Horvath, A. O. (2009). How real is the “real relationship”? *Psychotherapy Research, 19*(3), 273-277.
- Howarth A.O., Del Re A.C. & Symonds, D. (2002) Alliance in individual psychotherapy. In Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. (pp. 25-69). Oxford University Press.
- Husserl, E. (1970). *The critics of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Northwestern University Press.
- Inui, T. S., & Frankel, R. M. (1991). Evaluating the quality of qualitative research. *Journal of General Internal Medicine, 6*(5), 485-486.
- Irican, C. (2006). *A study of interpersonal needs in Turkish business organizations* (Doctoral dissertation, Bilkent University).
- Kagitcibasi, C. (1970). Social norms and authoritarianism: a Turkish-American comparison. *Journal of Personality and Social Psychology, 16*(3), 444-451.
- Kelly, A. E., & Achter, J. A. (1995). Self-concealment and attitudes toward counseling in university students. *Journal of Counseling Psychology, 42*(1), 40-46.
- Kiesler, D. J. (1996). *Contemporary interpersonal theory and research: Personality, psychopathology, and psychotherapy*. John Wiley & Sons, Inc.
- Kiesler, D. J. (1983). The 1982 interpersonal circle: A taxonomy for complementarity in human transactions. *Psychological Review, 90*(3), 185-214.
- Kiesler, D. J. (1996). *Contemporary interpersonal theory and research: Personality, psychopathology, and psychotherapy*. (pp. 3-34). John Wiley & Sons, Inc.

- Kozan, M. K. (1989). Cultural influences on styles of handling interpersonal conflicts: Comparisons among Jordanian, Turkish, and US managers. *Human Relations*, 42(9), 787-799.
- Kring, A. M., & Gordon, A. H. (1998). Sex differences in emotion: expression, experience, and physiology. *Journal of Personality and Social Psychology*, 74(3), 686-703.
- Kushner, M. G., & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research and Practice*, 20(4), 251- 257.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 357-361.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 143-189). Oxford, England: John Wiley.
- Larson, R. W., Richards, M. H., Moneta, G., Holmbeck, G., & Duckett, E. (1996). Changes in adolescents' daily interactions with their families from ages 10 to 18: Disengagement and transformation. *Developmental Psychology*, 32(4), 744-754.
- Larus-McShane, J. (1993). *The revised significant other inventory: exploring the positive and negative qualities of significant others* [Abstract] (Doctoral dissertation, Virginia Commonwealth University).
- Leary T. (1957) *Interpersonal diagnosis of personality*. New York: John & Wiley Sons.
- Lewis, J. L., & Sheppard, S. R. (2006). Culture and communication: can landscapevisualization improve forest management consultation with indigenous communities?. *Landscape and Urban Planning*, 77(3), 291-313.
- Linley, P. A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology*, 26(3), 385-403.



- Luborsky, L. (1976). Helping alliance in psychotherapy. In J. L. Clarghorn (Ed.), *Successful psychotherapy* (pp. 92-116). New York: Brunner/Mazel.
- Luborsky L. (1994) Therapeutic alliances as predictors of psychotherapy outcomes: Factors explaining the predictive success. In Horvath, A. O., & Greenberg, L. S. (Eds.) *The working alliance: Theory, research, and practice* (Vol. 173, pp. 38-50.). John Wiley & Sons.
- Macedo, E., & Dias, C. A. (2010). Melanie Klein's Concept of Counter-Transference Taken from Unpublished Material. *Interações: Sociedade e as Novas Modernidades*, 10(19). 7-21.
- Marmar, C. R., Weiss, D. S., & Gaston, L. (1989). Toward the validation of the California Therapeutic Alliance Rating System. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1(1), 46-52.
- McHale, S. M., Kim, J.-Y., & Whiteman, S. D. (2006). Sibling Relationships in Childhood and Adolescence. In P. Noller & J. A. Feeney (Eds.), *Close relationships: Functions, forms and processes* (pp. 127-149). Hove, England: Psychology Press/Taylor & Francis (UK).
- McHale, S. M., Whiteman, S. D., Kim, J. Y., & Crouter, A. C. (2007). Characteristics and correlates of sibling relationships in two-parent African American families. *Journal of Family Psychology*, 21(2), 227-235.
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. (pp. 1-104). John Wiley & Sons.
- Miller, W. R., Benefield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: a controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology*, 61(3), 455-461.
- Morgan, E. M., & Korobov, N. (2012). Interpersonal identity formation in conversations with close friends about dating relationships. *Journal of Adolescence*, 35(6), 1471-1483.

- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.
- Myers, D., & Hayes, J. A. (2006). Effects of therapist general self-disclosure and countertransference disclosure on ratings of the therapist and session. *Psychotherapy: Theory, Research, Practice and Training*, 43 (2), 173-185.
- Norcross, J. C. (1991). Prescriptive matching in psychotherapy: An introduction. *Psychotherapy: Theory, Research, Practice, Training*, 28(3), 439-443.
- Norcross, J. C., & Lambert, M. J. (2011). Psychotherapy relationships that work II. *Psychotherapy*, 48(1), 4-8.
- Orlinsky, D. E., & Howard, K. I. (1986). The psychological interior of psychotherapy: Explorations with the Therapy Session Reports. In L. S. Greenberg & W. M. Pinsof (Eds.), *Guilford clinical psychology and psychotherapy series. The psychotherapeutic process: A research handbook* (pp. 477-501). New York: Guilford Press.
- Palys, T. (2008). *Purposive sampling*. In L. M. Given (Ed.) *The Sage Encyclopedia of Qualitative Research Methods*. (Vol.2, pp. 697-698). Sage: Los Angeles,
- Paris, J. (2013). Why People Seek Psychotherapy. In *Psychotherapy in an Age of Narcissism* (pp. 41-53). Palgrave Macmillan UK.
- Pope, K. S., & Tabachnick, B. G. (1993). Therapists' anger, hate, fear, and sexual feelings: National survey of therapist responses, client characteristics, critical events, formal complaints, and training. *Professional Psychology: Research and Practice*, 24(2), 142-152.
- Poznanski, J. J., & McLennan, J. (2003). Becoming a psychologist with a particular theoretical orientation to counseling practice. *Australian Psychologist*, 38(3), 223-226.
- Racker, H. 1953 (1948) Contribution to the Problem of Counter-Transference. *International Journal Psychoanalysis* 34, 313-324.

- Rafaëli, E., Bernstein, D. P., & Young, J. (2010). *Schema Therapy: Distinctive Features*. (pp. 5-77). Routledge.
- Reich A. (1951) On counter-transference. *International Journal of Psychoanalysis*, 32, 25-31.
- Reis, H. T., Shaver, P. R. (1988). Intimacy as an interpersonal process. In S Duck (Ed). *Handbook of Personal Relationships: Theory, Research, and Interventions*. (pp. 367–89). Chichester: Wiley.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. Guilford Press.
- Safran, J. D. (2008) *Mindfulness, Metacognition and Affect Regulation in Psychoanalytic Treatment* in Hick, S & Bein, T (Eds.) *Mindfulness in the Therapeutic Relationship*. (pp. 122-140). New York: Guildford Press.
- Safran, J. D., Muran, J. C., & Samstag, L. W. (1994). Resolving therapeutic alliance ruptures: A task analytic investigation. In Horvath, A. O., & Greenberg, L. S. (Eds.). *The working alliance: Theory, research, and practice* (Vol. 173, pp. 225-255). John Wiley & Sons.
- Salzer, S., Leibing, E., Jakobsen, T., Rudolf, G., Brockmann, J., Eckert, J. ... & Keller, W. (2010). Patterns of interpersonal problems and their improvement in depressive and anxious patients treated with psychoanalytic therapy. *Bulletin of the Menninger Clinic*, 74(4), 283-300.
- Samuels, A. (2006) Transference/countertransference In Papadopoulos, R. K. (Ed.). *The handbook of Jungian psychology: Theory, practice and applications*. (pp. 177-195). Psychology Press.
- Schafer, R. B., & Keith, P. M. (1985). A causal model approach to the symbolic interactionist view of the self-concept. *Journal of Personality and Social Psychology*, 48(4), 963-969.

Shlien, J. M., & Zimring, F. M. (1966). Research directives and methods in client-centered therapy. In *Methods of research in psychotherapy* (pp. 424-447). Springer US.

Shrauger, J. S., & Schoeneman, T. J. (1979). Symbolic interactionist view of self-concept: Through the looking glass darkly. *Psychological bulletin*, 86(3), 549.

Smith, J. A. (1991) Conceiving selves: A case study of changing identities during the transition to motherhood. *Journal of Language and Social Psychology*. 10(4), 225-243.

Smith, J. A., Jarman, M. & Osborn, M. (1999) Doing Interpretative Phenomenological Analysis. In Murray, M & Chamberlain, K. (Eds.) *Qualitative Health Psychology*. Sage, 219-240.

Smith, J. A., & Osborn, M. (2003) Interpretative phenomenological analysis. In Smith, J. A. (Ed.). *Qualitative psychology: A practical guide to research methods*. (2nd Ed.) (pp. 53- 80). Thousand Oaks, CA: SAGE Publications.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54. doi: 10.1191/1478088704qp004oa

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27.

Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. W. W. Norton & Company, New York, London. (pp. 110-134). *Psychology Series* New York: Meredith Publishing Company.

Sterba R. F. (1934) The fate of ego in analytic therapy. *International Journal of Psycho-Analysis*, 15, 117-126.

Szasz, T. (1981). The concept of transference. *Classics in Psychoanalytic Technique*, 25, 432-443. (Original work published in 1963).

Therapeutic [Def. 1, 1.1., 1.2] (n.d.) Oxford Dictionaries, Retrieved August 15, 2017 from <https://en.oxforddictionaries.com/definition/ally>

- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80-96.
- Tyron G. S., & Winograd, G. (2011). Goal consensus and collaboration. In John C. Norcross (Ed) *Psychotherapy relationship that work: Therapist contributions and responsiveness to patients*. (2<sup>nd</sup> Ed). (pp. 153-167). Oxford University Press.
- Upadhyay, P. (2012). Interpretivist tradition in qualitative anthropological research writings. *Himalayan Journal of Sociology and Anthropology, 5*, 123-137.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. (pp. 177-206). Guilford Press.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Erlbaum.
- Washton, A. M., & Stone-Washton, N. (1990). Abstinence and relapse in outpatient cocaine patients. *Journal of Psychoactive Drugs, 22*(2), 135-147.
- Webb, W. (1993). Cognitive behavior therapy with children of alcoholics. *The School Counselor, 40*(3), 170-177.
- Wiggins J.S. (1991). Agency and communion as conceptual coordinates for the understanding and measurement of interpersonal behavior. In Cicchetti D., Grove W. M., (Eds). *Thinking clearly about psychology: Essays in honor of Paul E. Meehl, Vol. 2: Personality and psychopathology*. (pp. 89–113). University of Minnesota Press: Minneapolis, MN.
- Willig, C. (2008). *Introducing qualitative research in psychology*. (2<sup>nd</sup> Ed.) (pp. 52-73). McGraw-Hill Education (UK).
- Winnicott, D. W. (1949). Hate in the counter-transference. *The International Journal of Psycho-Analysis, 30*, 69-74.

Winnicott, D. W. (1960). Counter-transference. *Psychology and Psychotherapy: Theory, Research and Practice*, 33(1), 17-21.

Wispé, L. (1986). The distinction between sympathy and empathy: To call forth a concept, a word is needed. *Journal of Personality and Social Psychology*, 50(2), 314.

Zetzel, E. R. (1956). Current concepts of transference. *Classics in Psychoanalytic Technique*, 37, 369-376.

Zetzel, E. R. (1977) Current Concepts of Transference. In Langs, R. J. (Ed.). *Classics in psychoanalytic technique*. (pp. 271-278). Jason Aronson, Incorporated.

## APPENDICES

### Appendix A: Inform Consent

#### Gönüllü Katılım Formu

Bu araştırma, Psikoloji Bölümü Bölüm Başkanı Prof. Dr. Tülin Gençöz danışmanlığında, Orta Doğu Teknik Üniversitesi, Psikoloji Bölümü, Klinik Yüksek Lisans Programı öğrencisi Şebnem Şahinöz tarafından tez araştırması olarak yürütülmektedir. Çalışmanın amacı, terapi ilişkisi, kişiler arası ilişki tarzları ve terapi süreci arasındaki ilişkileri incelemektir. Bu amaç doğrultusunda sizinle, toplamda yaklaşık 3 saat sürmesi planlanan, yarı yapılandırılmış, derinlemesine görüşmeler yapılacaktır. Bu görüşmeler sırasında, demografik bilgileriniz sorulacak ve sizin için hassas olabilecek konularda sorular sorularak bilgi toplanacaktır. Görüşmeler sırasında ses kaydı alınacaktır. Bu ses kaydı sadece araştırmacı ve danışman tarafından değerlendirilecektir ve başka bir kurum ya da kişi ile paylaşılmayacaktır. Ses kayıtları araştırma sonlandığında silinecektir.

Görüşmeler sırasında kimlik belirleyici bilgileriniz istenmeyecektir. Verdiğiniz bilgiler sadece bilimsel araştırmalarda kullanılacaktır. Katılım tamamen gönüllülük esasına dayanmaktadır. Çalışmada tarafsız ve güvenilir sonuçlara ulaşılabilmesi için, soruları içtenlikle cevaplamanız önemlidir. Görüşmelerde genel rahatsızlık verici sorular yer almamaktadır. Ancak herhangi bir sebepten ötürü görüşmeyi bırakmakta ve yanıtlarınızın çalışmada kullanılıp kullanılmamasına karar vermekte özgürsünüz.

Araştırma ile ilgili, daha sonra, detaylı bilgi edinmek istediğinizde araştırmacı Şebnem Şahinöz'e [e165226@metu.edu.tr](mailto:e165226@metu.edu.tr) adresinden ya da danışman Prof. Dr. Tülin Gençöz'e [tgencoz@metu.edu.tr](mailto:tgencoz@metu.edu.tr) adresinden ulaşabilirsiniz.

Katıldığınız ve zaman ayırdığınız için teşekkür ederiz.

*Bu çalışmaya gönüllü olarak katılıyorum ve istediğimde yarıda kesebileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını onaylıyorum.*

İsim Soyisim: \_\_\_\_\_

İmza: \_\_\_\_\_

## Appendix B: Debriefing Form

### Katılım Sonrası Bilgilendirme Formu

Bu araştırma, daha önce de belirtildiği gibi, ODTÜ Psikoloji Bölümü Yüksek Lisans öğrencisi Şebnem Şahinöz tarafından Prof. Dr. Tülin Gençöz danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Araştırma kapsamında, terapi ilişkisi, kişiler arası ilişki tarzları ve terapi süreci arasındaki ilişkinin incelenmesi amaçlanmaktadır.

Terapi ilişkisinin, terapi sürecine olumlu etkileri olduğu ve değişim sürecine katkıda bulunduğu bilinmektedir. Terapi ilişkisinin, amaçlar konusunda hemfikirlik, uygulanan yöntemler konusunda hemfikirlik ve duygusal bağ olmak üzere üç bileşeni olduğu düşünülmektedir. Kişiler arası ilişki tarzları ise yakınlık boyutu ve baskınlık boyutu olmak üzere iki boyut ve bu boyuttaki özelliklerin birbirleriyle olan etkileşimi üzerinden değerlendirilmektedir. Araştırma kapsamında terapideki ilişkinin, kişiler arası ilişki tarzları ve terapi süreci ile alakalı olabileceği düşünülmüş ve bunların doğasını ve arasındaki ilişkiyi incelemek amaçlanmıştır. Bu amaç doğrultusunda belirli sayıda terapist ve danışan görüşmelere davet edilmiştir. Bu görüşmelerle bu ilişkilerin incelenmesi ve anlaşılması beklenmektedir.

Bu çalışmadan elde edilecek ilk verilerin Temmuz 2015 sonunda elde edilmesi planlanmaktadır. Elde edilen bilgiler sadece bilimsel araştırmalarda ve yazılarda kullanılacaktır. Görüşmeler sırasında alınan ses kaydı, araştırma sonunda silinecektir. Bu çalışmaya katılımınız için çok teşekkür ederiz.

Araştırmanın sonuçlarını öğrenmek ya da daha fazla bilgi almak için aşağıdaki isimlere başvurabilirsiniz.

Prof. Dr. Tülin Gençöz ([tgencoz@metu.edu.tr](mailto:tgencoz@metu.edu.tr))

Şebnem Şahinöz ([e165226@metu.edu.tr](mailto:e165226@metu.edu.tr))



### **Appendix C: Sample Questions for Semi-structured Interview**

1. How do you evaluate your alliance with your client?
2. What are the therapy goals and how do you evaluate your and your client's perspective about the goals?
3. What are the topics that you work through and what are the tasks that you follow in the therapy, and how do you evaluate your and your client's perspectives about these?
4. How do you evaluate the emotional bond between you and your client?
5. How do you evaluate yourself in the relationships with others? In your relationship with others, how do you evaluate yourself in terms of affiliation and dominance?<sup>1</sup>
6. How do you evaluate your relationship with your client?
7. How do your interpersonal characteristics display in the therapy setting?
8. In terms of affiliation and dominance, how do you evaluate yourself in the therapy relationship?

---

<sup>1</sup> Firstly, this question included predetermined significant others such as mother, father, siblings, friends, romantic partners and authority figures. Each was separately inquired. Secondly, participants' definitions for affiliation and dominance were used during the interview.

## Appendix D: Turkish Summary/Turkçe Özet

### İTTİFAK VE PSİKOTERAPİ İLİŞKİSİ ARASINDAKİ BAĞLANTI VE FARKLILIKLAR: PSİKOTERAPİSTLERİN BAKIŞ AÇISINDAN BİR FENOMENOLOJİK ANALİZ

#### 1.Giriş

Psikoterapide terapist-danışan ya da psikanalizde analist-hasta ilişkisi, uzun yıllardır araştırılmaktadır. Aktarım ve karşı-aktarım, ittifak ve gerçek ilişki yaklaşımları, bu ilişkileri açıklamaya çalışan önde gelen 3 yaklaşımdır. Psikanalizin ilk yıllarında aktarım, hastanın psikopatolojisiyle ilgili görülürken (Freud, 1913; Sterba, 1981), sonraları aktarım, karşı-aktarımla birlikte ele alınmıştır. Örneğin Carl Gustav Jung, analiz ilişkisi içerisinde, analistin de kendi bilinçdışı materyalleriyle birlikte var olduğunu söylemiştir (aktaran, Samuels, 2016). Melanie Klein, karşı aktarımın, analistin kendi zihinsel durumuna işaret ettiğini öne sürmüştür (aktaran, Macedo & Dias, 2010). Psikodinamik yaklaşımlar, karşı aktarımdan hem danışanın diğer insanlar üzerinde nasıl bir etki bıraktığını anlamak için hem de terapistin geçmişteki ilişkilerine verdiği tepkileri kavramak için faydalanır (Gabbard, 2004). Kişilerarası teori açısından, aktarım ve karşı-aktarım, psikoterapist ve danışan arasındaki sözel olmayan iletişim biçimi olarak tanımlanabilir (Kiesler, 1996).

İttifak, psikoterapi ilişkisini açıklayan bir diğer yaklaşımdır. İttifak; terapötik ittifak, terapötik ilişki, çalışan ittifak (working alliance) ya da yardımcı ittifak (helping alliance) olarak çeşitli isimler alabilmektedir. Genellikle ittifak, psikoterapi tarafları arasındaki işbirliği olarak tanımlanır (Howarth, Del Re & Symonds, 2002). Luborsky (1976) ise ittifakı, yardımcı ittifak olarak kavramsallaştırmış ve ittifakın bileşenlerini ‘danışanın terapisti potansiyel yardım ve destek olarak algılaması’ ve ‘danışanın zorluklarıyla çalışırken işbirliği hissetme’ olarak tanımlamıştır (aktaran, Luborsky, 1994). Marmar, Weiss ve Gaston (1989), California Terapötik İttifak Derecelendirme Sistemi’ni incelemişlerdir ve ‘terapistin anlayışı ve katılımı’, ‘hastanın düşmanca

direnci', 'hastanın adanmışlığı', 'terapistin olumsuz katkısı' ve 'hastanın çalışma kapasitesi' olarak beş boyut bulmuşlardır. Bordin (1979) çalışan ittifakı 'amaçlarda fikir birliği', 'görevlerde fikir birliği' ve 'duygusal bağ' olarak kavramsallaştırmıştır ve bu tanımın, tüm psikoterapi türlerine genellenebilir olduğunu ileri sürmüştür. İttifaka, ilişkisel yaklaşan çalışmalar da mevcuttur. Henry ve Strupp (1994) terapötik ittifakın, hastanın psikopatolojisi üzerinde iyileştirici etkisi olduğunu savunmuştur. Kurulmuş iyi bir ilişkinin, doğrudan ya da dolaylı olarak terapötik olabileceği bildirilmiştir (Graske & Davis, 2000).

Psikoterapi ilişkisini açıklayan bir diğer yaklaşım, gerçek ya da kişisel ilişki olarak adlandırılmaktadır. Greenson (1965;1967) aktarım ve ittifaka ek olarak *insanlık, içten önemseme* ve *saygı* gibi elementlerin de analiz ilişkisinde önemli roller oynadığını savunmuştur. Gerçek ilişkide bir kişi, diğerinin davranışlarını ve tepkilerini gerçek; duygularını ise içten olarak algılar (Gelso & Carter, 2002). Örneğin, aktarım da içtendir ancak yanlış yorumlama ve yanlış atıflarda bulunma aracılığıyla gerçeği çarpıtır (Gelso, 1985). Horvath (2009) aktarım deneyimlerinden ve duygularından sıyrılmayacağımız için bu yaklaşımın hatalı olduğunu öne sürmüştür ve o, bir yaklaşımın, daha önceden öne sürülmüş diğer kavramlarla örtüşmemesi gerektiğini açıklamıştır. Diğer taraftan, Gelso ve Carter (1994), güçlü bir gerçek ilişki ve çalışan ittifakın birbirlerini desteklediğini ve tarafların birbirleriyle alakalı içten hislerini ifade etmelerine ortam hazırladığını ileri sürmüşlerdir. Hatta çalışan ittifak ile gerçek ilişki arasında güçlü bir bağlantı bulunurken (Fuertes ve ark., 2007; Gelso ve ark., 2005) olumlu ya da olumsuz aktarımla gerçek ilişki arasında bir bağlantıya rastlanmamıştır (Gelso ve ark., 2005). Dahası, aktarım ve karşı aktarım, psikoterapi tarafları arasında oluşabilir ve çözülebilir. Öte yandan ittifak, bozulabilir ve düzeltilebilir. Ancak gerçek ilişkideki bozulmalar, psikoterapinin toplamdaki başarısızlığını tahmin etmede daha güçlü bir yordayıcı olabilir (Gelso ve diğerleri, 2012).

Özetle, aktarım ve karşı-aktarım, ittifak ve gerçek ilişki, psikoterapi ilişkisini açıklayan ve önde gelen üç önemli yaklaşımdır. Kişilerarası teori ise, iki kişi arasındaki herhangi bir ilişkiyi açıklayabilir. Kişilerarası teori, Sullivan (1953)'in

kişiliği kişilerarası düzeyde tanımlamasına dayanmaktadır. O, güven ve öz-saygı (self-respect) olarak iki kişilerarası motivasyon öne sürmüştür. Leary (1957), bu motivasyonları duygusal yakınlık (affiliation) ve baskınlık olarak isimlendirmiştir. Bu motivasyonlar için 'eylemlilik (agency) ve güç' ya da 'birlik (communion) ve sevgi' olarak başka isimler de önerilmiştir. Blackburn ve Renwick (1996) birliğin, görüş ve his paylaşımı, eylemliliğin ise hareket edebilme, güç vb. kavramlar içerdiğini savunmuştur.

Bu teorik kavramsallaştırmalarla uyumlu olarak, kişilerarası döngüsel modelin (temel kişilerarası motivasyonların etkileşimine dayanan bir model) de istatistiksel gücü kanıtlanmıştır. Örneğin 'düşmanca-arkadaşça' ve 'boyun eğici-baskın' olmak üzere iki boyutun etkileşimleri gösterilmiştir (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988). Dahası, Kiesler (1983; 1996) kişilerarası döngüsel modele dayalı olarak psikolojik rahatsızlıklara özgü davranış kalıpları olduğunu ileri sürmüştür. Psikoterapist-danışan ilişkisi, kişilerarası döngüsel modelde çalışılmış ancak alan yazınında birbiriyle çelişen sonuçlar beyan edilmiştir. Örneğin, Washton ve Stone-Washton (1990) terapistlerin baskınlığının, psikoterapi sonuçları üzerinde olumsuz etkileri olduğunu gösterirken, Miller, Benefield ve Tonigan (1993) yüzleştiren ya da arkadaşça olmayan terapistlerin, alkol bağımlılığı olan danışanlarla çalışırken daha başarılı olduğunu bildirmiştir. Etkileşim söz konusu olduğunda ise kişilerarası tarzlarda benzerliğin ya da tamamlayıcılığın terapi sonuçlarını yordayıcı bir etkisi olmadığı gösterilmiştir (Dinger, Strack, Leichsenring and Shauenburg, 2007).

Yukarıda anlatılan teori ve yaklaşımlar göz önünde bulundurularak psikoterapi ilişkisinde kişilerarası tarzların önemli bir yeri olabileceği düşünülmüştür. Örneğin, Safran (2008) da terapötik ilişkiyi anlayabilmemiz için, danışanların ve terapistlerin bireysel geçmişlerini, çatışmalarını ve çevreleriyle nasıl etkileşime geçtiklerini anlamamız gerektiğini önermiş ve bunların psikoterapi ortamında etkileşimli bir dinamik yarattığının altını çizmiştir. Bu bağlamda, psikoterapistlerin kişilerarası ilişki tarzlarının psikoterapide ortaya çıkışları ve ittifak, çalışma konusu olarak seçilmiştir. Psikoterapi amaçları ve görevleriyle ilgili ittifak bileşenlerinin kişilerarası

tarzlar tarafından kapsanamayacağı düşünöldüğü için ittifak çalışmaya dâhil edilmiştir.

Çalışmanın amacı, psikoterapi ilişkisinde işleyen mekanizmaları ve bileşenleri kavramaktır. Çalışma konusunun karmaşıklığı, bizi nitel bir analiz yapmaya yönlendirmiştir. Bu amaç doğrultusunda aşağıdaki araştırma sorularına cevap bulmak hedeflenmektedir.

1. Psikoterapistler, psikoterapi ilişkisini nasıl deneyimlemektedir?

1.1. Psikoterapistler, ittifakı nasıl deneyimlemektedir?

1.2. İttifak neleri kapsamaktadır?

1.3. Psikoterapistler, önemli başkalarıyla (significant others), kişilerarası ilişkilerini nasıl deneyimlemektedir?

1.4. Psikoterapistlerin kişilerarası tarzları, önemli başkalarıyla olan ilişkilerinde nasıl ortaya çıkmaktadır?

1.5. Psikoterapistler, danışanlarıyla kişilerarası ilişkisini nasıl deneyimlemektedir?

1.6. Psikoterapistlerin kişilerarası tarzları psikoterapi ortamında nasıl ve ne derece ortaya çıkmaktadır?

1.7.İttifak, psikoterapistlerin kişilerarası tarzlarıyla nasıl ilişkilidir?

1.8.İttifak, psikoterapistlerin kişilerarası tarzlarından nasıl ayrışmaktadır?

## **2.Yöntem**

Psikoterapistlerin psikoterapi deneyimlerini anlamak ve kişilerarası tarzların psikoterapide ortaya çıkışını kavramak için nitel bir çalışma düzenlenmiştir. Nitel bir yöntem olarak Yorumlayıcı Fenomenolojik Analiz (YFA) kullanılmıştır.

Katılımcı seçimi, ‘amaca yönelik kriter örneklem’ (purposive criterion sampling) olarak tanımlanmıştır. Bu örneklemede, araştırmacılar, kendilerine özgü deneyimleri olan kişileri katılımcı olarak seçmektedirler (Payls, 2008). Katılımcılar, Orta Doğu Teknik Üniversitesi’nde (ODTÜ) Klinik Psikoloji Doktora Programı’na devam eden, genç yetişkinlik dönemindeki üç kadın psikoterapistti. Programlarının bir gereği olarak süpervizyon altında psikoterapi vermekteydiler. Klinik psikoloji eğitimleri süresince yaklaşık iki buçuk yıldır psikoterapi yapmaktaydılar.

Çalışma düzenlenmeden önce birbirini takip eden beş odak grup toplantısı yapılmıştır. Mülakatlar, grupta yer alan tez danışmanı, araştırma partneri ve klinik psikoloji doktora öğrencileri olan grup üyelerinin geribildirimleriyle son haline getirilmiştir. Etik kurul izini, ODTÜ Sosyal Bilimler Enstitüsü, İnsan Araştırmaları Etik Kurulu’ndan alınmıştır.

Psikoterapistlerle yapılan mülakatlar yüz yüze, yarı-yapılandırılmış ve derinlemesine mülakatlardır. Mülakatların uzunluğu sırasıyla 153 dakika, 179 dakika ve 136 dakikadır. Mülakatlar, sosyo-demografik bilgiyi, psikoterapist-danışan ilişkisini ve ittifakını, psikoterapistlerin kişilerarası tarzlarını ve bu tarzların psikoterapi ortamında ortaya çıkışını sorgulayan dört kısımdan oluşmaktadır. Katılımcılar, çalışma boyunca Seda, Meltem ve Dilek olarak takma isimle anılmaktadır.

Çalışmanın analizinde nitel paradigma takip edilmiştir. Pozitivist ve post-pozitivist paradigmlar, olguları, doğrulanabilir ya da yanlışlanabilir rakamsal formüllerle ifade edilen varsayımlar üzerinden açıklamayı amaçlar (Guba & Lincoln, 1994). Diğer yandan, yorumlayıcı yaklaşımlar ise, kişilerin kendilerini, kendi kelimeleriyle ve kendi tarzlarında açmalarını desteklemektedir (Upadhyay, 2012). Yorumlayıcılık, kişilerin deneyimlerini ve dünyayı nasıl anladığına, nasıl anlamlandırdığına ve nasıl yorumladığına odaklanır. Bu yüzden, tarafsızlık, yorumlayıcı paradigmalarda önemli görülmez çünkü bilim, bilim insanların ve insan katılımcıların kişisel bağlamlarından ayrılamayacağı için tarafsız kalamaz.

Fenomenoloji ilk kez Edmund Husserl (1970) tarafından tanıtılmıştır. Yorumlayıcı teorik bakış açısı, olguları kişilerin kendi bağlamlarında anlamaya çalışır. Bu çalışmanın mülakatlarının deşifre edilmiş metinleri ise YFA kullanılarak analiz edilmiştir. YFA, ilk kez Smith (1991) tarafından tanıtılmıştır. YFA kişilerin bilişlerini, incelenen olgu hakkındaki düşünce ve inançları üzerinden anlamaya çalışır (Smith, Jarman, Osborn, 1999). Smith (2004) YFA'nın temel üç özelliğini, 'idiyografik, tümevarımsal ve sorgulayıcı' olarak tanımlamıştır. Bunlarla uyumlu olarak, analiz ve raporlama kısmında, Willing (2008) tarafından belirlenmiş şu aşamalar takip edilmiştir: i) transkriptleri tekrar okuyup notlar almak, ii) temaları belirlemek, iii) kümeleri oluşturmak ve temaları bu kümelere dâhil etmek, iv) özet tablo hazırlamak.

Nitel araştırmalarda, geçerlik ve güvenilirlik farklı şekilde ele alınır. Örneğin, Elo ve arkadaşları (2014), hazırlama, düzenleme ve datayı raporlama aşamalarının açıkça belirtilmesi gerektiğini söylemişlerdir. YFA'ya özgü olarak, Smith (2011) yüksek kalite kriterlerini şu şekilde ileri sürmüştür: i) yazının açık bir odağının olması, ii) güçlü veri, iii) özenli bir yazı, iv) temaları detaylandırma, v) betimlemeyicilik yerine yorumlayıcılık vi) yakınsama ve ayrışmaları gösterme viii) dikkatli bir yazım. Bu kriterler üzerinden analiz ve raporlama gözden geçirilmiş ve bu çalışmanın güvenilir (trustworthy) olduğuna kanaat getirilmiştir.

### **3. Analiz ve Tartışma**

Çalışmanın analiz kısmı dört kısımdan oluşmaktadır. Birinci kısım, yani benimsenen *psikoterapi yaklaşımları*, mülakatın sosyo-demografik bilginin alındığı bölümden ortaya çıkmıştır. İkinci kısım *ittifak*, üçüncü kısım ise *psikoterapistlerin kişilerarası tarzları* olarak adlandırılmıştır. Dördüncü kısım ise *psikoterapistlerin kişilerarası tarzlarının psikoterapi ortamında ortaya çıkışı* olarak adlandırılarak sunulmuştur.

#### **3.1. Benimsenen psikoterapi yaklaşımları.**

Bu ana temanın altındaki alt temalar; *yaklaşımları birleştirme* ve *eğitimin etkisi* olarak belirlenmiştir. Birleştirilen yaklaşımlar 'ilişkisel yaklaşım ve psikanaliz',

'ilişkisel yaklaşım ve bilişsel davranışçı psikoterapi' ve 'hümanistik yaklaşım ve şema terapi' yönelimlerini kapsamaktadır. Süpervizyonlar, alınan dersler, yapılan stajlar ve kayıtlı olunan üniversitenin ekolü ise eğitimin benimsenen psikoterapi yaklaşımını üzerindeki etkisini belirleyen bileşenlerdir.

Alan yazınında ise, Poznanski ve McLennan (2003), bilişsel davranışçı psikoterapi yaklaşımını benimseyen terapistler, üniversite eğitimlerinden etkilenirken, psikodinamik psikologların süpervizyonlardan etkilendiğini göstermiştir. Norcross (1991) ise, terapistlerin eklektik ve entegratif yaklaşımlar benimsediğini, bunun amacının danışanların kişisel ihtiyaçlarına daha uygun olan etkin, uygulanabilir ve etkili psikoterapiler sağlamak olduğunu söylemiştir.

### **3.2. İttifak.**

İttifak başlığının altında üç ana tema bulunmaktadır: *Terapi amaçları ve amaçlarda fikir birliği, terapi görevleri ve görevlerde fikir birliği, duygusal deneyimler.*

#### **3.2.1. Terapi amaçları ve amaçlarda fikir birliği.**

Terapi amaçları ve amaçlarda fikir birliği, altı alt temayı kapsamaktadır. Bunlar; akademik problemler, duygu-durumla ilgili problemler, ilişki problemleri, psikoterapistlerin tepkileri, amaçlarda değişim ve amaçlarda fikir birliğinin kalitesidir.

Akademik problemler, ders çalışma ve mezun olmakla ilgili sıkıntıları kapsamaktadır. Duygu-durumla ilgili problemler, boşluk duygusu ve depresif duygulanım gibi şikâyetleri kapsamaktadır. İlişki problemleri, romantik ilişkilerdeki, arkadaşlık ilişkilerindeki ya da diğer sosyal gruplardaki problemleri içermektedir.

Psikoterapistlerin tepkileri ise danışanlarının amaçları ve şikâyetleri hakkında psikoterapistlerin profesyonel ve klinik fikirlerini içermektedir. Psikoterapi amaçlarında, süreç içerisinde değişimler meydana gelmiştir. Örneğin, ders çalışma ile ilgili sıkıntılarla çalışılırken sosyal hayatla ve yakın ilişkilerle ilgili sıkıntılar da



şikâyetlerin arasına girmiştir. Ek olarak, danışanlardan biri, uzun süredir kendisine sakladığı bir sırrını psikoterapisti ile paylaşmıştır. Psikoterapistler ve danışanlar, psikoterapi süreci içerisinde, amaçlar konusunda farklı derecelerde anlaşmalara varmışlardır. Psikoterapistlerin amaçlar hakkındaki tepkileri, amaçlardaki değişim ve anlaşma arasındaki bağlantı şu şekildedir: Amaçlar konusunda anlaşma psikoterapistlerin tepkilerinden etkilenmektedir. Bu tepkiler, süreç içerisinde amaçlardaki değişime katkıda bulunmaktadır. Bu şekilde, amaçlarda fikir birliğinin kalitesi belirlenmiştir.

Alan yazınında ise, psikolojik, kişilerarası ve akademik durumlarla tetiklenen sıkıntıların ve ayrıca sır saklamanın (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995) psikoterapide çalışılan alanlar olduğu gösterilmiştir (Cepeda-Benito & Short, 1998). Paris (2013,) psikodinamik psikoterapistlerin en çok çalıştıkları konuların yakın ilişkilerdeki sorunlu döngüler olduğunu gözlemlerken, Salzer ve arkadaşları (2010) psikanalitik yönelimli terapilerin, depresif ve kaygılı kişilerin kişilerarası problemleri üzerinde kayda değer gelişmeler ortaya çıkardığını bildirmiştir. Ek olarak, amaçlar konusundaki fikir birliğinin ve iş birliğinin olumlu terapötik sonuçlara yol açtığı öne sürülmüştür (Tyron & Winograd, 2011). Diğer yandan, Brockmann, Schlüter ve Eckert (2002), uzun süreli davranışçı terapiye ya da psikanalitik yönelimli terapiye devam eden kişilerin amaçlarının yaklaşık üçte birinin bir yıl içinde değiştiğini ve kişilerarası problemlerle ilgili amaçlarda bir artış gözlemlendiğini bildirmişlerdir.

### ***3.2.2. Terapi görevleri ve görevlerde fikir birliği.***

Bu ana tema, üç alt temadan oluşmaktadır: *psikoterapideki görevleri belirleme, danışanların görevler hakkındaki fikirleri, görevlerde fikir birliğinin kalitesi.* Psikoterapi görevleri, psikoterapistler ve danışanlar arasında etkileşime yol açan elementler olarak anlaşılmıştır. Tespit edilen üç alt tema arasında gözlemlenen bağlantı şu şekildedir: İlk önce psikoterapistler, danışanlarının ihtiyaçları ve amaçları doğrultusunda terapi görevlerini ayarlamışlardır. Daha sonra ise danışanlar, görevler hakkında olumlu ya da olumsuz fikirlerini psikoterapistlerine açıklamışlardır.

Fikirlerini açıklayabilme becerisinin, görevlerde fikir birliğinin kalitesi ile yakından ilişkili olduğu gözlemlenmiştir.

Alan yazınında da psikoterapide kullanılan yöntemlerin, psikoterapi taraflarının üzerinde ilişkisel bir etkisi olduğu belirtilmiştir (Norcross & Lambert, 2011; Safran & Muran, 2000). Ayrıca, danışanların psikoterapi görevleriyle ilgili hislerini belirtememesinin, ittifakta bozulmaya işaret ettiği ifade edilmiştir (Safran, Muran, & Samstag, 1994).

### **3.2.3. Duygusal deneyimler.**

Duygusal deneyimler ana teması, karşılıklı olumlu duyguları ve psikoterapistlerin danışanlarına karşı hissettiği sempati duygusu olarak tanımlanan iki alt temayı içermektedir. Karşılıklı olumlu duygular, saygı, güven, anlayış ve sevgi gibi duyguları kapsamaktadır ve Bordin (1979)'nin öne sürdüğü teorik ittifak kavramsallaştırmasıyla uyumludur. Sempati ise danışanın hayat hikâyesinden etkilenme, danışanı anladığını sanma, danışana acıma ve psikoterapistin danışanı benzer hayat olaylarını deneyimlemesi ile ilgilidir. Psikoterapi uygulamalarında sempati yerine empati olması gerektiği vurgulanmaktadır. Wispe (1986) ise empatiyi, karşıdaki kişi hakkında bir şeyler bilme olarak tanımlarken, sempatiyi karşıdaki kişiyle ilişki kurmanın bir biçimi olarak tanımlamıştır.

### **3.3. Psikoterapistlerin kişilerarası tarzları.**

Psikoterapistlerin kişilerarası tarzları, onların *göze çarpan ve tekrar eden kişilerarası örüntüler* olarak adlandırılan alt temaya işaret etmektedir.

Katılımcılardan Meltem, içedönük ve ambivert özellikleri olan, konuşmaktansa dinlemeyi tercih eden, sosyal ortamlarda kendisini düşünceli ve saygılı bir kişi olarak sunmayı yeğleyen ve başkalarının kendisi hakkındaki düşüncelerini önemseyen bir kişidir. Bu özellikleri, anne, baba, romantik ilişki gibi ilişkilerinde gözlemlenmiştir ve bunlar, genel olarak kendini tanımlamasıyla tutarlıdır. Diğer katılımcı Dilek, kendisini kolay uyum sağlayabilen, ilişki kurması kolay, kendini feda edici

davranışlara sahip olan ve yardımcı olmayı önemseyen biri olarak tarif etmiştir. Bu özellikleri anne, baba, arkadaş ilişkileri ve romantik ilişkiler gibi ilişkilerinde kendisini tutarlı olarak göstermektedir. Son katılımcı Seda ise, kendisini genellikle baskın, agresif tutumlar gösterebilen, soğuk ve mesafeli birisi olarak tanımlamıştır. Ancak daha derinde, ilgilenilmeyi ve değer görmeyi uman daha kırılgan biri olarak tarif etmiştir. Seda'nın da kendini tanımlayışı, anne, baba, arkadaşlık ve romantik ilişkilerde tutarlı olarak gözlemlenmiştir. Bu özellikler, katılımcıların kişilerarası ihtiyaçları ve motivasyonlarına dayanarak sorgulanmıştır ve tutarlılık Sullivan (1953)'ün kişilik tanımını desteklemektedir.

### ***3.3.1. Köken ailede kişilerarası tarzlar.***

Köken ailede kişilerarası tarzlar, *annelerle açık iletişim ve yakınlık, babalarla açık iletişim eksikliği ve kardeş ilişkisinde rekabet, karmaşa anlaşmazlık ve uzaklık* olarak adlandırılan üç alt temayı içermektedir.

Annelerle açık iletişim ve yakınlık, onlarla diğer kişilere göre daha çok iletişime geçme, duyguların ve düşüncelerin rahatlıkla ifade edilmesi gibi deneyimlerle tarif edilmiştir. Babalarla olan ilişkideki tarzlar ise sınırlı ya da dolaylı olarak duygu ve düşünceleri ifade etme ve duygusal bir uzaklık ile tanımlanmıştır. Kişilerarası tarzlardaki bu fark kültürel ya da cinsiyetle ilişkili olabilir. Örneğin, erkekler ile kadınlar arasında duyguları deneyimleme açısından bir fark yokken, sosyal açıdan duyguları ifade ediş, erkekler ve kadınlar için farklı olarak tanımlanan toplumsal yapılarıdır (Kring and Gordon, 1998). Ancak ifade etmedeki eksiklikler, kişilerde stres yaratabilmekte, tatmin edici kişilerarası etkileşimleri deneyimlemeye engel olabilmekte (Butler & Gross, 2004) ya da yakın ilişki geliştirmeye ket vurabilmektedir (Butler ve ark., 2003).

Katılımcıların hepsinin kendinden yaşça büyük kardeşleri vardır. Bu ilişkilerde hayal kırıklığı, güvenmede sorunlar ve karşılanmamış beklentiler ön plandadır ve bu durum kişilerarası tarzların rekabetçi, karmaşa içinde ve/ve ya uzak olmasına yol açmıştır. Alan yazınında, kardeşler arasındaki anlaşmazlıkların temel sebebi olarak aile

kaynaklarının paylaşılması gösterilmiştir (Suloway, 1995). Kardeşler arasında güç/statü konuları ön plandadır (Buhrmester & Furman, 1990). Büyük kardeşler daha özerk özelliklere sahipken, küçük kardeşler ikincil rolleri kabul edebilen yapıda değillerdir. Bu durum ilişkilerin, olumsuz özelliklerle tanımlanmasına yol açar (McHale ve ark., 2007).

### **3.3.2. Ailesel olmayan bağlamda kişilerarası tarzlar.**

Bu ana tema, *otorite figürleriyle uzaklık ve itaat, otorite figürlerine kendini ifade etme, arkadaşlıkta yardımcı olma ve etkin-kontrolcü roller, romantik ilişkilerde yakınlık ve romantik ilişkilerdeki iletişim becerilerinde gelişme* olarak adlandırılan beş alt temayı kapsamaktadır.

Otorite ilişkilerinde psikoterapistler kendilerini kaçınmacı, duyguların ve düşüncelerinin tamamını ifade etmeyen, olumlu duygular hissetseler de göstermeyen, genelde fikirlerini sorulduğunda açıklayan ya da ihtiyaçlarını ve taleplerini ifade etmede zorlanan özellikleriyle tanımlamışlardır. Bu tanımlamaların, psikoterapistlerin babalarıyla olan ilişkilerindeki kişilerarası tarzlarıyla ilişkili olduğu yorumlanmıştır. Kağıtçıbaşı (1970) otoriteye karşı saygı hissetmenin Türkiye’de bir norm olarak benimsendiğini belirtmiştir. Hofstede (1983) ise Türkiye’deki kültürü güç mesafesi yüksek olarak göstermiş, hiyerarşik olarak aşağıda olan kişilerin, yüksektekilere bağımlılık gösterdiğini ifade etmiştir. Çalışanlar arasındaki bu durum, kişilerarası durumlar açısından olumsuz sonuçlar doğurabilir. Örneğin, çalışanlar rahat hissedemedikleri için kişilerarası etkileşimlerden uzak durmakta ya da güçsüz hissettikleri için daha fazla sorumluluk almaktan kaçmaktadır (İrican, 2006).

Kişilerarası tarzlar, arkadaşlık ilişkilerinde de incelenmiştir. Arkadaşlık ilişkileri içinde psikoterapistler kendilerini ilişkiye yatırım yapan, sorunları dinleyen ve çözüm bulan, yönlendiren, tavsiye veren ve yardımcı olan kişiler olarak tanımlamışlardır. Bu özellikler, kontrolcü, fazla sorumluluk alan, iç-içe geçen ve tüm güçlü kişilerarası tarzlar olarak yorumlanmıştır. Alan yazınında kişilerin, aynı cinsten olan arkadaşlarıyla olan konuşmalarının, kendiliğin yeniden yapılanmasına ve

yeniden değerlendirilmesine ortam sağladığı ve sosyal geribildirimlerin kişilerin kişilerarası tarzlarını tasdiklendiği açıklanmıştır (Morgan & Korobov, 2012). Ayrıca kişiler, sosyal etkileşimlerde belirli şekillerde davranışlar göstererek ya da tutarlı geribildirimlere dikkatlerini vererek kendilik kavramlarının tasdiklenmesini sağlarlar (Andrews, 1990). Ancak bu çalışmadaki psikoterapistler geribildirimden bahsetmemiş, bunun yerine yardımcı olma tutumu ve etkin-kontrolcü roller benimsediklerini anlatmışlardır.

Psikoterapistler romantik ilişkilerinde kendi kişilerarası tarzlarını, yakın, sıcak, sevecen, şefkatli, fiziksel temasın bulunduğu tarzlar olarak anlatmışlardır. Bunun yanında, onların kişilerarası tarzları zaman içerisinde dolaylı ve sınırlı olarak kendini ifade etmekten, duyguların ve düşüncelerin doğrudan ifade edildiği daha açık bir iletişim tarzına dönmüştür. Finkel, Simpson ve Eastwick (2017), romantik ilişkilerde kişilerin kendi kişiliklerini ve mizaçlarını ortaya koyduklarını söylemiştir. Kişilerarası yaklaşımlar ise yakınlığın, partnerlerin arasındaki iletişimde gözlemlenebilir olduğunu ifade etmektedir (Reis & Shaver, 1988). Eğeci ve Gençöz (2006) ise, iletişim becerilerinin, bağlanma ve problem becerileri kontrol edildiği durumda da ilişkinin önemli bir bileşeni olduğunu göstermişlerdir.

#### **3.4. Psikoterapist-danışan etkileşimleri.**

Bu ana tema, *kişilerarası tarzların ortaya çıkışı, çelişen duygu ve düşünceler, açık ifade ve kendiliğindenlik ve tek taraflı ilişki* olarak adlandırılan dört alt temayı içermektedir.

Kişilerarası tarzların ortaya çıkışı için psikoterapistlerin genel kişilerarası tarzlarını hatırlamakta fayda vardır. Örneğin, Meltem kendini içedönük ve ambivert özellikleri olan, konuşmaktan çok dinlemeyi seven, kendini düşünceli ve saygılı bir insan olarak sunmaya özen gösteren ve başkalarının kendisi hakkındaki algılarını önemseyen bir tarzla tarif etmiştir. Psikoterapi ortamında ise Meltem, danışanının kendisini nasıl algıladığını önemseydiğini ve danışanın saygılı ya da saygılı olmayan davranışlarına dikkat ettiğini tarif etmiştir. Seda, kendini baskın, soğuk, mesafeli ve agresif bir

tarzla tanımlamıştır. Değer gördüğünü ve önemsendiğini bilmek onun için önemli bir kişilerarası meseledir. Seda, psikoterapi ortamında da kendini otorite olarak tanımlamış ve hiyerarşik olarak üst bir konumda görmektedir. Danışanı tarafından önemsendiğini ve değer verildiğini hissetmektedir. Dilek, kendisini uyumlu, kolay ilişki kurulan, kendini feda davranışları olan ve yardımcı olmayı tercih eden kişilerarası tarzla tanımlamıştır. Psikoterapi ortamında da, danışanına yardım etmek isteyen, gerektiğinde danışanıya duygusunu paylaşan bir tarzla tarif etmiştir. Alan yazınında da ise, örneğin Henry ve Strupp (1994) terapötik ittifakının içindeki kişilerarası süreçlere dikkat çekmişlerdir. Hatta Henry Schacht ve Strupp (1986) özellikle psikoterapinin ilk başlarında olmak üzere keskin kişilerarası süreçler bulmuşlardır. Örneğin, danışanlar yavaş gelişme gösterdiğinde ya da gelişme gösteremediğinde, psikoterapistlerin daha düşmanca kişilerarası davranışlar sergilediklerini bulmuşlardır. Öte yandan, anlamlı gelişmeler kaydeden danışanlarla psikoterapistler arasında daha fazla olumlu tamamlayıcılıkta kişilerarası tarzlar gözlemlenmiştir. Ancak bu çalışmalar, kişilerarası tarzların özgünlüğünü görmezden gelmektedirler.

Diğer alt tema, çelişen duygu ve düşünceler Meltem'in kişilerarası tarzı göz önünde bulundurulduğunda rahatlık ve zorlanma arasında deneyimlenmektedir. Meltem'in içedönük özellikleri (konuşmaktan çok dinlemeyi tercih etme vb.) ve saygıya ve düşünceli davranışlara önem verışı, psikoterapide gündem bulamamaya ya da danışanın bazı sözel olmayan davranışlarını tuhaf bulmasına yol açmış olabilir. Bundan dolayı, Meltem danışanıya rahat hissetse de, bazı zorluklar yaşamaktadır. Dilek'in yaşadığı çelişki, güven ve öfke arasındadır. Dilek, diğer ilişkilerinde yardımcı olmak isteyen ve kendini feda edici davranışları olan bir kişilerarası tarza sahiptir. Danışanı ise Dilek'in terapide kullandığı yöntemlerden faydalanamamakta ve ya bunları unutmaktadır. Dolayısıyla danışanı, Dilek'in ona yardım etmesini engellemektedir. Dilek danışanıya güven ilişkisi kurduklarına inansa da ona karşı öfke de hissetmektedir. Seda'nın yaşadığı çelişki, arkadaşlık ve profesyonellik arasındadır. Seda, diğer ilişkilerinde önemsendiğini ve değer verildiğini bilmek istemekte ve kendini baskın bir karakter olarak tanımlamaktadır. Psikoterapide ise danışanı onun otoritesini kabul etmiş ve aynı zamanda ona çok değer verdiğini

hissettirmektedir. Bu deneyimlerden dolayı Seda ve danışanı olası bir arkadaşlığın gerçekleşip gerçekleşmeyeceğini değerlendirmiş ancak sonuçta profesyonel sınırlar içerisinde kalmayı kararlaştırmışlardır. Alan yazınında ise, terapistlerin danışanlara hissettiği sıcak ve empatik duyguların psikoterapi sonuçları açısından önemli olduğu ifade edilmiştir (Lambert & Barley, 2001). Diğer yandan, psikoterapistlerin belli şartlar altından danışanlarına karşı kızgınlık, nefret, korku ve cinsel içerikli hisleri deneyimleyebildiği belirtilmiştir (Pope & Tabachnick, 1993). Zaman zaman terapistlerin ‘destekleyici ama eleştirel’ ya da ‘düzeltici ama arkadaşça’ gibi çatışan duygular ya da karşıt düşünceler içinde olabildikleri gösterilmiştir (Hill, Howard, & Orlinsky, 1970). Ancak bu bulguların, psikoterapistlerin kendi kişilerarası tarzıyla olan alakaları belirtilmemiştir.

Psikoterapist-danışan etkileşimindeki diğer iki alt tema açık ifade ve kendiliğindenlik ile tek taraflı ilişki birlikte değerlendirilmiştir. Psikoterapistler, zaman içerisinde daha rahat bir şekilde duygularını ve düşüncelerini ifade edebilme becerisi kazanmış ve düşüncelerini daha doğrudan açıklamaya başladıklarını bildirmişlerdir. Kendilerini kasmaktansa daha doğal tepkiler verebilmeyi başardıklarını ve sorulacak soru ya da konuşulacak mesele ile ilgili kaygılarından arındıklarını ifade etmişlerdir. Tek taraflı ilişki kavramı içerisinde de, psikoterapistlerin, psikoterapi ilişkisini danışanın ihtiyaçlarına hizmet eden bir ilişki olarak değerlendikleri ve buna bağlı olarak kendi kişilerarası tarzlarını daha dengeli ve kontrollü bir biçimde ortaya koyduklarını ifade etmişlerdir. Psikoterapist konumunun farkında olduklarını dile getirmişlerdir. Terapistlerin bu tanımlamaları gerçekçi ve içten olarak değerlendirilmiştir. Gerçek ilişki yaklaşımı çerçevesinde ele alınmıştır. Gerçek ilişki kavramının kökenleri, psikoterapistlerin içten, otantik ve açık olmaları beklenen hümanistlik yaklaşımına kadar gider (Gels & Carter, 1985; 1994). Terapistlerin duygu ve düşüncelerini ifade edişleriyle ilgili olarak, kendini açığa vurma (disclosure) kavramı incelenmiştir. Örneğin, Coady ve Marziali (1994), terapistlerin kendini açığa vurmalarının ittifak ile olumsuz bir ilişki içerisinde olduğunu göstermiştir. Myers ve Hayes (2006) ise ittifak zayıf olduğu durumda, karşı-aktarımla ilişkili kendini açığa vurmanın danışanlar tarafından daha olumsuz algılandığını belirtmiştir. Onaylayıcı, destekleyici ve yardımcı olan kendini açığa vurmaları, danışanlar olumlu

algılamaktadır (Hill, Mahalik, & Thompson, 1989). İş birliğini ve kişinin kendisini tanımasını kolaylaştıranlar ve destekleyip duygusal rahatlamaı sağlayan kendini açığa vurmalar, normal insani etkileşimin bir parçası olarak görülür (Auvil & Silver, 1984). Kişilerarası bakış açısından kendini açığa vurmalar, ilişkideki karşılıklılığı ve yakınlığı destekleyici olarak nitelendirilir (Derlaga & Berg, 2013).

#### **4. Genel Tartışma**

Nitel analizde ortaya çıkan temalar fenomenolojik açıdan bağlantılı ya da ayrışan kavramlar olarak ele alınmıştır. Öncelikle, ittifakın amaç ve görev bileşenlerini, daha profesyonel ve işle ilişkili tanımlamalardan etkilendiği görülmüştür. Horvarth ve Greenberg (1989) da, amaç ve görev alt ölçeklerinin birbiriyle yüksek derecede ilişkili olduğunu bulmuş ve durumun psikoterapi pratiğinde de böyle olduğunu savunmuşlardır.

Sempati ve çelişen duygu ve düşünceler birlikte ele alınmış ve karşı-aktarım çerçevesinde değerlendirilmiştir. Alan yazının da en göze çarpan karşı aktarım hislerinin, sempati, yardımcı olma tutumu ve kızgın olduğu gösterilmiştir (Faller, Wagner, Weiß, Lang, 2002). Winnicott (1949) analistlerin, danışanlarına karşı karşı-aktarım deneyimlerini sevgi ve nefret arasındaki bir duygu karmaşasıyla (ambivalency) ile tanımlamıştır. Karşı-aktarım için erken dönemlerdeki tanımlarda (bknz; Reich 1951; Winnicott, 1960) da psikoterapistlerin karşı-aktarımlarıyla, kendi atıfları arasında bir bağlantı olduğu öne sürülmüştür. Benzer şekilde, bu çalışmada da karşı-aktarım olarak değerlendirilen deneyimlerin, psikoterapistlerin kendi kişilerarası motivasyonları ve ihtiyaçlarıyla alakalı olduğu görülmüştür.

Psikoterapistlerin açık ifadelerinin, kendiliğindenliklerinin ve psikoterapi ilişkisini tek taraflı olarak değerlendirmelerinin bağlantılı olduğu kavramlar şu şekilde sıralanmıştır: İyi ayarlanmış kendini açığa vurmalar, içtenlik, otantiklik, açıklık ve danışanları hakkındaki algılarının gerçekçiliği. Önceleri Greenson (1965; 1967) ve daha sonra Gelso ve Carter (1985, 1994) tarafından incelenen gerçek ilişki kavramsallaştırmasının, bu bulgularla ilişkide olduğu düşünölmüştür.



Çalışmanın belirli sınırları bulunmaktadır. Örneğin, kişilerarası tarz sadece psikoterapistler ile çalışmışlar. Bu durum ilişkide karşılıklı anlamayı zorlaştırmış olabilir. Bordin (1979)'in ittifak kavramsallaştırması teorik olarak genellenebilir olsa da, farklı psikoterapi yaklaşımları farklı ittifak bileşenleri içeriyor olabilir. Dahası, ittifakın nasıl kurulduğu ve geliştiği seanslar arası ya da tek bir seansta incelendiğinde daha fazla bilgi verebilir. Karşı-aktarım çocukluk nevrozlarından kaynaklanabileceği için, psikoterapistlerin bilişlerine bakarak bu deneyimleri anlamaya çalışmak sınırlı bilgi getirmiş olabilir.

Sınırlılıkların yanında çalışmanın güçlü tarafları da bulunmaktadır. Fenomenolojik açıdan terapinin profesyonel iş tarafıyla, ilişki tarafları birbirinden ayrıştırılmıştır. Psikoterapistlerin kişilerarası ihtiyaçlarına ve motivasyonlarına bakmak, psikoterapi ilişkisi içinde işleyen mekanizmaları ve bileşenleri açıklama kapasitesine sahiptir. Nitel bir analiz düzenlenerek deneyimlerin öznelliği ortaya konmuştur.

Klinik uygulamalarda bu çalışmanın sonuçlarının yol gösterici olabileceği düşünülmüştür. Örneğin, psikoterapistlerin kendi kişilerarası tarzlarının farkında olması ve gözlemlenmesi, süpervizörlerin de psikoterapistlere bu konuda yardım etmesi daha olumlu psikoterapi süreçleri için yardımcı olabilir. Psikoterapi görevlerinin, kişilerarası etkileşim yarattığı farkındalığıyla bir yaklaşım sergilemek de benzer şekilde faydalı olabilir. Kişilerarası durumları ele alabilen yöntemlere hâkim olmak psikoterapistlerin profesyonel gelişimleri için önemlidir.

## Appendix E: Tez Fotokopisi İzin Formu

### ENSTİTÜ

Fen Bilimleri Enstitüsü	<input type="checkbox"/>
Sosyal Bilimler Enstitüsü	<input checked="" type="checkbox"/>
Uygulamalı Matematik Enstitüsü	<input type="checkbox"/>
Enformatik Enstitüsü	<input type="checkbox"/>
Deniz Bilimleri Enstitüsü	<input type="checkbox"/>

### YAZARIN

Soyadı : Şahinöz  
Adı : Şebnem  
Bölümü : Psikoloji

**TEZİN ADI** (İngilizce) : Association and Differentiation Between Alliance and Psychotherapy Relationship: A Phenomenological Analysis Based on the Perspective of Psychotherapists

**TEZİN TÜRÜ** : Yüksek Lisans  Doktora

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

**TEZİN KÜTÜPHANEYE TESLİM TARİHİ:**

